



TO: Robert E. Gleason, Director
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2128953B1
Fire Sprinkler and Fire Pump Maintenance and Repair Services

Recommended Vendor: Black Fire Protection, Inc
Recommended Group(s)/Line Item(s): Group 1 FMD lines 1 - 127 & 129 - 194; and Group 2 Port (all)
Initial Award Amount: \$ 3,195,269.00 Potential Total Amount: \$ 15,976,345.00
Initial Contract Term: One Year Contract Term, including Renewals: Five 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 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 ≥ 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: SCOTT CAMPBELL

TITLE: Director

(Individual authorized to administer the contract.)

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL
Date: 2024.10.22 11:08:06 -04'00'

DATE:

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128953B1 - Fire Sprinkler and Fire Pump Maintenance and Repair Services

Reference for (Name of Firm): Black Fire Protection, Inc.

Organization/Firm Name providing reference: Intercontinental Hotel

Contact Name: Elio Cervera

Title: Director of Facilities

Contact Email: elio.cervera@ihg.com

Contact Phone: (561) 396-8524

Name of Referenced Project: Inspections, repairs and retrofits

Contract No.

Contract Amount:

Date Services Provided: ongoing

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Professional and ethical. Highly recommended.

References Checked By
Name: Cindy Bustamante

Cindy
Bustamante

Digitally signed by Cindy Bustamante
Date: 2024.10.15 08:35:22 -04'00'

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 10/14/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128953B1 - Fire Sprinkler and Fire Pump Maintenance and Repair Services

Reference for (Name of Firm): Black Fire Protection, Inc.

Organization/Firm Name providing reference: Miami-Dade County

Contact Name: Jose Leiva

Title: Maintenance

Contact Email: jose.leiva@miamidade.gov

Contact Phone: (305) 347-4839

Name of Referenced Project: various projects

Contract No.

Contract Amount:

Date Services Provided: November 2021

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Satisfied with services provided to Port Miami.

References Checked By
Name: Cindy Bustamante

Cindy
Bustamante

Digitally signed by Cindy Bustamante
Date: 2024.10.15 08:43:14 -04'00'

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 10/14/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128953B1 - Fire Sprinkler and Fire Pump Maintenance and Repair Services

Reference for (Name of Firm): Black Fire Protection, Inc.

Organization/Firm Name providing reference: Retcom

Contact Name: Jason Asbury

Title: Owner

Contact Email: jason@retcomconstruction.com

Contact Phone: (561) 866-8902

Name of Referenced Project: IHOP

Contract No. Retrofit

Contract Amount:

Date Services Provided: February 2022

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

We have worked with Kirby and the team at Blackfire for more than ten years and would and do recommend them to both our commercial landlord and public clients.
If we can answer any additional questions feel free to contact us.

References Checked By
Name: Cindy Bustamante

Cindy
Bustamante

Digitally signed by Cindy Bustamante
Date: 2024.10.22 09:02:40 -04'00'

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 10/14/2024