



TO: Brenda J. Billingsley, Director
Purchasing Division
FROM: Stacy Ritter, President
Greater Fort Lauderdale Convention and Visitors Bureau
SUBJECT: Solicitation No.: GEN2120154B1
Transportation Services for Airports, Convention Center, Tri-County Destinations

Recommended Vendor: USA Transportation, Dav El of South Florida, Boca Raton Transportation
Recommended Group(s)/Line Item(s): GEN2120154B1--01-01 through GEN2120154B1--01-11
Initial Award Amount: \$472,900.00 Potential Total Amount: \$ 1,945,975.00
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, 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 GFLCVB does not have access to DB Report. Vendor Questionnaire #21 and #22 in [redacted]
(Please see page 5 for cutoff content.)

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: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: Administrative Manager

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2020.05.04 09:22:11 -04'00'

DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2120154B1 - Transportation Services for Airports, Convention Centers & Tri-County Area Destinations

Reference for: (Name of Firm) USA Transportation

Organization/Firm Name providing reference: Aesculap Academy

Contact Name/Title: Janet Mahaffey, Senior Program Manager

Contact E-mail: janart98@gmail.com

Contact Phone: 484-894-1797

Name of Referenced Project: New Prospectives - On Spine Surgery

Contract No. Aesulap Academy

Contract Amount: \$2,000-\$3,000 annually for this meeting

Date Services Provided: 15 years for multiple meeting needs
(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:

Transportation to/from airport to hotel. Transportation to/from hotel to lab. Transportation to/from hotel to dinner.

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)

For the past 15 years USA Transportation did an excellent job as always, and has been very punctual and offer the most competitive rates in town. They have done exactly what was contracted and had a lot of respect for our surgeons. If I asked them to make another run back to the hotel for some of the late comers, they were very accommodating. USA was always eager and willing when I had to cancel or change departure/arrival times of pick up. Signage on the vehicles was well displayed. Drivers were well dressed and personable.

References Checked By
 Name: Barb DeMott Title: Admin Coordinator
 Division/Department: GFLCVB Date of Verification: 4/20/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2120154B1 - Transportation Services for Airports, Convention Centers & Tri-County Area Destinations

Reference for: (Name of Firm) USA Transportation

Organization/Firm Name providing reference: Flamingo Educational Tours

Contact Name/Title: Janey Hockenhill

Contact E-mail: fetjaney@aol.com

Contact Phone: 954-646-2038

Name of Referenced Project: Airport transportation

Contract No. Flamingo Educational tours

Contract Amount: Paid as services were needed.

Date Services Provided: As needed over the past years. Records were not readily available.
(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:
Flamingo Educational Tours uses the services of USA Transportation for our VIP clients for airport transportation needs. The company has always been very professional to work with, the drivers have always been in professional uniform, spoke English, prompt to all of the jobs and always knew where they were going and follow directions to their destinations. I have personally worked with Michael Solomon for over 25 years in different capacities. He is always available when and if there were ever a problem. The cars that were sent for our VIP clients were always clean and well maintained.

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: Barb DeMott Title: Admin Coordinator
Division/Department: GFLCVB Date of Verification: 4-17-2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2120154B1 - Transportation Services for Airports, Convention Centers & Tri-County Area Destinations

Reference for: (Name of Firm) USA Transportation
 Organization/Firm Name providing reference: The W Fort Lauderdale Beach
 Contact Name/Title: Jody Doyle, Guest Services
 Contact E-mail: jody.doyle@whotelsworldwide.com
 Contact Phone: 954-414-8263
 Name of Referenced Project: Transportation Services
 Contract No. W Fort Lauderdale Hotel
 Contract Amount: 2019 - \$5,330.61
 Date Services Provided: 2014 - 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:
Transportation needs for VIP's and others.

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)
I highly recommend USA Transportation. They are reliable and efficient.

References Checked By
 Name: Barb DeMott Title: Admin Coordinator
 Division/Department: GFLCVB Date of Verification: 4/20/2020

Kennedy, Dylan

From: Cordo, Anthony
Sent: Monday, May 4, 2020 9:27 AM
To: Kennedy, Dylan
Cc: DeMott, Barbara
Subject: RE: USA Transportation references
Attachments: Concurrence of Award GEN2120154B1.pdf

Financial services comment:

The GFLCVB does not have access to DB Report. Vendor Questionnaire #21 and #22 indicate no financial issues. Most transactions with this contract will be of a small dollar value and paid after the deliver of services.



Anthony (Tony) Cordo, CDME, CMP, CHIA, CTA, A+
Senior Vice President of Administration
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Fort Lauderdale, FL 33301
767-2442
acordo@broward.org | sunny.org



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The Greater Fort Lauderdale CVB adheres to Florida's open records laws. Electronic mail sent or received by GFLCVB personnel will be provided to the public upon request.

From: Kennedy, Dylan <DYKENNEDY@broward.org>
Sent: Friday, May 1, 2020 2:45 PM
To: Cordo, Anthony <ACORDO@broward.org>
Cc: DeMott, Barbara <BDEMOTT@broward.org>
Subject: FW: USA Transportation references

Tony:

Would you please sign the second attached concurrence form? The award amounts do not appear on the first attachment. The term lengths were revised to reflect the solicitation. The comment provided under Financial Background was cut off. Could you please advise same via email?

Thank you,



Dylan Kennedy, Purchasing Agent Trainee
Broward County Purchasing Division