



**TO:** Robert Gleason, Director  
Purchasing Division  
**FROM:** Ian Mitchell, Acting Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: BLD2129074B1  
Equipment Rental Services

Recommended Vendor: Trane U.S. Inc.

Recommended Group(s)/Line Item(s): 1-43

Initial Award Amount: \$ 874,916.72

Potential Total Amount: \$ 1,458,194.53

Initial Contract Term: Three Years

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 Current contract (BLD2124845B1\_1) vendor in good standing.

**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: Ian Mitchell

TITLE: Director, Facilities Management Division

(Individual authorized to administer the contract.)

SIGNATURE: IAN MITCHELL

Digitally signed by IAN MITCHELL  
Date: 2025.03.04 14:58:24 -05'00'

DATE: 3/4/25

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2129074B1 - Equipment Rental Services

Reference for (Name of Firm): Trane U.S. Inc.

Organization/Firm Name providing reference: CA Mechanical

Contact Name: Robert King

Title:

Contact Email: rking@camechan.com

Contact Phone: (954) 520-3420

Name of Referenced Project: CA Mechanical Rentals (250-500T Chiller)

Contract No. N/A

Contract Amount: 500,000.00

Date Services Provided: 8/2023 - 6/2023; 9/2023

(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

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

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**Additional Comments: (provide on additional sheet if needed)**

Eric Colon is my contact point, and he is always been very responsive. The support staff has also been excellent to deal with and I recommend them highly.

**References Checked By**

Name: Kelly Tortoriello

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 03/03/2025

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2129074B1 - Equipment Rental Services

Reference for (Name of Firm): Trane U.S. Inc.

Organization/Firm Name providing reference: Duffey Construction Co., Inc.

Contact Name: Steve Talley

Title: President

Contact Email: steve@duffeyconst.com

Contact Phone: (305) 325-0001

Name of Referenced Project: AT&T Lauderhill POP Facility Chiller Plant Replacement (300T Chiller)

Contract No. N/A

Contract Amount: 312,000.00

Date Services Provided: 8/2023 - Present

(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:**

Provided temporary 300 ton chiller rental for a TELECOM Facility Chiller Plant Replacement

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)**

Kelly,  
TRANE provided delivery, and onsite commissioning support for a temporary 300 ton chiller that supported the air conditioning of a TELECOM switching facility for approximately 16 months. They were very responsive and provided excellent support.

**References Checked By**

Name: Kelly Tortoriello

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 02/28/2025

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2129074B1 - Equipment Rental Services

Reference for (Name of Firm): Trane U.S. Inc.

Organization/Firm Name providing reference: United HVAC Rentals

Contact Name: Bo Cassamajor

Title: Principal

Contact Email: bo@united-hvacservices.com

Contact Phone: (305) 625-2901

Name of Referenced Project: United HVAC Rentals (400-500T Chiller)

Contract No. N/A

Contract Amount: 450,000.00

Date Services Provided: 8/2023 - 4/2020; 6/2020; 12/2024

(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:**

Provide temporary chiller for site under renovation.

**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)**

Great rental company to work and truly like the prompt response and service.

**References Checked By**

Name: Kelly Tortoriello

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: 02/28/2025