



**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  $\geq 2.59$  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: 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



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

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

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

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

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

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

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

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Contract No. Contract Amount: 1,000,000.00

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Date Services Provided: 10/2021 - present

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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:**

<b>Please rate your experience with the referenced Vendor:</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
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)**  
 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	<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)**

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	<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)**

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