



TO: Patricia Cruz, Purchasing Agent
Purchasing Division
FROM: Indira Marquez, Contracts Grants Administrator,
Transportation Dept., Fleet Services
SUBJECT: Solicitation No.: TRN2123204B1
Paint and Body Repairs for Motor Vehicles

Recommended Vendor: Anitas Body Shop and Paint INC
Recommended Group(s)/Line Item(s): Group 1; lines 1-3
Initial Award Amount: \$ 90,000 Potential Total Amount: \$ 225,000
Initial Contract Term: Two Years 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 Vendor references were satisfactory.

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: Indira Marquez
(Individual authorized to administer the contract.)

TITLE: Contracts Grant Administrator

SIGNATURE: **INDIRA E. MARQUEZ** Digitally signed by INDIRA E. MARQUEZ
Date: 2021.08.09 11:53:39 -04'00'

DATE: 8/9/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) Anita's Body Shop
 Organization/Firm Name providing reference: Hollywood Kia
 Contact Name/Title: Carlos Tavares
 Contact E-mail: carlos@hollywoodkia.com
 Contact Phone: 754-204-2353
 Name of Referenced Project: Auto Vehicle Repairs
 Contract No.
 Contract Amount: Did not want to disclose contract amount
 Date Services Provided: June 2021- 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:
Body and paint for vehicles that have been in accidents.

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 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)
Family owned and very professional. They have many years of experience and the communication is great.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: July 28, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) Anita's Body Shop
 Organization/Firm Name providing reference: Avis Budget
 Contact Name/Title: Anthony Santaniello
 Contact E-mail: anthony.santaniello@avisbudget.com
 Contact Phone: 954-868-1208
 Name of Referenced Project: Regular Collision for Rental Fleet
 Contract No. N/A
 Contract Amount: N/A
 Date Services Provided: 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:
Auto body collision repairs

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 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)
Anita's is a reliable vendor with good communication, organization and timeliness.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: August 02, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) Anita's Body Shop
 Organization/Firm Name providing reference: Sixt Rent a Car
 Contact Name/Title: Gema Mena
 Contact E-mail: gema.mena@sixt.com
 Contact Phone: 954-854-6308
 Name of Referenced Project: Auto Vehicle Repairs
 Contract No. N/A
 Contract Amount: N/A
 Date Services Provided: Current-Contract is reviewed yearly
 (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:
Paint and Body Repairs for vehicles that have been in a accident

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
Need improvement with communications on status of vehicle that are in for repairs.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: August 09, 2021



TO: Patricia Cruz, Purchasing Agent
Purchasing Division
FROM: Indira Marquez, Contracts Grants Administrator,
Transportation Dept., Fleet Services
SUBJECT: Solicitation No.: TRN2123204B1
Paint and Body Repairs for Motor Vehicles

Recommended Vendor: CAFFI BROTHERS BODY SHOP
Recommended Group(s)/Line Item(s): Group 2; lines 1-3
Initial Award Amount: \$ 100,000 Potential Total Amount: \$ 250,000
Initial Contract Term: Two Years 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 Vendor references were satisfactory.

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: Indira Marquez
(Individual authorized to administer the contract.)

TITLE: Contracts Grant Administrator

SIGNATURE: INDIRA E. MARQUEZ Digitally signed by INDIRA E. MARQUEZ
Date: 2021.08.09 11:52:45 -04'00'

DATE: 8/9/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) Caffi Brothers Body Shop
 Organization/Firm Name providing reference: City of Hollywood
 Contact Name/Title: Warren Winston
 Contact E-mail: wwinston@hollywoodfl.org
 Contact Phone: 954-854-6308
 Name of Referenced Project: Fleet Cars Body Work and Paint
 Contract No.
 Contract Amount: 20,000.00
 Date Services Provided: February 2021- 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:
Paint and body repairs work on vehicles that have been in accidents.

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)
Excellent service, professional and caring.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: 7/28/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) CAFFI BROTHERS BODY SHOP
 Organization/Firm Name providing reference: Enterprise Holdings
 Contact Name/Title: Mark Asuncion
 Contact E-mail: mark.e.asuncion@ehi.com
 Contact Phone: 561-719-3306
 Name of Referenced Project: Fleet Cars Body Work and Paint
 Contract No.
 Contract Amount:
 Date Services Provided: February 2019-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:
Fleet of about 45000 car and Caffi Bros fixes damage on vehicles consisting of paint and body.

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)
Vendor is very responsive and they always deliver vehicles on time. The owners are always present and involved.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: July 29, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2123204B1 - Paint and Body Repairs for Motor Vehicles
 Reference for: (Name of Firm) CAFFI BROTHERS BODY SHOP
 Organization/Firm Name providing reference: Sixt Rent a Car
 Contact Name/Title: Gema Mena
 Contact E-mail: gema.mena@sixt.com
 Contact Phone: 954-854-6308
 Name of Referenced Project: Paint and Body Work on Rental Vehicles
 Contract No. N/A
 Contract Amount: N/A
 Date Services Provided: September 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:
Provides paint and body work for vehicles that have been damage or in a accident.

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)
Staff is very courteous and professional and keeps us inform on status of the vehicles in the shop. They are very reliable.

References Checked By
 Name: Indira Marquez Title: Contracts Grant Administrator
 Division/Department: Transportation/Fleet Services Date of Verification: 08/09/2021