



TO: Lucho Jaramillo, Purchasing Agent
Purchasing Division
FROM: Michal Durden, Contract/ Grants Administrator, Senior
Broward County Aviation Department
SUBJECT: Solicitation No.: OPN2129256B1
Sign Shop Materials

Recommended Vendor: Olab Group LLC

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

Initial Award Amount: \$ 389,545.65

Potential Total Amount: \$ 649,242.75

Initial Contract Term: Three 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 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: Michal Durden
(Individual authorized to administer the contract.)

TITLE: Contract/Grant Administrator, Sr.

SIGNATURE: Michal Durden

Digitally signed by Michal Durden
Date: 2025.02.03 10:31:42 -05'00'

DATE: 2/3/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129256B1, Sign Shop Materials

Reference for (Name of Firm): The OLAB Group LLC

Organization/Firm Name providing reference: Wyndham Palm Aire Resorts

Contact Name: Kirsten Senior

Title: Guest Services Manager

Contact Email: kirsten.senior@wyn.com

Contact Phone: (954) 968-2737

Name of Referenced Project: Wyndham Palm Aire Resorts

Contract No. Signage

Contract Amount: 4,149.93

Date Services Provided: September 2024

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Signage around resort, wayfinding signage, unit/door signage, window decals, vehicle magnets

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)

Great group to work with. Their focus on details and precision is what I appreciate the most. Quality of work and efficiency, and communication is great, as well. Have used tem for many projects (big and small) and will continue to use them as a vendor.

References Checked By

Name: Michal Durden

Title: Contract/Grant Admin. Sr.

Division/Department: Operations Division/Aviation Department

Date of Verification: 01/30/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129256B1, Sign Shop Materials

Reference for (Name of Firm): The OLAB Group LLC

Organization/Firm Name providing reference: AMC Networks

Contact Name: Sheri Shafir

Title: Director, Business Inclusion

Contact Email: sheri.shafir@amcnetworks.com

Contact Phone: (347) 266-6356

Name of Referenced Project: AMC Networks Business Inclusion Banner

Contract No. N/A

Contract Amount: 488.00

Date Services Provided: October 2024

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

In the last 12 months AMC Networks has purchased a banner stand and t-shirts.

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)

Orange Lab Media provides great service and response rate. We've been happy with all the projects over the past 2-3 years. The amount is more than \$488 if you count a t-shirt order that was at least \$8K.

References Checked By

Name: Michal Durden

Title: Contract/Grant Admin, SR.

Division/Department: Operations Division/Aviation Department

Date of Verification: 01/30/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129256B1, Sign Shop Materials

Reference for (Name of Firm): The OLAB Group LLC

Organization/Firm Name providing reference: Bristol Myers Squibb

Contact Name: Dinorah Williams

Title: Sr. Mgr, Global C2C4C Strategy & Operations

Contact Email: Dinorah.Williams@bms.com

Contact Phone: (732) 501-6107

Name of Referenced Project: Country 2 Country 4 Cancer

Contract No. Not Provided

Contract Amount: 250,000.00

Date Services Provided: November 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:

We host cycling events in Europe, US, Japan and Latin America to raise money for cancer research. OLAB produces/ships the branded clothing and day bags provided to participating employees.

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)

OLAB produces and individually ships to our riders, quality and size specific casual clothing items (hoodies, daybag, shirts). They also produce and ship general "C2C4C" employee engagement t-shirts to BMS offices as identified.

References Checked By

Name: Michal Durden

Title: Contract/Grant Administrator, SR.

Division/Department: Operations Division/Aviation Department

Date of Verification: 02/03/2025