



**TO:** Jose Solis  
Purchasing Division  
**FROM:** Domenic DiLullo, Chief Information Officer  
Enterprise Technology Services Division (ETS)  
**SUBJECT:** Solicitation No.: PNC2131669B1  
Insert Solicitation Title: Microsoft Reseller - Microsoft Reseller - Licensing, Subscription, Support , and Cloud

Recommended Vendor: Softchoice Corporation  
Recommended Group(s)/Line Item(s):  
Initial Award Amount: \$ 11,976,690 Potential Total Amount: \$ 35,930,070  
Initial Contract Term: Three Years Contract Term, including Renewals: 9 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  $\geq 2.59$  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: Keith A. Wolf TITLE: Information Systems Administrator  
(Individual authorized to administer the contract.)

SIGNATURE:  Digitally signed by KEITH WOLF Date: 2026.05.04 09:13:48 -04'00' DATE: 04/28/2026

Delegated authority of CIO

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: PNC2131669B1 Microsoft Reseller - Licensing, Subscription, Support, and Cloud

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Brevard County Board of Commissioners

Contact Name: Joe Clanton

Title: Procurement Director

Contact Email: joe.clanton@brevardfl.gov

Contact Phone: (407) 319-7683

Name of Referenced Project: Cisco DC Hardware Refresh

Contract No. N/A

Contract Amount: N/A

Date Services Provided: March 2023 - current

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)**

Have been a customer for 4 or 5 years, very satisfied.

**References Checked By**

Name: Joseph Castelli

Title: Data Communications Information Systems Manager

Division/Department: FASD/ETS

Date of Verification: 01/06/2026

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: PNC2131669B1 Microsoft Reseller - Licensing, Subscription, Support, and Cloud

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Miami-Dade County

Contact Name: Guillermo Paneque

Title:

Contact Email: guillermo.paneque@miamidade.gov

Contact Phone: (305) 596-8614

Name of Referenced Project: Cisco Smartnet Support

Contract No. N/A

Contract Amount: 550,000.00

Date Services Provided: June 2025 - current

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)**

They are used for the Cisco Contract, the representative from Softchoice makes the difference.

References Checked By

Name: Joseph Castelli

Title: Data Communications information System Manager

Division/Department: FASD/ETS

Date of Verification: 01/12/2026

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: PNC2131669B1 Microsoft Reseller - Licensing, Subscription, Support and Cloud

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Orange County Public Schools

Contact Name: Scott Zirbies

Title:

Contact Email: scott.zirbes@ocps.net

Contact Phone: (407) 250-6256

Name of Referenced Project: E-rate Cisco refresh

ext. 2002312

Contract No. N/A

Contract Amount: 1,100,000.00

Date Services Provided: December 2024 - current

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)**

IT really depends on the account executive, they are very satisfied with the current executive.

**References Checked By**

Name: Joseph Castelli

Title: Data Communications Information Systems Manager

Division/Department: FASD/ETS

Date of Verification: 01/08/2026