



TO: Santrecia Harden, Purchasing Agent
Purchasing Division
FROM: Dan West, Director
Parks and Recreation Division
SUBJECT: Solicitation No.: OPN2124277B1
Concession Food Items

Recommended Vendor: King's Cup, Inc.
Recommended Group(s)/Line Item(s): All Line Items
Initial Award Amount: \$ 258,204.87 Potential Total Amount: \$ 774,614.61
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 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 ≥ 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: Dan West
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE:

DATE: 4/6/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124277B1 Concession Food Items

Reference for (Name of Firm): King's Cup Inc.

Organization/Firm Name providing reference: Balfour Construction

Contact Name: Lisa Balfour

Title: Owner

Contact Email: lfalso@balfourbeattyus.com

Contact Phone: (954) 798-3031

Name of Referenced Project: Food Items

Contract No. NA

Contract Amount: 11,000.00

Date Services Provided: 2020 to Present

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

Vendor's role in Project: [x] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [x] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Weekly orders of food items.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

Table with 5 columns: Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service (Responsive, Accuracy, Deliverables), Vendor's Organization (Staff expertise, Professionalism, Turnover), and Timeliness of (Project, Deliverables).

Additional Comments: (provide on additional sheet if needed)

Everything is excellent regarding the company's service. They are always accurate and on time and she is happy doing business with them.

References Checked By

Name: Salisha Ramdass

Title: Administrative Assistant

Division/Department: Parks and Recreation

Date of Verification: 04/06/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124277B1 Concession Food Items

Reference for (Name of Firm): King's Cup Inc.

Organization/Firm Name providing reference: Newsmax

Contact Name: Alex Canela Title: Manager

Contact Email: alexc@newsmax.com Contact Phone: (561) 686-1165

Name of Referenced Project: Supply of food items and paper goods

Contract No. NA Contract Amount: 479,000.00

Date Services Provided: 2012 to 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:

Weekly supply of food items and paper goods.

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)
 King's Cup gets a ten out of ten every time and can be counted on to help with any problem.

References Checked By
 Name: Sarah Townsend Title: Senior Program/Project Coordinator

Division/Department: Parks and Recreation Date of Verification: 04/05/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124277B1 Concession Food Items

Reference for (Name of Firm): King's Cup Inc.

Organization/Firm Name providing reference: Gilbert's 17th Street Grill

Contact Name: Beth Gilbert

Title: Owner

Contact Email: bjil106783@AOL.com

Contact Phone: (917) 817-7874

Name of Referenced Project: Food Supply

Contract No. NA

Contract Amount: 157,000.00

Date Services Provided: 2009 to 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:

Weekly food supply orders.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

Most reliable vendor, goes above and beyond. Trust worthy, checks prices to make sure customer is getting billed correctly. Owner stated that she would not be in business if it wasn't for them and the way they handle their business/customers. They are an excellent company!

References Checked By

Name: Salisha Ramdass

Title: Administrative Assistant

Division/Department: Parks and Recreation

Date of Verification: 04/04/2022