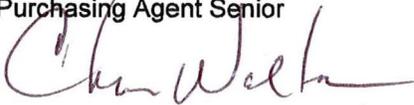




**TO:** Windelle Jean-Pierre, Purchasing Agent Senior  
Purchasing Division  
**FROM:** Chris Walton, Director   
Transportation Department  
**SUBJECT:** Solicitation No.: TRN2119667B1  
Bus Batteries

Recommended Vendor: Original Equipment Company  
Recommended Group(s)/Line Item(s): TRN2119667B1\_1\_01 - TRN2119667B1\_1\_04  
Initial Award Amount: \$252,670 Potential Total Amount: \$758,010  
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 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  $\geq 2.59$  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 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: Nicholas Smith TITLE: Maintenance Superintendent  
(Individual authorized to administer the contract.)

SIGNATURE: 

DATE: 02/04/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2119667B1, Bus Batteries

Reference for: (Name of Firm) Original Equipment Company

Organization/Firm Name providing reference: Broward County Transit

Contact Name/Title: Doug Mair / Accounting Specialist

Contact E-mail: DMair@broward.org

Contact Phone: 954-357-8434

Name of Referenced Project: Battery Contract

Contract No. TRN2119667B1

Contract Amount: \$253,869

Date Services Provided: 01/15/2019

(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 bus batteries**

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

**Additional Comments: (provide on additional sheet if needed)**  
**Vendor has always been helpful and willing to assist anytime with issue discrepancies or needs that arise.**

References Checked By  
 Name: Nicholas Smith Title: Transit Maintenance Superintendent  
 Division/Department: Transit Maintenance / Transportation Date of Verification: 01/13/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2119667B1, Bus Batteries  
 Reference for: (Name of Firm) Original Equipment Company  
 Organization/Firm Name providing reference:  
 Contact Name/Title: Darryl Miele  
 Contact E-mail: dabatteryman@bellsouth.net  
 Contact Phone: (561) 992-2202 or (561) 996-5501  
 Name of Referenced Project:  
 Contract No. CMA16016  
 Contract Amount: 190,002.91  
 Date Services Provided: 1/28/19-1/27/23

(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 bus batteries

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 type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**

References Checked By  
 Name: Nicholas Smith Title: Transit Maintenance Superintendent  
 Division/Department: Transit Maintenance / Transportation Date of Verification: 01/13/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN2119667B1, Bus Batteries  
 Reference for: (Name of Firm) Original Equipment Company  
 Organization/Firm Name providing reference: Solid Waste Authority  
 Contact Name/Title: Mitchell Parker  
 Contact E-mail: mparker@swa.org  
 Contact Phone: 561-687-1100  
 Name of Referenced Project: Sale of surplus lead acid Batteries for recycling  
 Contract No. 16-Q/BN  
 Contract Amount: .26 cents a pound for recycled lead acid batteries  
 Date Services Provided: 09/24/29 - 09/23/21

(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 pick-up of recycled lead acid batteries**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Vendor's Organization</b>				
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 type="checkbox"/>
<b>3. Timeliness of:</b>				
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: Nicholas Smith Title: Transit Maintenance Superintendent  
 Division/Department: Transit Maintenance / Transportation Date of Verification: 01/13/2020