TO: Jacqueline Chapman, Purchasing Agent Senior Supervisor
Purchasing Division

FROM: Ronald Delello, Traffic Signs and Markings Superintendent
Traffic Engineering Division

SUBJECT: Solicitation No.: OPN2123684B1
Solicitation Title: Sign Posts and Footers

Recommended Vendor: Xcessories Squared Development & Mfg., INC.
Recommended Group(s)/Line Item(s): [All]
Initial Award Amount: $ 6,606,570.00 Potential Total Amount: $ 11,010,950.00
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 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: Ron Delello TITLE: Signs Superintendent
(Individual authorized to administer the contract.)

SIGNATURE: RONALD DELELLO Digitally signed by RONALD DELELLO Date: 2022.04.15 08:02:52 -04'00' DATE: 4/15/22

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2123684B1, Sign Posts and Footers

Reference for (Name of Firm): Xcessories Squared Development & Mfg., INC.

Organization/Firm Name providing reference: City of Jacksonville, FL

Contact Name: Marilyn Laidler | Title: Asst Manager, Purchasing Services

Contact Email: mlaidler@coj.net | Contact Phone: (904) 255-8804

Name of Referenced Project: Provide traffic sign support systems and accessories

Contract No. | Contract Amount: 1,000,000.00

Date Services Provided: 10/2021 - 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:

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	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

n/a

References Checked By

Name: Delanor Nurse | Title: Contract/Grant Administrator, Senior

Division/Department: Public Works / Traffic Engineering Division | Date of Verification: 03/14/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2123684B1, Sign Posts and Footers

Reference for (Name of Firm): Xcessories Squared Development & Mfg., INC.

Organization/Firm Name providing reference: Georgia Department of Transportation

Contact Name: Brandee Williams | Title: Procurement Specialist

Contact Email: bqwilliams@dot.ga.gov | Contact Phone: (404) 631-1564

Name of Referenced Project: Provide traffic sign support systems and accessories

Contract No. 48400-DOT0002213 | Contract Amount: 1,000,000.00

Date Services Provided: 9/2021 - 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:

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	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

n/a

References Checked By

Name: Delanor Nurse | Title: Contract/Grant Administrator, Senior

Division/Department: Public Works / Traffic Engineering Division | Date of Verification: 03/09/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2123684B1, Sign Posts and Footers

Reference for (Name of Firm): Xcessories Squared Development & Mfg., INC.

Organization/Firm Name providing reference: Brevard County, FL

Contact Name: Isidro Rivera-Alicea/Lisa Marasco Title:

Contact Email: isidro.rivera-alicea@brevardfl.gov Contact Phone: (312) 617-7390

Name of Referenced Project: Street Sign Posts

Contract No. B-4-21-63 Contract Amount: 100,000.00

Date Services Provided: 10/2021 - 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:

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	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

n/a

References Checked By

Name: Delanor Nurse Title: Contract/Grant Administrator, Senior

Division/Department: Public Works / Traffic Engineering Division Date of Verification: 03/10/2022