



TO: Brenda J. Billingsley, Director
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2121876B1
Grounds Maintenance Services

Recommended Vendor: AR Maintenance Solutions, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$ 425,626.17 Potential Total Amount: \$ 1,276,878.51
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, 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
 Not applicable Incumbent Vendor

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 ≥ 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 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: Ian Mitchell
(Individual authorized to administer the contract.)

TITLE: Assistant Director

SIGNATURE: IAN MITCHELL

Digitally signed by IAN MITCHELL
Date: 2021.03.30 21:27:35 -04'00'

DATE: 3/30/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121876B1, Grounds Maintenance Services (Group 1)

Reference for: (Name of Firm) AR Maintenance Solutions, Inc.
 Organization/Firm Name providing reference: Juniper Landscaping
 Contact Name/Title: Tom Jacob, Branch Manager
 Contact E-mail: Tom.jacob@juniperlandscaping.com
 Contact Phone: 954.649.2350
 Name of Referenced Project: Grounds Maintenance subcontractor at 14 Broward County FMD locations
 Contract No. BLD2117968B1_1
 Contract Amount: \$18,000 monthly (\$216,000 annually)
 Date Services Provided: November 2020 to present
 (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:
Subcontractor for grounds maintenance services at 14 Broward County Facilities Management Division locations.

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 checked="" type="checkbox"/>	<input 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: Robin Swanson Title: Contract Grant Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: March 26, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121876B1, Grounds Maintenance Services (Group 1)

Reference for: (Name of Firm) : AR Maintenance Solutions, Inc.
 Organization/Firm Name providing reference: Invitation Homes
 Contact Name/Title: Michael Hall, Sr. Director of Real Estate Acquisitions / Pedro Pena, Analyst
 Contact E-mail: michael.hall@invitationhomes.com / ppena@invitationhomes.com
 Contact Phone: 954-745-2017
 Name of Referenced Project: Landscaping and Irrigation
 Contract No.
 Contract Amount: \$500,000
 Date Services Provided: 2013 to present
 (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:
Landscaping and irrigation services.

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 checked="" type="checkbox"/>	<input 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)
This company has been with us since 2013 and they are exceptional.

References Checked By
 Name: Robin Swanson Title: Contract Grant Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: 3/25/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121876B1, Grounds Maintenance Services (Group 1)

Reference for: (Name of Firm) : AR Maintenance Solutions, Inc.
 Organization/Firm Name providing reference: City of Fort Lauderdale
 Contact Name/Title: Robert Dexter, Parks Manager
 Contact E-mail: rdexter@fortlauderdale.gov
 Contact Phone: 954-232-5759
 Name of Referenced Project: Turf Grass Maintenance, Railroads & Rights of Way
 Contract No.
 Contract Amount: \$19,100.00
 Date Services Provided: 5/2019 to present
 (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:
Turf grass maintenance for the railroads and rights of way.

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 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:				
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: Robin Swanson Title: Contract Grant Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: 3/25/2021