



TO: Mike Mullen, Purchasing Agent Senior, Purchasing Division
Purchasing Division
FROM: Alexander Vickers, Traffic Operations Superintendent
Traffic Engineering Division
SUBJECT: Solicitation No.: TEC2120020Q1
InSync Adaptive Traffic Signal Control System Equipment and Repairs

Recommended Vendor: Rhythm Engineering, LLC
Recommended Group(s)/Line Item(s): TEC2120020Q1--01-01 through TEC2120020Q1--01-27
Initial Award Amount: \$ 309,100 Potential Total Amount: \$ 927,300
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: Alexander Vickers TITLE: Traffic Operations Superintendent
(Individual authorized to administer the contract.)

SIGNATURE: **ALEX VICKERS** Digitally signed by ALEX VICKERS
Date: 2020.02.25 12:08:30 -05'00' DATE: 2/25/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TEC2120020Q1, InSync Adaptive Traffic Signal Control System
Equipment and Repairs

Reference for: (Name of Firm) Rhythm Engineering, LLC

Organization/Firm Name providing reference: Florida Department of Transportation, District 6

Contact Name/Title: Yamilet Diaz, PE

Contact E-mail: Yamilet.Diaz@dot.state.fl.us

Contact Phone: 305-640-7333

Name of Referenced Project: InSync deployment (29 systems)

Contract No. SW 8th Street, Miami, FL

Contract Amount: \$1,385,214.00

Date Services Provided: Jan 2016 - 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:
InSync deployment (29 systems) on SW 8th street, Miami Fl.

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 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 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)
 N/A

References Checked By
 Name: Delanor Nurse Title: Contract/Grant Administrator, Senior
 Division/Department: Public Works / Traffic Engineering Division Date of Verification: February 25, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TEC2120020Q1, InSync Adaptive Traffic Signal Control System
Equipment and Repairs

Reference for: (Name of Firm) Rhythm Engineering, LLC

Organization/Firm Name providing reference: Pinellas County, FL

Contact Name/Title: Ken Jacobs

Contact E-mail: kjacobs@co.pinellas.fl.us

Contact Phone: (727) 464-8928

Name of Referenced Project: InSync FDOT Statewide Contract Deployments

Contract No. N/A

Contract Amount: \$250,250.00

Date Services Provided: Oct 2011-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:
InSync Deployment.

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)
N/A

References Checked By
Name: Delanor Nurse Title: Contract/Grant Administrator, Senior
Division/Department: Public Works / Traffic Engineering Division Date of Verification: February 24, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TEC2120020Q1, InSync Adaptive Traffic Signal Control System
Equipment and Repairs

Reference for: (Name of Firm) Rhythm Engineering, LLC
 Organization/Firm Name providing reference: Port St. Lucie, FL
 Contact Name/Title: Paul Johnson
 Contact E-mail: pjohnson@cityofpsl.com
 Contact Phone: (772) 871-5182
 Name of Referenced Project: InSync deployment
 Contract No. St Lucie West Blvd
 Contract Amount: \$345,550.00
 Date Services Provided: May 2017

(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:
InSync deployment on St. Lucie West Blvd.

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)
 N/A

References Checked By
 Name: Delanor Nurse Title: Contract/Grant Administrator, Senior
 Division/Department: Public Works / Traffic Engineering Division Date of Verification: February 20, 2020