



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: Alta Construction Equipment Florida, LLC
Recommended Group(s)/Line Item(s): Group 13 Volvo - Lines 01-05
Initial Award Amount: \$ 365,000.00 Potential Total Amount: \$ 730,000.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:39:10 -05'00'

DATE: 3/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Alta Construction Equipment Florida, LLC

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

Contact Name: Melisa Vergara

Title: Contracting Agent

Contact Email: Melisa.Vergara@ocfl.net

Contact Phone: (321) 666-1717

Name of Referenced Project: Heavy Equipment Parts & Labor

Contract No. Y20-1058A

Contract Amount: 1,277,700.00

Date Services Provided: 1/01/2021-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:

Heavy equipment sales, parts and service

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 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)

Vendor handles only Volvo heavy equipment and Road-Tec paving/milling equipment for us.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/07/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Alta Construction Equipment Florida, LLC

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

Contact Name: Leones Yuen Carol / Brittany Gardener

Title: Purchasing Agent

Contact Email: LeonesY@hcfi.gov

Contact Phone: (813) 301-7088

Name of Referenced Project: Repair and Equipment Parts

Contract No. 225300259

Contract Amount: 250,000.00

Date Services Provided: 01/25/2025 through 12/31/2025

(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:

Repair and parts for construction equipment

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐

3. Timeliness of:

a. Project

b. Deliverables

☐
☐
☐
☒
☐
☒
☐
☐

Additional Comments: (provide on additional sheet if needed)

None.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/05/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm) Alta Construction Equipment Florida, LLC

Organization/Firm Name providing reference: SWA of Palm Beach County

Contact Name: Martin Martinez

Title: Fleet Maintenance Supervisor

Contact Email: mmartinez@swa.org

Contact Phone: (561) 697-2700

Name of Referenced Project: Volvo 40G procurement

Contract No. Solid Waste Authority Purchase Order # 240644

Contract Amount: 741,250.00

Date Services Provided: 02/05/24

(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:

Sale of heavy equipment and service /// heavy equipment rental

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 type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

Fantastic sales and service from this vendor. Excellent heavy equipment manufacture

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/05/2025



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: EFE, Inc. dba Everglades Equipment Group
Recommended Group(s)/Line Item(s): Group 9 John Deere - Lines 01-05
Initial Award Amount: \$ 4,610,000.00 Potential Total Amount: \$ 9,220,000.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:39:32 -05'00'

DATE: 3/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): EFE, Inc. dba Everglades Equipment Group

Organization/Firm Name providing reference: City of West Palm Beach

Contact Name: Matthew Williams

Title: Fleet Manager

Contact Email: mdwilliams@wpb.org

Contact Phone: (561) 822-2124

Name of Referenced Project: OEM Parts & Service

Contract No. SS150962D

Contract Amount: 669,600.00

Date Services Provided: 4/05/2024 - 4/30/2025

(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:

Equipment, parts and service

Please rate your experience with the referenced Vendor:

Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

☐
☐
☒
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☒
☐
☐
☐
☐
☒
☐
☐
☒
☐
☐

Additional Comments: (provide on additional sheet if needed)

Everglades Farm Equipment has provided satisfactory repair service. The service department personnel are polite and knowledgeable. CWPB had a John Deere Gator Utility Cart with a wiring draw and John Deere Compact Tractor with clogged fuel pick up tube that were comeback repairs in our Specialized Equipment Shop. Both units were sent out to Everglades Loxahatchee location and their technicians made the proper diagnosis, their service managers quickly provided estimates, and technicians made the quality repairs to industry standards. The Belle Glade Location has proven to be more proficient with the larger sized tractors that have side boom mowers and rear boom mowers attached as that shop services large numbers of those tractors for the local agricultural sugar industry. Occasionally CWPB has had to use the Belle Glade Shop on the larger tractors.

References Checked By

Name: Indira Marquez

Title: Contract Grant Administrator Senior

Division/Department: Fleet Services Division/transportation Dept

Date of Verification: 02/25/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): EFE, Inc. dba Everglades Equipment Group

Organization/Firm Name providing reference: City of Palm Coast

Contact Name: Roger Lachance

Title: Fleet Manager

Contact Email: rlachance@palmcoastgov.com

Contact Phone: (386) 986-2340

Name of Referenced Project: #1 John Deere Original Equipment #2 Agricultural Equipment OEM Replacement Parts

Contract No. #1 RFQ 24-14158-MB #2 B-5-24-18

Contract Amount: 100,000.00

Date Services Provided: Yearly 2016 - 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:

Equipment, parts and service

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

☐
☒
☐
☐

a. Responsive

☐
☐
☒
☐

b. Accuracy

☐
☐
☒
☐

c. Deliverables

2. Vendor's Organization:

☐
☒
☐
☐

a. Staff expertise

☐
☐
☒
☐

b. Professionalism

☐
☒
☐
☐

c. Turnover

3. Timeliness of:

☐
☐
☒
☐

a. Project

☐
☐
☒
☐

b. Deliverables

Additional Comments: (provide on additional sheet if needed)

Everglades has provided good reliable service to the City of Palm Coast.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/06/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): EFE, Inc. dba Everglades Equipment Group

Organization/Firm Name providing reference: Osceola County

Contact Name: Daniel Bean

Title: Fleet Services Director

Contact Email: Daniel.bean@osceola.org

Contact Phone: (407) 742-7545

Name of Referenced Project: EFE -Everglades

Contract No. Not Known

Contract Amount: 100,000.00

Date Services Provided: 11/25/24 through 12/31/26

(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:

Equipment, parts and service

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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

They have been a good partner.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/06/2025



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: Great Southern Equipment, LLC
Recommended Group(s)/Line Item(s): Group 6 Gradall - Lines 01-05
Initial Award Amount: \$ 809,875.00 Potential Total Amount: \$ 1,619,750.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:40:13 -05'00'

DATE: 3/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Great Southern Equipment, LLC

Organization/Firm Name providing reference: Hillsborough County

Contact Name: Brittany Gardener

Title: Contracts Manager

Contact Email: gardenerb@hcfl.gov

Contact Phone: (813) 307-1945

Name of Referenced Project: Repair and Maintenance of Gradall, Isuzu, Kaiser, Kawasaki, Kobelco, and Terex Equipment

Contract No. 225300045

Contract Amount: 556,350.00

Date Services Provided: 10/23/2024 - 02/17/2025

(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:

Equipment repairs and maintenance.

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)

None.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/18/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Great Southern Equipment, LLC

Organization/Firm Name providing reference: Pinellas County

Contact Name: Greg Herremans

Title: Fleet Manager

Contact Email: gherremans@pinellas.gov

Contact Phone: (727) 698-1564

Name of Referenced Project: Gradall / Kaiser parts and service contract

Contract No. Not Applicable

Contract Amount: 100,000.00

Date Services Provided: 10/1/2024 - 9/30/2025

(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:

Equipment repairs and service.

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 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 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)

Been using GSE for many years now, and they have provided a good level of service with repair, parts, and purchasing new equipment. We mostly buy Gradalls, and Kaiser Walking Excavators.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/18/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Great Southern Equipment, LLC

Organization/Firm Name providing reference: Brevard County Public Works

Contact Name: Tom Biamonte

Title: Fleet Manager

Contact Email: Tom.Biamonte@brevardcounty.us

Contact Phone: (321) 255-4317

Name of Referenced Project: Gradall/Kaiser Sales, Service, Parts

Contract No. Not Applicable

Contract Amount: 150,000.00

Date Services Provided: 9/2018 to 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:

Equipment parts and service.

Please rate your experience with the referenced Vendor:

Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☒
☐
☐
☐
☐
☒
☐
☐
☐
☒
☐

Additional Comments: (provide on additional sheet if needed)

none

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/10/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Great Southern Equipment, LLC

Organization/Firm Name providing reference: Polk County

Contact Name: Mark Sowell

Title: Drainage Foreman

Contact Email: marksowell@polk-county.net

Contact Phone: (863) 968-5106

Name of Referenced Project: Gradall/Kaiser Sales, Service, Parts

Contract No. 22-434

Contract Amount: 1,909,920.00

Date Services Provided: 10/01/2022 through 09/30/2026

(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:

Full service excavator lease.

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)

None

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/07/2025



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: Kelly Tractor Company
Recommended Group(s)/Line Item(s): Group 3 Caterpillar - Lines 01-05
Initial Award Amount: \$ 4,433,250.00 Potential Total Amount: \$ 8,866,500.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:39:53 -05'00'

DATE: 3/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Kelly Tractor Company

Organization/Firm Name providing reference: Miami-Dade County

Contact Name: Robert Mendoza

Title: Procurement Contracting Officer

Contact Email: Robert.Mendoza@miamidade.gov

Contact Phone: (305) 375-3704

Name of Referenced Project: Purchase of OEM/OE Parts Services, Shop Supplies (Part of a much larger contract)

Contract No. PM-EVN 00C8250

Contract Amount: 102,000,000.00

Date Services Provided: 09/2024 to 10/2026

(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:

OEM parts and services

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

Additional Comments: (provide on additional sheet if needed)

PIOD has a long standing business relationship with Kelly Tractor and, we are very satisfied with the parts,service, and Product support provided by them.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/12/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Kelly Tractor Company

Organization/Firm Name providing reference: St. Lucie County

Contact Name: William Jones

Title: Heavy Equipment Coordinator

Contact Email: jonesw@stlucieco.org

Contact Phone: (772) 462-1606

Name of Referenced Project: Caterpillar Equipment Parts & Service

Contract No. C23-08-712

Contract Amount: 55,000.00

Date Services Provided: 10/2024 to 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:

OEM Parts and Services

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 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)

None

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/11/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Kelly Tractor Company

Organization/Firm Name providing reference: Palm Beach County

Contact Name: Bill Free

Title: Support Services Supervisor

Contact Email: bfree@pbc.gov

Contact Phone: (561) 233-4552

Name of Referenced Project: Caterpillar Equipment, OEM Parts and Services

Contract No. 250730

Contract Amount: 75,000.00

Date Services Provided: 12/2023 to 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:

OEM parts and services

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

☐
☐
☒
☐

a. Responsive

☐
☐
☒
☐

b. Accuracy

☐
☐
☒
☐

c. Deliverables

2. Vendor's Organization:

☐
☐
☒
☐

a. Staff expertise

☐
☐
☒
☐

b. Professionalism

☐
☐
☒
☐

c. Turnover

3. Timeliness of:

☐
☐
☒
☐

a. Project

☐
☐
☒
☐

b. Deliverables

Additional Comments: (provide on additional sheet if needed)

None.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/05/2025



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: Linder Industrial Machinery Company
Recommended Group(s)/Line Item(s): Group 10 Komatsu - Lines 01-05
Initial Award Amount: \$ 541,500.00 Potential Total Amount: \$ 1,083,000.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:40:34 -05'00'

DATE: 3/3/25



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Main/Repair Services

Reference for (Name of Firm): Linder Industrial Machinery Company

Organization/Firm Name providing reference: St. Lucie County Area

Contact Name: Mike Marburger

Title: Manager of Fleet

Contact Email: mikesorganictopsoil@gmail.com

Contact Phone: (772) 216-2162

Name of Referenced Project: Mike's Topsoil

Contract No. Equipment parts and services

Contract Amount: 2,300,000.00

Date Services Provided: 1/2023

(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:

Yard Waste Processing

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 type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

Linder is our favorite company to work with.
Excellent company! Excellent staff!

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/12/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Linder Industrial Machinery Company

Organization/Firm Name providing reference: Solid Waste Authority of Palm Beach County

Contact Name: Richard Meyers (in conjunction with Equip. Maint. Dept.) Title: Director, Land Management Services

Contact Email: rmeyers@swa.org

Contact Phone: (561) 329-0913

Name of Referenced Project: Purchase and Maintenance of Landfill Compactor (Bomag 1173)

Contract No. FSA20-EQUI8.0

Contract Amount: 1,358,843.00

Date Services Provided: 6/29/23

(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:

Bomag Services

Please rate your experience with the referenced Vendor:

Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐

Additional Comments: (provide on additional sheet if needed)

None

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/06/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Linder Industrial Machinery Company

Organization/Firm Name providing reference: Orange County Solid Waste

Contact Name: Allan Cole

Title: Manager

Contact Email: allan.cole@ocfl.net

Contact Phone: (407) 956-9922

Name of Referenced Project: Bomag Sales and Service

Contract No. Y23-1069

Contract Amount: 1,200,000.00

Date Services Provided: 09/2023 to 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:

Bomag sales and service

Please rate your experience with the referenced Vendor:

Needs
Improvement

Satisfactory

Excellent

Not
Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☐
☒
☐
☐
☐
☒
☐

Additional Comments: (provide on additional sheet if needed)

They abide by all terms of the contract. Remain consistent and provide services in line with contract terms.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/05/2025



TO: Erica Perdomo Santiago, Purchasing Agent
Purchasing Division
FROM: Jacob Porras, (Acting) Director
Broward County Fleet Services Division
SUBJECT: Solicitation No.: TRN2128813B1
OEM Construction/Heavy Equipment Parts and Maintenance Repair Services

Recommended Vendor: Smith Bros. Contracting Equipment, Inc. dba Bobcat of Broward
Recommended Group(s)/Line Item(s): Group 1 Bobcat - Lines 01-05
Initial Award Amount: \$ 727,500.00 Potential Total Amount: \$ 1,455,000.00
Initial Contract Term: Five Years Contract Term, including Renewals: Ten 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: Jacob Porras
(Individual authorized to administer the contract.)

TITLE: (Acting) Director

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob
Date: 2025.03.03 16:40:51 -05'00'

DATE: 3/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Smith Brothers Contracting Equipment, Inc. (Bobcat of Broward)

Organization/Firm Name providing reference: School Board of Palm Beach County

Contact Name: Ron Woodley Title: Support Operation Leader (Fleet Manager)

Contact Email: ron.woodley@palmbeachschools.org Contact Phone: (561) 722-1687

Name of Referenced Project: Bobcat OEM Parts & Services

Contract No. Non-contracted. Sole source provider Contract Amount: 250,000.00

Date Services Provided: 2018-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:

Maintenance and repair of fleet's Bobcat equipment

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 03/03/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Smith Brothers Contracting Equipment, Inc. (Bobcat of Broward)

Organization/Firm Name providing reference: Palm Beach County Fleet Maintenance

Contact Name: Bill Free

Title: Support Services Supervisor

Contact Email: bfree@pbcgov.org

Contact Phone: (561) 233-4552

Name of Referenced Project: Bobcat OEM Parts & Services

Contract No. Not provided

Contract Amount: 50,000.00

Date Services Provided: 2019 - 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:

OEM Parts & Services

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)

Palm Beach County had a service contract with Smith Bros for 6+ years. Within the past year we didn't rebid the contract. It was NOT because of the vendor's performance.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/12/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2128813B1 OEM Construction/Heavy Equip Parts/Maint/Repair Services

Reference for (Name of Firm): Smith Brothers Contracting Equipment, Inc. (Bobcat of Broward)

Organization/Firm Name providing reference: Martin County - General Services

Contact Name: Joe Valcone

Title: Fleet Service Supervisor

Contact Email: Josephv@martin.fl.us

Contact Phone: (772) 320-3051

Name of Referenced Project: BOBCAT EQUIPMENT REPAIR & MAINTENANCE

Contract No. N/A - SOLE SOURCE FOR BOBCAT EQUIPMENT

Contract Amount: 25,000.00

Date Services Provided: May 2024- 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:

Parts & Service as needed for Martin County Owned Bobcat Equipment

Please rate your experience with the referenced Vendor:

**Needs
Improvement**

Satisfactory

Excellent

**Not
Applicable**

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

☐
☐
☒
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐
☐
☐
☒
☐

Additional Comments: (provide on additional sheet if needed)

Martin County does not have a current contract with Smith Brothers Contracting Equipment. However, we utilized Sole Sourcing methods to obtain OEM parts and Service for our Bobcat Equipment. We also use Co-op contracts such as Sourcewell or FSA to purchase new equipment.

References Checked By

Name: Jeffrey S. Moquin

Title: Administrative Coordinator

Division/Department: Fleet Services

Date of Verification: 02/06/2025