



TO: Peggy Cadeaux, Purchasing Agent Senior
Purchasing Division
FROM: Ronald Delello, Traffic Signs and Markings Superintendent
Traffic Engineering Division
SUBJECT: Solicitation No.: TRN2120421B1
Traffic Engineering Division

Recommended Vendor: M-B Companies, Inc.
Recommended Group(s)/Line Item(s): 1
Initial Award Amount: \$ 647,312.00 Potential Total Amount: \$ 647,312.00
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

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: Ron Delello
(Individual authorized to administer the contract.)

TITLE: Signs Superintendent

SIGNATURE: RONALD DELELLO

Digitally signed by RONALD DELELLO
DN: cn=Ron Delello, o=Broward, ou=County, ou=Organization, ou=BCC, ou=PW,
c=FL, email=Ron Delello@broward.org, cn=RONALD DELELLO
Date: 2020.04.07 14:40:42 -0400

DATE: 4/7/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2120421B1- Thermoplastic Pavement Marking Long Liner Truck

Reference for: (Name of Firm) M-B Companies, Inc.
 Organization/Firm Name providing reference: City of Richmond, VA
 Contact Name/Title: Edwin Alford, Sign and Pavement Marking Shop Supervisor
 Contact E-mail: edwin.alford@richmondgov.com
 Contact Phone: 804-646-1322
 Name of Referenced Project: TPX5000 Spray Longline Applicator
 Contract No. n/a
 Contract Amount: \$540,000.00
 Date Services Provided: November 2018 - 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:
Provide Thermoplastic Pavement Marking Truck.

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: March 23, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2120421B1- Thermoplastic Pavement Marking Long Liner Truck

Reference for: (Name of Firm) M-B Companies, Inc.
 Organization/Firm Name providing reference: City of Cape Coral
 Contact Name/Title: Charlie Kruvelis, Traffic Operations Supervisor
 Contact E-mail: ckruveli@capecoral.net
 Contact Phone: 239-574-0739
 Name of Referenced Project: Custom Thermoplastic kettle unit
 Contract No. n/a
 Contract Amount: \$94,000.00
 Date Services Provided: November 2016-2017

(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:
Supply and Deliver Thermoplastic Melter Truck.

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: March 25, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2120421B1- Thermoplastic Pavement Marking Long Liner Truck

Reference for: (Name of Firm) M-B Companies, Inc.
 Organization/Firm Name providing reference: Alabama DOT
 Contact Name/Title: Carlton Owens, Equipment Manager
 Contact E-mail: owensc@dot.state.al.us
 Contact Phone: 334-242-6065
 Name of Referenced Project: 600 GL Truck Mounted Paint Strippers
 Contract No. n/a
 Contract Amount: \$1,250,481.00
 Date Services Provided: 6/14/2017

(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:
Provide Truck mounted Stripers, Thermoplastic kettle trailer.

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: March 23, 2020