



TO: Shamar Brissett
Purchasing Division
FROM: Dan West, Director
Parks and Recreation Division
SUBJECT: Solicitation No.: OPN2130650B1
Concession Food Items (For Resale)

Recommended Vendor: ALL-BRAND SUPPLIES DISTRIBUTOR, INC.
Recommended Group(s)/Line Item(s): 1-15; 18-28
Initial Award Amount: \$ 226,897.78 Potential Total Amount: \$ 1,134,488.90
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 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 ≥ 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: Sarah Townsend TITLE: Program/Project Coordinator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: Townsend, Sarah Digitally signed by Townsend, Sarah Date: 2026.02.05 08:49:00 -05'00' DATE: 2/5/26

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130650B1 Concession Food Items (for resale)

Reference for (Name of Firm): All-Brand Supplies Distributors, Inc.

Organization/Firm Name providing reference: Miami Dade Corrections and Rehabilitation Food Services Bureau

Contact Name: Yennifer Segovia

Title: Acting Food Service Supervisor 1

Contact Email: yennifer.segovia@miamidade.gov

Contact Phone: (786) 263-6353

Name of Referenced Project: Supply of multiple dry and frozen goods

Contract No. EVN0000084 & EVN0000180

Contract Amount: 400,000.00

Date Services Provided: 4/2023 - 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:

Food supply.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Traci Singleton

Title: Program/Project Coordinator

Division/Department: Parks and Recreation

Date of Verification: 10/29/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130650B1 Concession Food Items (for resale)

Reference for (Name of Firm): All-Brand Supplies Distributors, Inc.

Organization/Firm Name providing reference: Miami Dade Public Housing and Community Development (PHCD)

Contact Name: Antonio Pena

Title: Food Service Manager

Contact Email: antopena@miamidade.gov

Contact Phone: (786) 469-4373

Name of Referenced Project: Food service supply to Helen Sawyer Plaza

Contract No.

Contract Amount: 225,000.00

Date Services Provided: Ongoing

(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:

Food service supply.

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)

ABS IS A GOOD COMPANY. WE ARE REALLY HAPPY WITH THE SERVICE THEY PROVIDE TO THIS FACILITY. NO PROBLEMS IN MORE THAN 3 YEARS. WE WILL CONTINUE USING ITS SERVICES NEXT YEAR. Mr. JOSE ZOZAYA IS OUR CONTACT AT ABS. HE IS A GENTLEMAN.

References Checked By

Name: Traci Singleton

Title: Program/Project Coordinator

Division/Department: Parks and Recreation

Date of Verification: 10/22/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130650B1 Concession Food Items (for resale)

Reference for (Name of Firm): All-Brand Supplies Distributors, Inc.

Organization/Firm Name providing reference: YMCA of South Florida

Contact Name: Alison Bregman

Title: VP Special Needs

Contact Email: abregman-rodriguez@ymcasouthflorida.org

Contact Phone: (954) 334-9622

Name of Referenced Project: Food, snack, and beverage for summer camps

Contract No.

Contract Amount: 75,000.00

Date Services Provided: Last 10 years

(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:

Summer camp food and snacks

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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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)

I have worked closely with Jose Zozya and he has always made sure he has maintained excellent communication and all orders occurred smoothly.

References Checked By

Name: Traci Singleton

Title: Program/Project Coordinator

Division/Department: Parks and Recreation

Date of Verification: 11/07/2025