



**TO:** Jacqueline Chapman, Purchasing Agent Senior Supervisor  
Purchasing Division  
**FROM:** Arnold De La Cruz, Port Maintenance Manager  
Operations Division, Port Everglades Department  
**SUBJECT:** Solicitation No.: OPN2123956B1  
Wire Ropes for Cranes

Recommended Vendor: PFEIFER WIRE ROPE & LIFTING TECHNOLOGY, INC.

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

Initial Award Amount: \$ 381,927.00

Potential Total Amount: \$ 1,145,781.00

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 Not required for commodity purchase.

**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: Arnold De La Cruz

TITLE: Port Maintenance Manager

(Individual authorized to administer the contract.)

SIGNATURE: ARNOLD DELACRUZ Digitally signed by ARNOLD DELACRUZ  
Date: 2022.04.11 14:15:28 -04'00'

DATE: 4/11/22



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

Broward County Solicitation No. and Title: OPN2123956B1 Wire Ropes for Cranes

Reference for (Name of Firm): Pfeifer Wire Rope & Lifting Technology, Inc.

Organization/Firm Name providing reference: Carnival Group

Contact Name: Ernesto Dallas

Title: Safety Manager

Contact Email: edallas@carnival.com

Contact Phone: (305) 599-2600

Name of Referenced Project: Supply of Fall Wire Rope

Contract No.

Contract Amount: 500,000.00

Date Services Provided: 01/2017 - 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:**

Supplied Safety Fall, Wire Rope

**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)**

References Checked By

Name: Wanda Devine

Title: Storekeeper

Division/Department: Port Everglades, Operations

Date of Verification: 04/05/2022

Vendor Reference Verification Form – Bids and Quotes  
(Revised 1/22)

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

Broward County Solicitation No. and Title: OPN2123956B1 Wire Ropes for Cranes

Reference for (Name of Firm): Port Everglades, Operations / Pfeifer Wire Rope & Lifting Technology, Inc.

Organization/Firm Name providing reference: Bechtel Equip Operations, Inc.

Contact Name: Steve Crawford

Title: Equipment Service Rep

Contact Email: sccrawfo@bechtel.com

Contact Phone: (281) 637-4255

Name of Referenced Project: BEO Equipment Operations

Contract No.

Contract Amount: 28,000.00

Date Services Provided: 04/2014 thru 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:**

Field Service and purchase and delivery of wire ropes for several types of cranes.

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)

Stated, "We have had nothing but success when dealing with Pfeifer Wire Rope".

References Checked By

Name: Wanda Devine

Title: Storekeeper

Division/Department: Port Everglades, Operations

Date of Verification: 04/06/2022

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Reference for (Name of Firm): Port Everglades, Operations / Pfeifer Wire Rope & Lifting Technology, Inc.

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Organization/Firm Name providing reference: VIRGINIA INTERNATIONAL TERMINALS

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Contact Name: MATT PLANTE Title: Manager Crane Maintenance

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Contact Email: mplanter@vit.org Contact Phone: (757) 686-6164

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Name of Referenced Project: VIG Wire Ropes

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Contract No. Contract Amount: 322,000.00

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Date Services Provided: 2014 thru current

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(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:**

Wire Rope Supplier for STS cranes and RMGs. Training how to change both hoist wires in parallel, instead of one at a time.

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)**  
 Deliveries always on time, the first supplier to accurately measure the length of the ropes that were delivered. Spooled wire rope from their wooded drum to VIT's Steel drums.

References Checked By  
 Name: Wanda Devine Title: Storekeeper

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Division/Department: Port Everglades, Operations Date of Verification: 04/06/2022

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