



**TO:** Andrew Simpson, Purchasing Agent  
Purchasing Division  
**FROM:** Jacob Porras  
Broward County Fleet Service Division  
**SUBJECT:** Solicitation No.: TRN2129519B1  
Mobile Tech of South Florida LLC

Recommended Vendor: Mobile Tech of South Florida LLC

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

Initial Award Amount: \$ 634,500.00

Potential Total Amount: \$ 1,586,250.00

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  $\geq 2.59$  on all evaluations.

☐ No evaluations within the past three years contained any items rated a score of 2 or less.

☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.

☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.

☐ Past evaluations are not relevant to the scope of this contract.

☒ No past Performance Evaluations exist in ContractsCentral.

**AND**

☒ Reference Verification Forms are attached.

**OR**

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

☐ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Jacob Porras

TITLE: Acting Director, Fleet Services

(Individual authorized to administer the contract.)

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob  
Date: 2025.04.03 21:02:15 -04'00'

DATE: 4/3/25

## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2129519B1-Hydraulic System Repair Services and Parts Supply

Reference for (Name of Firm): MOBILE TECH, LLC

Organization/Firm Name providing reference: CITY OF CORAL SPRINGS

Contact Name: STEVE HARBIN

Title: FLEET MANAGER

Contact Email: SHARBIN@CORALSPRINGS.GOV

Contact Phone: (954) 345-2216

Name of Referenced Project: Fleet Repairs for Hydraulic Equipment

Contract No. None

Contract Amount: 26,748.50

Date Services Provided: 03/2024-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:

Fleet Repairs for Hydraulic 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 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)**

Very responsive and provide fast service.

References Checked By

Name: Indira Marquez

Title: Contract Grant Administrator Sr

Division/Department: Fleet Services Division/Transportation

Date of Verification: 03/24/2025

## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2129519B1-Hydraulic System Repair Services and Parts Supply

Reference for (Name of Firm): MOBILE TECH, LLC

Organization/Firm Name providing reference: SUNCOAST ROOFERS SUPPLY

Contact Name: JOE IAMMARINO

Title: Branch Manager

Contact Email: JOSEPH.IAMMARINO@SUNCOASTROOFERSSUPPLY.COM Contact Phone: (954) 258-9151

Name of Referenced Project: Fleet Repairs for Hydraulic Equipment

Contract No. None

Contract Amount: 576,318.00

Date Services Provided: 01/2020-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:

Fleet Repairs for Hydraulic 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 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)

Company is really good and they have a technician that specializes in different areas. Very satisfied with their service.

### References Checked By

Name: Indira Marquez

Title: Contract Grant Administrator Sr

Division/Department: Fleet Services Division/Transportation

Date of Verification: 03/24/2025

## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2129519B1-Hydraulic System Repair Services and Parts Supply

Reference for (Name of Firm): MOBILE TECH, LLC

Organization/Firm Name providing reference: ABC Supply Co

Contact Name: Joseph Santiago

Title: Delivery Service Manager

Contact Email: joseph.santiago@abcsupply.com

Contact Phone: (561) 714-1680

Name of Referenced Project: Hydraulic Repair and Maintenance of Forklifts and Booms

Contract No. None

Contract Amount: 2,546,327.00

Date Services Provided: 01/2020-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:

Hydraulic Repair and Maintenance of Forklifts and Booms

**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 are a great company and keep units up and running.

References Checked By

Name: Indira Marquez

Title: Contract Grant Administrator Sr

Division/Department: Fleet Services Division/Transportation

Date of Verification: 03/24/2025



**TO:** Andrew Simpson, Purchasing Agent  
Purchasing Division  
**FROM:** Jacob Porras  
Broward County Fleet Service Division  
**SUBJECT:** Solicitation No.: TRN2129519B1  
Hydraulic System Repair Services and Parts Supply

Recommended Vendor: Hydraulic Supply Company

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

Initial Award Amount: \$ 334,500.00

Potential Total Amount: \$ 836,250.00

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  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in ContractsCentral.

**AND**

- ☐ Reference Verification Forms are attached.

**OR**

- ☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

- ☒ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Jacob Porras  
(Individual authorized to administer the contract.)

TITLE: Acting Director, Fleet Services

SIGNATURE: Porras, Jacob

Digitally signed by Porras, Jacob  
Date: 2025.04.03 21:02:47 -04'00'

DATE: 4/3/25



**FLEET SERVICES DIVISION  
TRANSPORTATION DEPARTMENT**

1600 NW 30<sup>TH</sup> Avenue • Pompano Beach, Florida 33069 • 954-357-8061

**MEMORANDUM**

**DATE:** April 2, 2025

**TO:** Andrew Simpson, Purchasing Agent

**FROM:** Jacob Porras, Acting Director of Fleet Services

**SUBJECT:** NON-CONCURRENCE OF TRN2129519B1: Hydraulic System Repair Services and Parts Supply

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The Fleet Services Division is requesting a non-concurrence concerning the Hydraulic Supply Company. As outlined in Section M of the Special Instructions to Vendors, which addresses "Licensing Requirements," it is required to submit evidence of licensing for the state of Florida or Broward County during the solicitation process. Since the vendor failed to present the necessary proof of licensing, a non-concurrence is hereby requested.

If you have any questions, please contact me directly at (954) 357-6477.

Jacob Porras  
Acting Director Fleet Services