



**TO:** John Torrenga  
Purchasing Division  
**FROM:** Alexander Vickers, Traffic Operations Superintendent  
Traffic Engineering Division  
**SUBJECT:** Solicitation No.: OPN2122534Q1  
FLIR Thermal Video Detection Equipment and Repairs

Recommended Vendor: Control Technologies, Inc.  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$ 1,964,405.00 Potential Total Amount: \$ 5,893,215.00  
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 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: Alexander Vickers TITLE: Traffic Operations Superintendent  
(Individual authorized to administer the contract.)

SIGNATURE: **ALEX VICKERS** Digitally signed by ALEX VICKERS  
Date: 2021.06.09 12:04:35 -04'00' DATE: 6/9/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122534Q1, FLIR Thermal Video Detection Equipment and Repairs

Reference for: (Name of Firm) Control Technologies, Inc.  
 Organization/Firm Name providing reference: City of Virginia Beach, Virginia  
 Contact Name/Title: Sandy Faucette  
 Contact E-mail: sfaucett@vbgov.com  
 Contact Phone: 757-385-8613  
 Name of Referenced Project: Supply Video Detection equipment  
 Contract No. PWHY-18-3024A  
 Contract Amount: \$727,412  
 Date Services Provided: 06/24/2018 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:**  
 Supply Video Detection equipment

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		×		
b. Deliverables		×		

**Additional Comments: (provide on additional sheet if needed)**  
 Provide Traffic Control Equipment.

References Checked By  
 Name: Delanor Nurse Title: Contract/Grant Administrator, Senior  
 Division/Department: Public Works / Traffic Engineering Division Date of Verification: June 08, 2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122534Q1, FLIR Thermal Video Detection Equipment and Repairs

Reference for: (Name of Firm) Control Technologies, Inc.  
 Organization/Firm Name providing reference: Baltimore County Maryland  
 Contact Name/Title: John Dzugan  
 Contact E-mail: jdzugan@baltimorecountymd.gov  
 Contact Phone: 410-887-8601  
 Name of Referenced Project: Provide Traffic Detection Equipment  
 Contract No. 3295 Video Traffic Detection Equipment  
 Contract Amount: \$1,000,000.00  
 Date Services Provided: 2017 - 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:**  
**Provide Traffic Detection Equipment**

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

**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:



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122534Q1, FLIR Thermal Video Detection Equipment and Repairs

Reference for: (Name of Firm) Control Technologies, Inc.

Organization/Firm Name providing reference: Miami Dade County

Contact Name/Title: Juan Trujillo

Contact E-mail: juan.trujillo@miamidade.gov

Contact Phone: 305-679-0083

Name of Referenced Project: Provide Traffic Control Equipment.

Contract No. FB-00901

Contract Amount: \$2,500,000.00

Date Services Provided: 2019 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:**  
Provide Traffic Control Equipment.

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			X	
b. Deliverables			X	

**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: June 08, 2021