



TO: Brenda Billingsley
Purchasing Division
FROM: Richard Waskiewicz, Enterprise Director Facilities/Maintenance Division *RW*
Aviation Department
SUBJECT: Solicitation No.: BLD2121952B1
Sloan Plumbing Parts

Recommended Vendor: The Milloso Group LLC dba Plusco Supply
Recommended Group(s)/Line Item(s): 1
Initial Award Amount: \$ 200,00.00 Potential Total Amount: \$ 600,000.00
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, 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

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: Claudja Henry TITLE: Contract/Grant Administrator, Sr.
(Individual authorized to administer the contract.)

SIGNATURE: Digitally signed by Claudja Henry Date: 2021.01.26 13:57:50 -05'00' DATE: 1/26/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121952B1_1 Sloan Plumbing Parts
 Reference for: (Name of Firm) Plusco Supply
 Organization/Firm Name providing reference: Boca Resort & Club
 Contact Name/Title: Kurt Graham / Director of Operations
 Contact E-mail: kurt.graham@waldorfasteria.com
 Contact Phone: (561) 447-3112
 Name of Referenced Project:
 Contract No.
 Contract Amount: \$380,000
 Date Services Provided: 2013- current
 (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
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: Claudja Henry Title: Contract/Grants Administrator, Sr.
 Division/Department: Aviation - Maintenance Division Date of Verification: January 21, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121952B1_1 Sloan Plumbing Parts

Reference for: (Name of Firm) Plusco Supply

Organization/Firm Name providing reference: Broward Health

Contact Name/Title: Kahlil Bailey / Inventory

Contact E-mail: k1bailey@browardhealth.org

Contact Phone: (954) 355-4400

Name of Referenced Project:

Contract No.

Contract Amount: \$100,000/YR

Date Services Provided: 1980-Current

(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:

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

Additional Comments: (provide on additional sheet if needed)

GREAT SERVICE AND WONDERFUL TEAM

References Checked By

Name: Claudja Henry

Title: Contract/Grants Administrator, Sr.

Division/Department: Aviation - Maintenance Division

Date of Verification: January 26, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121952B1_1 Sloan Plumbing Parts

Reference for: (Name of Firm) Plusco Supply

Organization/Firm Name providing reference: Nova University

Contact Name/Title: AJ Rodriguez / Warehouse Supervisor

Contact E-mail: arodrigue1@nova.edu

Contact Phone: (954) 262-8813

Name of Referenced Project:

Contract No.

Contract Amount: \$80,000 - Per Year

Date Services Provided: 1/3/18 - CURRENT
(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
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Claudja Henry

Title: Contract/Grants Administrator, Sr.

Division/Department: Aviation - Maintenance Division

Date of Verification: January 26, 2021