



TO: Lucho Jaramillo, Purchasing Agent
Purchasing Division
FROM: Nicole Latoya Davis, Sr. Administrative Officer
Broward County Aviation Department
SUBJECT: Solicitation No.: OPN2124435B1
Uniforms

Recommended Vendor: Sharp Marketing
Recommended Group(s)/Line Item(s): All Groups, All Lines
Initial Award Amount: \$ 176,875.43 Potential Total Amount: \$ 530,626.29
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: Nicole La'Toya Davis TITLE: Sr Administrative Officer
(Individual authorized to administer the contract.)

SIGNATURE: Nicole Davis

Digitally signed by Nicole Davis
DN: dc=local, dc=fl-airport, ou=FLLUSERS, cn=Nicole Davis
Date: 2022.08.16 13:59:40 -04'00'

DATE: 8/16/22

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124435B1, Uniforms

Reference for (Name of Firm): Sharp Marketing

Organization/Firm Name providing reference: Broward County CVB

Contact Name: Barb DeMott

Title: Administrative Coordinator

Contact Email: bdemott@broward.org

Contact Phone: (954) 767-2454

Name of Referenced Project: RFP GEN2116293P1 Distribution of Promotional Items

Contract No. GEN2116293P1

Contract Amount: 3,250,000.00

Date Services Provided: 04/2019 - 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:

Primarily promotional items for trade shows or incentive items. And some logo shirts

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)

Have had no issues at all and work has been spot on. Even when they have errors they fix them right away. They have a great understanding of our needs. And have worked very well with them through the years.

References Checked By

Name: Nicole Davis

Title: Sr. Administrative Officer

Division/Department: Aviation Department

Date of Verification: 08/15/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124435B1, Uniforms

Reference for (Name of Firm): Sharp Marketing

Organization/Firm Name providing reference: City of Deerfield

Contact Name: Paul Collette

Title: Buyer

Contact Email: pcollette@deerfield-beach.com

Contact Phone: (954) 480-4418

Name of Referenced Project: Assorted Apparel and Misc. Items with City Logo RFP#2017-18/35

Contract No. RFP#2017-18/335

Contract Amount: 77,000.00

Date Services Provided: Original contract 2017, but renewed contract 05/227/2021 - 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:

They provide all promotional items, pens, uniforms and masks.

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)

They are very professional and wonderful. They meet all expectation. They have great communication.

References Checked By

Name: Nicole Davis

Title: Sr. Administrative Officer

Division/Department: Aviation Department

Date of Verification: 08/15/2022

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2124435B1, Uniforms

Reference for (Name of Firm): Sharp Marketing

Organization/Firm Name providing reference: Duval County Public Schools

Contact Name: Jonathan Emery

Title: Store Clerk II

Contact Email: emeryj@duvalschools.org

Contact Phone: (904) 858-1471

Name of Referenced Project: ITB-030-20/LN Athletic Clothing, Equipment and Supplies Catalog Discount. Pool Bid.

Contract No. ITB-030-20/LN

Contract Amount: 310,000.00

Date Services Provided: Renewed July 1st 2021 - June 30th, 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:

Promotional Items & Branded Apparel & PPE

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)

Easy to get supplies and easy to work with the company. A team full of really great people.

References Checked By

Name: Nicole La'Toya Davis

Title: Sr. Administrative Officer

Division/Department: Aviation Department

Date of Verification: 08/16/2022