



TO: Angie Salinas, Purchasing Agent
Purchasing Division
FROM: Ian Mitchell, Assistant Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2117307B2
Air Conditioning Filters

Recommended Vendor: Blizzard Air Conditioning LLC
Recommended Group(s)/Line Item(s): Groups 1, 2, and 4
Initial Award Amount: \$919,099.00 Potential Total Amount: \$2,757,297.00
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
☒ have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

☒ I am satisfied with the Vendor's financial background and/or rating and payment performance.
☐ Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

☒ I have reviewed the Litigation History Form and there is no issue of concern.
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

☐ Vendor received an overall rating ≥ 2.59 on all evaluations.
☐ No evaluations within the past three years contained any items rated a score of 2 or less.
☐ Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
☐ Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
☐ Past evaluations are not relevant to the scope of this contract.
☒ No past Performance Evaluations exist in Contracts Central.

AND

☒ Reference Verification Forms are attached.

OR

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

☐ I do not concur. Detailed reason for non-concurrence is attached.

Assistant Director, Facilities

TYPED NAME OF SIGNER: Ian Mitchell
(Individual authorized to administer the contract.)

TITLE: Management Division

SIGNATURE:

A handwritten signature in blue ink, appearing to be "Ian Mitchell".

DATE:

11/26/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117307B2 - Air Conditioning Filters

Reference for: (Name of Firm) Blizzard Air Conditioning

Organization/Firm Name providing reference: Miami-Dade Aviation Department

Contact Name/Title: Jonathan Desvergunat - Procurement Contracting Officer II

Contact E-mail: ides@miamidade.gov

Contact Phone: 305-375-5312

Name of Referenced Project: Air Conditioning Filters and AC parts/supplies

Contract No.

Contract Amount: \$200,000.00

Date Services Provided: Jan. 2018 - current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Blizzard Air Conditioning LLS is pre-qualified vendor with Miami-Dade County and a number of County departments utilize their services for pool 6750-5/17-5, Air Conditioning and Refrigeration Part and Supplies. To date, there are numerous purchase orders issued to Blizzard Air Conditioning LLC.

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Leessa Derrick

Title: Contract Administrator

Division/Department: Facilities Management Division

Date of Verification: 11/26/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117307B2 - Air Conditioning Filters

Reference for: (Name of Firm) Blizzard Air Conditioning LLC

Organization/Firm Name providing reference: Office of Medical Examiner & Trauma Services

Contact Name/Title: Carlos Balladares - Administrative Coordinator

Contact E-mail: cballadares@broward.org

Contact Phone: 954-357-5230

Name of Referenced Project: Bioclimatic Maintenance with Filter Media replacement

Contract No. C2113976Q1_1

Contract Amount: \$21,000.00

Date Services Provided: April 2017 - current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Preventative Maintenance and Service of AC units located at Office of the Medical Examiner and Trauma Services building. Quarterly service. Last serviced on 8/1/2019.

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Timeliness of:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Leessa Derrick

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 11/26/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117307B2 - Air Conditioning Filters

Reference for: (Name of Firm) Blizzard Air Conditioning LLC

Organization/Firm Name providing reference: Jackson Memorial Hospital

Contact Name/Title: Iakovos Printezis - Building Maintenance Supervisor

Contact E-mail: iakovos.printezis@jhsmiami.org

Contact Phone: 305-778-7717

Name of Referenced Project: Terra Carbon Filters

Contract No.

Contract Amount: \$15,692.95

Date Services Provided: Feb. 2017 - current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Blizzard Air has helped us in several projects over the years. Some of the projects are: Service and repairs of Air Condition units, repairs in A/C Ducts and Dampers and Insulation of heating pipping system and Air Conditioning filters.

All the projects were clean and complete in timely manner.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Leessa Derrick

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 11/26/2019