



TO: Marlyn Mahabeer, Purchasing Agent
Purchasing Division

FROM: Richard Waskiewicz, Director of Aviation Facilities Maintenance Division *RAW 1/7/2020*
Aviation Facilities Maintenance Division

SUBJECT: Solicitation No.: BLD2119689B1
Air Conditioning Chillers, Cooling Towers & PC-Air Units Preventative Maintenance, Repairs & Rental Services

Recommended Vendor: Siemens Industry, inc.
Recommended Group(s)/Line Item(s): Line Items 1-63
Initial Award Amount: \$1,727,765.00 Potential Total Amount: \$5,193,875.00
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: Peggy Cadeaux TITLE: Contract/Grant Administrator Senior
(Individual authorized to administer the contract.)

SIGNATURE: Peggy Cadeaux Digitally signed by Peggy Cadeaux Date: 2019.12.26 16:21:19 -05'00' DATE: December 26, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119689B1 - Air Conditioning Chillers, Cooling Towers & PC-Air Units Preventative Maintenance, Repairs & Rental Services

Reference for: (Name of Firm) Siemens Industry, Inc.

Organization/Firm Name providing reference: Miami-Dade County

Contact Name/Title: David Garcia/ BMS Superintendent

Contact E-mail: dgarcia@miamidade.gov

Contact Phone: 305-375-4217

Name of Referenced Project: HVAC, BAS, Maintenance, Repairs and Installation

Contract No.

Contract Amount: \$2,000,000.00 annually

Date Services Provided: 20 years

(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:
Building Controls installations, service and upgrade.

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)

References Checked By
 Name: David Garcia, Title: BMS Superintendent
 Division/Department: Miami-Dade County Internal Services Date of Verification: December 31, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119689B1 - Air Conditioning Chillers, Cooling Towers & PC-Air Units Preventative Maintenance, Repairs & Rental Services

Reference for: (Name of Firm) Siemens Industry, Inc.
 Organization/Firm Name providing reference: AT&T Services, Inc.
 Contact Name/Title: Karel Sanchez / Lead Static Engineer - AT&T Miami Data Center
 Contact E-mail: KS6914@att.com
 Contact Phone: 305-799-8439
 Name of Referenced Project: HVAC, BAS, Maintenance, Repairs and Installation
 Contract No. KS6914@att.com
 Contract Amount: \$1,500,000.00 annually (National Account)
 Date Services Provided: 15 years

(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:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" 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: [Signature] Title: LEAD ENGINEER
 Name: [Signature] Date of Verification: 1/6/2020
 Division/Department: Jones Law SABAILE



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119689B1 - Air Conditioning Chillers, Cooling Towers & PC-Air Units Preventative Maintenance, Repairs & Rental Services

Reference for: (Name of Firm) Siemens Industry, Inc.
 Organization/Firm Name providing reference: Florida Memorial University
 Contact Name/Title: David Jaccarino/ Facilities Director
 Contact E-mail: David.Jaccarino@fmuniv.edu
 Contact Phone: 305-626-3766
 Name of Referenced Project: HVAC, BAS, Maintenance, Repairs and Installation
 Contract No.
 Contract Amount: \$140,000.00 annually
 Date Services Provided: 10 years
 (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:

HVAC, BAS, Maintenance, Repairs and Installations for FMU

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 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"/>

Additional Comments: (provide on additional sheet if needed)
Vendor is very responsive to routine and emergency calls. Siemens needs to be more proactive in reducing staff turnover.

References Checked By
 Name: David Jaccarino Title: Director of Facilities Mgmt & Plant Ops
 Division/Department: Florida Memorial University Date of Verification: January 07, 2020