



TO: Richard Trupiano, Purchasing Agent Senior
Purchasing Division

FROM: Scott Campbell, Director **Scott Campbell**
Facilities Management Division

SUBJECT: Solicitation No.: BLD2117444B1
HVAC Unit and HVAC Precision Cooling Unit Maintenance and Repair Services

Digitally signed by Scott Campbell
Date: 2020.04.23 11:23:32 -04'00'

Recommended Vendor: Thermo Air Inc
Recommended Group(s)/Line Item(s): Group 2
Initial Award Amount: 273,976.00 Potential Total Amount: \$862,804.00
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.

Director, Facilities Management

TYPED NAME OF SIGNER: Scott Campbell
(Individual authorized to administer the contract.)

TITLE: Division

SIGNATURE: **Scott Campbell**

Digitally signed by Scott Campbell
Date: 2020.04.23 11:26:13 -04'00'



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117444B1 HVAC Unit and HVAC Precision Cooling Unit Maintenance and Repair Services

Reference for: (Name of Firm) : Thermo Air Inc.
 Organization/Firm Name providing reference: City of Hollywood
 Contact Name/Title: Normand MacKinnon
 Contact E-mail: nmackinnon@hollywoodfl.org
 Contact Phone: 954-540-1264
 Name of Referenced Project: City Hall
 Contract No. NA
 Contract Amount: \$35,000 annually
 Date Services Provided: 2014 to 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:
HVAC Maintenance & Inspections for Liebert and other systems

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 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)
Very good contractor, they do what they say and they are prompt.
 Vendor performance evaluations have been completed for Thermo Air, Inc; they have an overall rating of 3.10 of of a possible 5.0. Copies of the vendor performance evaluations are available upon request.

References Checked By
 Name: Robin Swanson Title: Contract Grant Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: December 11, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117444B1 HVAC Unit and HVAC Precision Cooling Unit Maintenance and Repair Services

Reference for: (Name of Firm) : Thermo Air Inc.
 Organization/Firm Name providing reference: Miami-Dade Facilities
 Contact Name/Title: Jorge Montes, Supervisor of Facilities Maintenance HVAC
 Contact E-mail: jorge.montes@miamidade.gov
 Contact Phone: 786-299-3480
 Name of Referenced Project: HVAC Medical Examiner / Internal Affairs Office
 Contract No. NA
 Contract Amount: \$30,100 annually
 Date Services Provided: 2018 and 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:
HVAC Maintenance & Replacement

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 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 Sr.
 Division/Department: Facilities Management Division Date of Verification: December 11, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2117444B1 Group 2 HVAC Precision Cooling Unit Maintenance and Repair Services

Reference for: (Name of Firm) : Thermo Air Inc.
 Organization/Firm Name providing reference: Boca Raton Regional Hospital
 Contact Name/Title: Larry Pugliese, HVAC Supervisor
 Contact E-mail: lpugliese@brrh.com
 Contact Phone: 305-325-0001
 Name of Referenced Project: HVAC Maintenance
 Contract No. NA
 Contract Amount: \$9,000.00 annually
 Date Services Provided: 2009 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:
Maintenance of hospital condenser units since 2009. Various repairs and unit replacements since 1991.

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 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)
Vendor provides a quick response and sends out knowledgeable technicians to complete work.

References Checked By
 Name: Robin Swanson Title: Contract Grant Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: December 11, 2019