



TO: Richard Trupiano, Purchasing Agent Senior
Purchasing Division
FROM: Ian Mitchell, Assistant Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2116204B1
Fire Sprinkler and Fire Pump Maintenance and Repairs

Recommended Vendor: National Fire Protection LLC
Recommended Group(s)/Line Item(s): Groups 1-2
Initial Award Amount: \$4,666,653.50 Potential Total Amount: \$13,999,960.50
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. 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 Incumbent vendor

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.

Assistant Director, Facilities

TYPED NAME OF SIGNER: IAN MITCHELL

TITLE: Management Division

(Individual authorized to administer the contract.)

SIGNATURE:

DATE: 11/19/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2116204B1, Fire Sprinkler and Fire Pump Maintenance and Repairs

Reference for: (Name of Firm) National Fire Protection LLC
 Organization/Firm Name providing reference: Miami Dade Transit
 Contact Name/Title: Ray Harding
 Contact E-mail: rh93@miamidade.gov
 Contact Phone: 305-978-9538
 Name of Referenced Project: Dadeland North Parking Garage & others
 Contract No.
 Contract Amount: \$2,000,000.00+
 Date Services Provided: Dec. 2018 and other large projects Nov. 2103 - current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Currently doing 11-story parking garage - gut out and completely replace sprinkler system, perform inspections and everything needed.

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 type="checkbox"/>	<input checked="" 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"/>

Additional Comments: (provide on additional sheet if needed)
National Fire Protection LLC is a full service fire sprinkler and fire pump company. They maintain good communication and are very responsive. Compliance documents are provided timely.

References Checked By
 Name: Leessa Derrick Title: Contract Grant Administrator
 Division/Department: Facilities Management Division Date of Verification: 11/20/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2116204B1, Fire Sprinkler and Fire Pump Maintenance and Repairs

Reference for: (Name of Firm) National Fire Protection LLC
 Organization/Firm Name providing reference: Florida Power and Light
 Contact Name/Title: Malcolm George/Fire Protection Coordinator
 Contact E-mail: malcolm.george@fpl.com
 Contact Phone: 305-495-3061
 Name of Referenced Project: FPL Turkey Point Nuclear Power Plant
 Contract No. NA
 Contract Amount: \$20,000 annually
 Date Services Provided: 2014 to present

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

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Vendor maintains the fire sprinklers for the buildings at the Turkey Point Nuclear Power Plant (excluding the nuclear plants) and completes the annual inspections.

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 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)
Vendor is responsive and service technicians provide excellent service. Vendor is able to comply with rigorous standards to provide services at the nuclear power plant.

References Checked By
 Name: Robin Swanson Title: Contract Grant Administrator
 Division/Department: Facilities Management Division Date of Verification: November 19, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2116204B1, Fire Sprinkler and Fire Pump Maintenance and Repairs

Reference for: (Name of Firm) National Fire Protection LLC
 Organization/Firm Name providing reference: Miami Dade County Aviation
 Contact Name/Title: Earl Davis, Fire Suppression Supervisor
 Contact E-mail: ELDavis@miami-airport.com
 Contact Phone: 786-863-0510
 Name of Referenced Project: Fire Suppression Annual Inspections
 Contract No. NA
 Contract Amount: \$1,200,000
 Date Services Provided: 2018 to 2022

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

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Vendor provides turnkey services. Since vendor was recently bought out, service has been slower than usual.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Robin Swanson Title: Contract Grant Administrator
 Division/Department: Facilities Management Division Date of Verification: November 19, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2116204B1, Fire Sprinkler and Fire Pump Maintenance and Repairs

Reference for: (Name of Firm) National Fire Protection LLC

Organization/Firm Name providing reference: Broward County Board of County Commissioners

Contact Name/Title: Ann Rawlings

Contact E-mail: arawlings@broward.org

Contact Phone: 954-357-8464

Name of Referenced Project: Fire Suppression Maintenance and Repairs

Contract No. T1322620B1 and T1322620X1

Contract Amount: 1,600,000.00

Date Services Provided: 6/12/15 - Present

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

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Annual and quarterly fire sprinkler inspections County facilities.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
Vendor provided excellent service for inspections. Vendor needed improvement in providing invoices, reports and filing reports with municipalities.

References Checked By
 Name: Aixa Seabrook Title: Contract Grant Administrator
 Division/Department: Facilities Management Division Date of Verification: November 13, 2019