



TO: Sean O'Donnell
Purchasing Division
FROM: Ariadna Musarra, Director/County Architect
Construction Management
SUBJECT: Solicitation No.: PNC2121515C1
PSB Fire Alarm and P.A. System Installation

Recommended Vendor: Florida Palm Construction
Recommended Group(s)/Line Item(s): 1 - 3
Initial Award Amount: \$ 1,917,059.44 Potential Total Amount: \$ 1,917,059.44
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: Ariadna Musarra TITLE: Director/County Architect CMD
(Individual authorized to administer the contract.)

SIGNATURE: ARIADNA MUSARRA Digitally signed by ARIADNA MUSARRA
Date: 2021.04.27 15:46:25 -04'00' DATE: 4/27/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2121779C1 Remodel of Main Jail Judges Bench, 1st Appearance Court
PNC2121515C1 PSB Fire Alarm and P. A. System Installation

Reference for: (Name of Firm) Florida Palm Construction, Inc.

Organization/Firm Name providing reference: United Recovery

Contact Name/Title: Bryan Alzate

Contact E-mail: bryan@unitedrecoveryproject.com

Contact Phone: 954-549-9679

Name of Referenced Project: United Addiction Specialist Call Center

Contract No. n/a

Contract Amount: \$138,421.92

Date Services Provided: 2/24/20 to 2/24/21

(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:
Call Center Buildout

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)
Good company.

References Checked by: Name: Luis Seta Title: Construction Project Manager
 Division/Department: Construction Management Date of Verification: 3/17/2021

This Vendor Reference Verification sheet is being used for two separate projects for the Construction Management Division.



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2121515C1 PSB Fire Alarm and P.A. System Installation
 Reference for: (Name of Firm) Florida Palm Construction
 Organization/Firm Name providing reference: City of Parkland
 Contact Name/Title: Ryan Spradin
 Contact E-mail: rspradin@cityofparkland.org
 Contact Phone: 954-757-4149
 Name of Referenced Project: City Hall Multipurpose Room Remodel
 Contract No.
 Contract Amount: \$129,000
 Date Services Provided: October 2020 thru February 2021
 (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 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: Carlos Puentes Title: Construction Manager
 Division/Department: Construction Management Date of Verification: March 29, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2121515C1 PSB Fire Alarm and P.A. System Installation
 Reference for: (Name of Firm) Florida Palm Construction
 Organization/Firm Name providing reference: Isn't This Great
 Contact Name/Title: Solomon Schoonover
 Contact E-mail: solomon@itgcor.com
 Contact Phone: 954-243-8910
 Name of Referenced Project: Full Commercial Multi-Tenant Interior Remodel
 Contract No.
 Contract Amount: \$1,000,000
 Date Services Provided: April 2018 thru January 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:
 We had a variety of issues with our building, including structural, plumbing, electrical, and design, and FPC was able to help us with all of it. They were great to work with and I highly recommend them.

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: Carlos Puentes Title: Construction Manager
 Division/Department: Construction Management Date of Verification: March 29, 2021