



**TO:** Robert Gleason, Director of Purchasing  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: OPN2128319B1  
Solicitation Title: Utility Statement Services

Recommended Vendor: TC Delivers

Recommended Group(s)/Line Item(s):

ALL Initial Award Amount: \$ 998,338.00	Potential Total Amount: \$2,495,845.00 w/Pass-Thru	includes \$1,750,000
Initial Contract Term: Two Years	Contract Term, including Renewals: Five Years	pass thru for postage

**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 Not required for this solicitation.

**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: Richard Burgwyn  
(Individual authorized to administer the contract.)

TITLE: Accounting Supervisor

SIGNATURE: RICHARD BURGWYN  
Digitally signed by RICHARD BURGWYN  
Date: 2024.07.22 07:46:37 -04'00'

DATE:

Page 2 of 2  
Concurrence: OPN2128319B1, Utility Statement Services

TYPED NAME OF SIGNER: Jonathan K. Allen TITLE: Director, Business Operations Division

SIGNATURE: Jonathan Allen Digitally signed by Jonathan Allen  
Date: 2024.07.30 13:18:00 -04'00' DATE:

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. TITLE: Director, Water and Wastewater Services  
(Individual authorized to administer the contract.)

SIGNATURE: Alan Garcia Digitally signed by Alan Garcia  
Date: 2024.07.30 15:37:30 -04'00' DATE: July 30, 2024



## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128319B1 Utility Statement Services

Reference for (Name of Firm): TC Delivers

Organization/Firm Name providing reference: Beaches Energy Services

Contact Name: Deborah Dineen

Title: Customer Accounts Manager

Contact Email: ddineen@beachesenergy.com

Contact Phone: (904) 247-6247

Name of Referenced Project: Invoice Printing and Mailing Services

Contract No. RFP 03-2223

Contract Amount:

Date Services Provided: 2016 to Current

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

References Checked By

Name: Richard Burgwyn

Title: Accounting Supervisor

Division/Department: Water and Wastewater Services - BOD

Date of Verification: 07/30/2024



## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128319B1 Utility Statement Services

Reference for (Name of Firm): TC Delivers

Organization/Firm Name providing reference: City of Tampa - Water Department

Contact Name: Kendra Goosby

Title: Billing Supervisor

Contact Email: Kendra.Goosby@tampagov.net

Contact Phone: (813) 274-8603

Name of Referenced Project: Printing and Mailing

Contract No. n/a

Contract Amount: 144,000.00

Date Services Provided:

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

References Checked By

Name: Richard Burgwyn

Title: Accounting Supervisor

Division/Department: Water and Wastewater Services - BOD

Date of Verification: 07/25/2024



## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128319B1 Utility Statement Services

Reference for (Name of Firm): TC Delivers

Organization/Firm Name providing reference: SEACOAST UTILITY AUTHORITY

Contact Name: Kimberly Azulay

Title: Customer Service Manager

Contact Email: kazulay@sua.com

Contact Phone: (561) 656-2246

Name of Referenced Project: Utility Statement Services

Contract No.

Contract Amount: 200,000.00

Date Services Provided: 2017-2024

(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:

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 tried to get a detailed quote from them and this took a long time.

References Checked By

Name: Richard Burgwyn

Title: Accounting Supervisor

Division/Department: Water and Wastewater Services - BOD

Date of Verification: 07/25/2024