



TO: Robert Gleason
Purchasing Division
FROM: Scott Campbell
Facilities Management Division
SUBJECT: Solicitation No.: BLD2128306B1
Fire Suppression System Inspection, Maintenance, and Repair Services

Recommended Vendor: BROWARD FIRE EQUIPMENT & SERVICE, INC.
Recommended Group(s)/Line Item(s): Group 2
Initial Award Amount: \$ 182,850.00 Potential Total Amount: \$ 914,250.00
Initial Contract Term: One Year Contract Term, including Renewals: Five 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 Broward Fire Equipment & Service, Inc is performing the fire suppression inspection.

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: Scott Campbell TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL
Date: 2024.08.28 09:31:18 -04'00' DATE:



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128306B1 - Fire Suppression System Inspection, Maintenance, and Re
 Reference for (Name of Firm): Broward Fire Equipment and Service Inc.
 Organization/Firm Name providing reference: OBGYN Specialists
 Contact Name: Valerie DeSautel Title:
 Contact Email: valeriedesautel@obgynspb.com Contact Phone: (561) 275-7509
 Name of Referenced Project: Clean Agent System Service - FM200
 Contract No. Contract Amount: 800.00
 Date Services Provided: 7/25/2024

(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)
 Been using Broward Fire for years now John is wonderful

References Checked By
 Name: Elias H. Castillo Pachon, Title: Contract Grant Administrator, Senior
 Division/Department: Facilities Management Division Date of Verification: 08/20/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: Fire Suppression System Inspection, Maintenance, and Repair Services

Reference for (Name of Firm): Broward Fire Equipment and Service Inc.

Organization/Firm Name providing reference: City of Coconut Creek

Contact Name: Steve Jean Louis

Title:

Contact Email: sjeanlouis@coconutcreek.net

Contact Phone: (754) 234-5459

Name of Referenced Project: Clean Agent System Service - Sapphire System

Contract No.

Contract Amount: 960.00

Date Services Provided: 6/20/2024

(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:

This vendor currently perform semi-annual inspections and service for our pre-action and clean agent system.

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)

Broward Fire has been our vendor for the above mentioned systems for for over 6 years. Their representatives and technician have been very professional and responsive. They are very knowledgeable. I sometimes call John for the general questions about fire alarm and fire suppression systems question and he is always willing and eager to help and answer all questions to the best of his ability. This is the only vendor that our fire department uses that does not give us any issues and they do not have to be micromanage.

References Checked By

Name: Elias H. Castillo Pachon,

Title: Contract Grant Administrator, Senior

Division/Department: Facilities Management Division

Date of Verification: 08/20/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128306B1 - Fire Suppression System Inspection, Maintenance, and Repair

Reference for (Name of Firm): Broward Fire Equipment and Service Inc.

Organization/Firm Name providing reference: Graham Commercial

Contact Name: Dulce Belette Title: Facilities Management Coordinator

Contact Email: dulceb@grahamcos.com Contact Phone: (305) 817-4018

Name of Referenced Project: Kidde FM-200 Clean agent system

Contract No. Contract Amount:

Date Services Provided: 08/2024

(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"/>
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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)
 John Gioseffi, from Broward Fire Equipment, has excellent customer service, he is able to deliver as promised in a timely manner. I highly recommend him.
 Dulce Belette
 Facilities Management Coordinator

References Checked By
 Name: Elias H. Castillo Pachon, Title: Contract Grant Administrator, Senior
 Division/Department: Facilities Management Division Date of Verification: 08/28/2024