



**TO:** Jermaine Pinnock, Purchasing Agent, Purchasing Division  
Purchasing Division  
**FROM:** Angelica Jones, Assistant General Manager of Operations  
Transportation Department  
**SUBJECT:** Solicitation No.: TRN2121511B1  
Bus Driver Protection Barriers

Recommended Vendor: The Aftermarket Parts Company, LLC  
Recommended Group(s)/Line Item(s): 1 through 13  
Initial Award Amount: \$ 1,628,880.17 Potential Total Amount: \$ 1,628,880.17  
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). 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 ContractsCentral and:

Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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 ContractsCentral.

**AND**

Reference Verification Forms are attached.

**OR**

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Angelica Jones TITLE: Asst. General Manager-Operations  
(Individual authorized to administer the contract.)

SIGNATURE: Jones, Angelica Digitally signed by Jones, Angelica Date: 2020.08.19 13:17:08 -04'00' DATE: 8/19/20



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2121511B1 - Bus Driver Protection Barriers

Reference for: (Name of Firm) Arow Global

Organization/Firm Name providing reference: Central Florida Regional Transit Authority - LYNX

Contact Name/Title: Jafari Bowden, Manager of Safety and Security

Contact E-mail: jbowden@golynx.com

Contact Phone: 407-254-6127

Name of Referenced Project: Driver protection barriers

Contract No.

Contract Amount: \$1,721,924.00

Date Services Provided: 4/8/2020 - 9/18/2020

(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:**  
**Instillation of Driver Protection System (DPS) doors for 293 bus consisting of Gillig, New Flyer and Nova buses.**

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
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)**  
**Coordination of LYNX project was between: Arrow Global, NFI and RL(installers).**

References Checked By  
 Name: Nicholas Smith Title: Transit Maintenance Superintendent  
 Division/Department: Transit Maintenance / Transportation Date of Verification: 08/17/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2121511B1 - Bus Driver Protection Barriers

Reference for: (Name of Firm) Arow Global

Organization/Firm Name providing reference: Hampton Roads Transit

Contact Name/Title: Dan Good

Contact E-mail: Dgood@hrtransit.org

Contact Phone: 757-222-6000 Ext 6088

Name of Referenced Project: Driver protection barriers

Contract No.

Contract Amount: \$96,703.72

Date Services Provided: January 2020 - May 2020

(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:**

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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
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: Nicholas Smith Title: Transit Maintenance Superintendent

Division/Department: Transit Maintenance / Transportation Date of Verification: 08/17/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2121511B1 - Bus Driver Protection Barriers

Reference for: (Name of Firm) Arow Global

Organization/Firm Name providing reference: Hillsborough Area Regional Transit

Contact Name/Title: Juston Lafler

Contact E-mail: laflerj@gohart.org

Contact Phone: 813-384-6450

Name of Referenced Project: Driver protection barriers

Contract No. RFQ-36819 (barriers) & VC00000826 (installation)

Contract Amount: \$654,544.80 for the barriers - \$113,625.00 for installation

Date Services Provided: November 2019 - February 2020

(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:**  
**Arow Global provided the design and barriers for 180 Gillig buses. Installation was provided by Coach Crafters.**

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 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				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
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)**  
**Overall minor issues. Stanchion mounting design was poor, this caused some latch springs too tight to release properly. Drivers complaints of scratching their arms while reaching inside to unlatch.**

References Checked By  
 Name: Nicholas Smith Title: Transit Maintenance Superintendent  
 Division/Department: Transit Maintenance / Transportation Date of Verification: 08/14/2020