



TO: Patricia Cruz, Purchasing Agent
Purchasing Division
FROM: Angelica Jones, Assistant General Manager of Operations
Transportation Department
SUBJECT: Solicitation No.: TRN2123888B1
Paint and Body Repairs for Transit Buses

Recommended Vendor: ABC Bus, Inc.

Recommended Group(s)/Line Item(s): 1-6

Initial Award Amount: \$ 1,136,112.50

Potential Total Amount: \$ 3,408,337.50

Initial Contract Term: One Year

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 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: Angelica Jones

TITLE: Asst GM-Operations

(Individual authorized to administer the contract.)

SIGNATURE: Jones, Angelica

Digitally signed by Jones, Angelica
Date: 2022.03.22 09:55:36 -04'00'

DATE: 3/22/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses

Reference for (Name of Firm): ABC Bus, Inc.

Organization/Firm Name providing reference: Atlanta-Region Transit Link Authority

Contact Name: Darryl Howell Title:

Contact Email: dhowell@atltransit.ga.gov Contact Phone: (404) 893-3024

Name of Referenced Project: Fleet Rebranding and Graphics

Contract No. Contract Amount: 60,018.00

Date Services Provided: July 2020

(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)

Atlanta-Region Transit Link Authority is very pleased with ABC's performance.

References Checked By

Name: Julian Diaz Title: Superintendent

Division/Department: Operations Division Date of Verification: 02/25/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses

Reference for (Name of Firm): ABC Bus, Inc.

Organization/Firm Name providing reference: Central Florida Regional Transportation Authority (LYNX)

Contact Name: Scott Penvose

Title:

Contact Email: spenvose@golynx.com

Contact Phone: (407) 841-5969

Name of Referenced Project: Paint and Body Repairs

Contract No. N/A

Contract Amount: 170,000.00

Date Services Provided: January 2021 - September 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Mr. Penvose has stated that ABC Bus has always treated them well. They do quality work and have never failed them. The Body Shop Manager, Dan Hammer Beck is very knowledgeable and quick to respond.

References Checked By

Name: Julian Diaz

Title: Superintendent

Division/Department: Operations Division

Date of Verification: 03/11/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses

Reference for (Name of Firm): ABC Bus, Inc.

Organization/Firm Name providing reference: Mears Transportation

Contact Name: Karl Clements

Title: VP Maintenance/Communications

Contact Email: kclements@mears.com

Contact Phone: (407) 448-4559

Name of Referenced Project: Rebranding

Contract No. N/A

Contract Amount: 180,000.00

Date Services Provided: November 2021 - March 2022

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

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/SubcontractorWould 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)

Mr. Clements has stated that ABC Bus has been a very valuable Vendor/Partner for Mears for over 20 years. Mears Transportation sublet body and paint, graphics, and daily deadline (mechanical, diesel, elect., etc.) work daily to ABC. The staff are all very competent.

References Checked By

Name: Julian Diaz

Title: Superintendent

Division/Department: Operations Division

Date of Verification: 03/11/2022



TO: Patricia Cruz, Purchasing Agent
Purchasing Division
FROM: Angelica Jones, Assistant General Manager of Operations
Transportation Department
SUBJECT: Solicitation No.: TRN2123888B1
Paint and Body Repairs for Transit Buses

Recommended Vendor: CoachCrafters, Inc.

Recommended Group(s)/Line Item(s): 1-6

Initial Award Amount: \$ 1,134,250.00

Potential Total Amount: \$ 3,402,750.00

Initial Contract Term: One Year

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 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: Angelica Jones

TITLE: Asst GM-Operations

(Individual authorized to administer the contract.)

SIGNATURE: Jones, Angelica

Digitally signed by Jones, Angelica
Date: 2022.03.22 09:55:05 -04'00'

DATE: 3/22/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses

Reference for (Name of Firm): CoachCrafters, Inc.

Organization/Firm Name providing reference: Palm Beach County

Contact Name: James Cribbs

Title: Maintenance Manager

Contact Email: jcribbs@pbcgov.org

Contact Phone: (561) 841-4250

Name of Referenced Project: Auto Body Repairs and Painting

Contract No. CMA 17018

Contract Amount: 48,808.00

Date Services Provided: 10/1/2019 - 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: CoachCrafters repaired major accident damage on Palm Beach County buses.

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)

Palm Beach County's Maintenance Manager finds Coach Crafters to be very dependable and have used this company for many years

References Checked By

Name: Julian Diaz

Title: Superintendent

Division/Department: Operations Division

Date of Verification: 03/02/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses

Reference for (Name of Firm): CoachCrafters, Inc.

Organization/Firm Name providing reference: Jacksonville Transportation Authority

Contact Name: Cornelius Gill

Title: Maintenance Supervisor

Contact Email: cgill@jtafla.com

Contact Phone: (904) 630-3165

Name of Referenced Project: Bus Frame and Accident Repair

Contract No. P-19-022

Contract Amount: 1,000,000.00

Date Services Provided: 10/01/2019 - 09/30/2024

(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

☐☐☒☐

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)

Repair Cost \$46,091.53.

References Checked By

Name: Julian Diaz

Title: Superintendent

Division/Department: Operations Division

Date of Verification: 03/07/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2123888B1, Paint and Body Repairs for Transit Buses	
Reference for (Name of Firm): CoachCrafters, Inc.	
Organization/Firm Name providing reference: Hillsborough Transit Authority (HART)	
Contact Name: Ralph Garcia	Title: Fleet Maintenance Manager
Contact Email: garciar@gohart.org	Contact Phone: (813) 384-6440
Name of Referenced Project: Body Shop Services, Major/Minor Accident Repairs and Paint Services	
Contract No. VC00000788	Contract Amount: 676,090.14
Date Services Provided: 02/13/2019 - 02/12/2022	
(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: Major accident body damage repair.

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Julian Diaz

Title: Superintendent

Division/Department: Operations Division

Date of Verification: 03/08/2022