



TO: Lucho Jaramillo, Purchasing Agent
Purchasing Division

FROM: Richard Waskiewicz, Aviation Enterprise Director of Facilities/Maintenance Division
Broward County Aviation Department

RW

SUBJECT: Solicitation No.: OPN2129058B1
Baggage Handling Systems Maintenance, Repair, and Operations Services

Recommended Vendor: Oshkosh AeroTech, LLC

Recommended Group(s)/Line Item(s):

Initial Award Amount: \$ 21,428,392.00

Potential Total Amount: \$ 53,570,980.00

Initial Contract Term: Two Years

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 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: Lisette Forrest
(Individual authorized to administer the contract.)

TITLE: Contract/Grant Administrator Senior

SIGNATURE: **Lisette Forrest**

Digitally signed by Lisette Forrest
Date: 2025.03.13 12:25:22 -04'00'

DATE:



Vendor Reference Verification Form for Bids and Quotes

Exhibit 3
Page 2 of 4

Broward County Solicitation No. and Title: Bid # OPN2129058B1 - BHS MRO Services

Reference for (Name of Firm): Oshkosh AeroTech, LLC

Organization/Firm Name providing reference: Metropolitan Washington Airport Authority (MWAA)

Contact Name: Erik Bauserman

Title: Passenger Convergence Manager

Contact Email: erik.bauserman@mwaa.com

Contact Phone: (703) 572-2510

Name of Referenced Project: Operation and Maintenance of Baggage Handling Systems

Contract No. RFP-21-27568

Contract Amount: 5,100,000.00

Date Services Provided: Initial contract 2006-2023; Current contract AUG 2023 – Present

(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:

Airport Services provides O&M Services for the In-Line BHS at Washington Dulles International Airport. The BHS consists of

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 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 checked="" type="checkbox"/> | <input 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)

Engineering staff provides excellent support and expertise. Onsite technical staff and executive staff is working to improve issues such as employee turnover.

References Checked By

Name: Lisette Forrest

Title: Contract/Grant Administrator Senior

Division/Department: BCAD Maintenance

Date of Verification: 03/10/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: Bid # OPN2129058B1 - BHS MRO Services

Reference for (Name of Firm): Oshkosh AeroTech, LLC

Organization/Firm Name providing reference: Philadelphia Terminal & Equipment Company (PhiliTEC) Consortium

Contact Name: Lori Gomez

Title: PhiliTEC Operations Manager

Contact Email: l.gomez@avairprosservices.com

Contact Phone: (734) 658-0272

Name of Referenced Project: Maintenance Services for Baggage Handling System and Passenger Boarding Bridges

Contract No. 24-0002

Contract Amount: 44,500,000.00

Date Services Provided: Service Provider since 2014. Current Contract NOV 2024–NOV 2027; Option Years: NOV 2027–
(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:

Airport Services provides O&M Services for the In-Line BHS & PBB for

| 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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

Vendor is very hands on, communicative, and professional. Their Site Manager provided great leadership for their team.

References Checked By

Name: Lisette Forrest

Title: Contract/Grant Administrator Senior

Division/Department: BCAD Maintenance

Date of Verification: 03/12/2025



Vendor Reference Verification Form for Bids and Quotes

Exhibit 3
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Broward County Solicitation No. and Title: Bid # OPN2129058B1 - BHS MRO Services

Reference for (Name of Firm): Oshkosh AeroTech, LLC

Organization/Firm Name providing reference: Salt Lake City Corporation – SLC Department of Airports (SLCDA)

Contact Name: Rene Membreno

Title: Aviation Services Manager

Contact Email: rene.membreno@slc.gov

Contact Phone: (801) 575-2469

Name of Referenced Project: Maintenance Services Agreement for Baggage Handling System

Contract No. 54-1-20-2443

Contract Amount: 2,715,596.76

Date Services Provided: Initial contract 2006-2023; Current contract AUG 2023 – Present

(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:

Airport Services provides O&M Services for the In-Line BHS at Salt Lake City International Airport at Terminals 1 & 2. The

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 checked="" type="checkbox"/> | <input 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)

Oshkosh's on-site management is top-tier. They do a fantastic job for us. The site manager has decades of work experience in the field and understands our needs.

References Checked By

Name: Lisette Forrest

Title: Contract/Grant Administrator Senior

Division/Department: BCAD Maintenance

Date of Verification: 03/11/2025