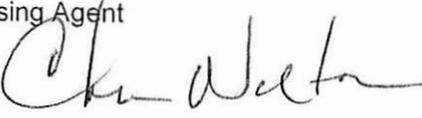


TO: Angie Salinas, Purchasing Agent
Purchasing Division
FROM: Chris Walton, Director 
Transportation Department
SUBJECT: Solicitation No.: TRN2118574B2
Closed Circuit Television (CCTV) System - Install, Repair, Support and Maintenance

Recommended Vendor: Johnson Controls Inc.
Recommended Group(s)/Line Item(s): All
Initial Award Amount: \$279,066.50 Potential Total Amount: \$837,199.50
Initial Contract Term: One Year Contract Term, including Renewals: Two Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Contracts Central 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 Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Michael A. Bryant
(Individual authorized to administer the contract.)

TITLE: Contracts Grants Administrator

MICHAEL A.
SIGNATURE: **BRYANT**

Digitally signed by MICHAEL A. BRYANT
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Administration, ou=Users,
cn=MICHAEL A. BRYANT
Date: 2019.11.22 15:02:46 -0500

DATE: 11/22/2019

Broward County Solicitation No. and Title:

TRN2118574B2 Closed Circuit Television (CCTV) Install, Repair, Support & Maint.

Reference for: Johnson Control Security Solutions LLC

Organization/Firm Name providing reference:

United States Pharmaceuticals

Contact Name: Bryan Starnes

Title: VP Facilities

Reference date: 11/18/2019

Contact Email: bstarnes@conveyhs.com

Contact Phone: 954-903-5799

Name of Referenced Project: Install Kantech and Exacqvision VMS System

Contract No.

Date Services Provided:

Project Amount:

Confirmed - No Number

01/02/2019

to 03/30/2019

\$ 100,000.00

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:

New facility in Miramar. JCI installed 20 cameras, and Kantech badge access system to 30 doors and setup 90 day recording.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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:				
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:				
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"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

JCI is not the cheapest, but one of the best. Will recommend.

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Verified via: EMAIL VERBAL

Verified by: Michael A. Bryant

Division: Transit

Date: 11/19/19

Broward County Solicitation No. and Title:

TRN2118574B2 Closed Circuit Television (CCTV) Install, Repair, Support & Maint.

Reference for: **Johnson Control Security Solutions LLC**

Organization/Firm Name providing reference:

City of Sunrise - Capital Projects Division

Contact Name: **Allan Gavazzi**

Title: **Director**

Reference date: **11/19/2019**

Contact Email: **agavazzi@sunrisefl.gov**

Contact Phone: **954-572-2487**

Name of Referenced Project: **Integrated Software House and ONSSI Video System**

Contract No. Date Services Provided: Project Amount:

Confirmed-Unknown No. 11/01/2009 to 02/14/2011 \$ 800,000.00

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:

Installation of access control locks and ID cards in a secure facility. Installed 30 cameras.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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 type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
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:				
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"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Expensive post contract maintenance. However, JCI did good work.

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Division: Transit

Date: 11/19/19

Broward County Solicitation No. and Title:
TRN2118574B2 Closed Circuit Television (CCTV) Install, Repair, Support & Maint.

Reference for: **Johnson Control Security Solutions LLC**

Organization/Firm Name providing reference:

City of North Miami Police Department

Contact Name: **Jorge Manresa** Title: **Police Administrator** Reference date: **11/19/2019**

Contact Email: **jmanresa@northmiamipolice.com** Contact Phone: **305-891-0294 x23201**

Name of Referenced Project: **Genetec System - system wide video surveillance system**

Contract No. **NJPA 031913-TIS** Date Services Provided: **06/04/2018 to 06/25/2018** Project Amount: **\$ 66,979.00**

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:

Vendor replaced and upgraded the Police Department's outdated security key card access system.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
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:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

The only issue we had was that certain parts/materials were not correctly ordered and there was a slight delay in finishing the project.

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Verified via: EMAIL VERBAL Verified by: Michael A. Bryant Division: Transit Date: 11/19/19