



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Richard Waskiewicz, Enterprise Director  
Maintenance Division, Aviation Department  
**SUBJECT:** Solicitation No.: BLD2122199B1  
Automatic Door Repair and Maintenance

RAW

Recommended Vendor: Oratsco Corporation  
Recommended Group(s)/Line Item(s): Line Items 1-67  
Initial Award Amount: \$ 187,900.64 Potential Total Amount: \$ 563,701.92  
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 N/A for this solicitation

**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  $\geq 2.59$  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 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: Stacy Seibert TITLE: Enterprise Assistant Director of Facilities  
(Individual authorized to administer the contract.)

SIGNATURE: Stacy Seibert Digitally signed by Stacy Seibert Date: 2021.04.13 16:43:59 -04'00' DATE: 4/14/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122199B1, Automatic Door Repair and Maintenance

Reference for: (Name of Firm) Oratsco Corporation

Organization/Firm Name providing reference: The Grand Condominium/ Effective Properties LLC

Contact Name/Title: Al Soto, Property manager

Contact E-mail: alsoto@effectivepropertyservices.com

Contact Phone: 305-345-7275

Name of Referenced Project: The Grand Condominium impact doors to automatic doors

Contract No. N/A

Contract Amount: \$2,000,000

Date Services Provided: 2015 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:**

Installation of impact rated sliding glass door - 150 units

Automatic door installation - retail area

Automatic door service

Please rate your experience with the referenced Vendor:

Needs Improvement    Satisfactory    Excellent    Not Applicable

1. Vendor's Quality of Service

- a. Responsive  Needs Improvement  Satisfactory  Excellent  Not Applicable
- b. Accuracy  Needs Improvement  Satisfactory  Excellent  Not Applicable
- c. Deliverables  Needs Improvement  Satisfactory  Excellent  Not Applicable

2. Vendor's Organization

- a. Staff expertise  Needs Improvement  Satisfactory  Excellent  Not Applicable
- b. Professionalism  Needs Improvement  Satisfactory  Excellent  Not Applicable
- c. Turnover  Needs Improvement  Satisfactory  Excellent  Not Applicable

3. Timeliness of:

- a. Project  Needs Improvement  Satisfactory  Excellent  Not Applicable
- b. Deliverables  Needs Improvement  Satisfactory  Excellent  Not Applicable

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

Oratso Corp. is very responsive, professional staff, very competent in doing their work.

References Checked By

Name: Stacy Seibert

Division/Department:

BCAD/Maintenance

Title: Enterprise Assistant Director

Date of Verification: 04/13/2021 Via Email



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122199B1, Automatic Door Repair and Maintenance  
 Reference for: (Name of Firm) Oratsco Corportation  
 Organization/Firm Name providing reference: Ransom Everglades  
 Contact Name/Title: Erick Ceballos  
 Contact E-mail: Eceballos@ransomeverglades.org  
 Contact Phone: 305-370-2259  
 Name of Referenced Project: Ransom Everglades renovation  
 Contract No. Construction contract, Service contract  
 Contract Amount: \$1.2 million  
 Date Services Provided: January 2014 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:**  
 Provided all the store fronts for the school as well as the windows, contract is still in place for service of doors.

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)**  
 Oratso Corp Is very well in responding in a timely manner, very professional.

References Checked By  
 Name: Claudja Henry Title: Contract/Grant Administrator, Sr.  
 Division/Department: Maintenance Division - Aviation Department Date of Verification: 04/13/2021 Via Email;



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2122199B1, Automatic Door Repair and Maintenance  
 Reference for: (Name of Firm) Oratsco Corportation  
 Organization/Firm Name providing reference: BHE Real Estate & Development  
 Contact Name/Title: Yanei Perez, Property Manager  
 Contact E-mail: yaneip@baptisthealth.net  
 Contact Phone: 3058129179  
 Name of Referenced Project: Fire door inspection, automatic door inspection and replacement as needed  
 Contract No. Master Service Agreement  
 Contract Amount: \$450,000  
 Date Services Provided: Ongoing  
 (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:**  
**Oratso Corporation has a service agreement with us to conduct the fire door, automatic door inspection for all of our outpatient sites. We also contract with him to replace doors as needed. We currently have properties in Miami Dade, Broward and Palm Beach that he has serviced.**

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)**  
**Oratso has been a vendor of Baptist Health for quite sometime and he is a wealth of resource to us.**

References Checked By  
 Name: Stacy Seibert Title: Assistant Enterprise Director  
 Division/Department: BCAD/Maintenance Date of Verification: 04/13/2021 Via Email