



TO: Karlene Grant, Purchasing Agent Snr
Purchasing Division
FROM: Richard Waskiewicz, Enterprise Director of Facilities/Maintenance
Maintenance Division
SUBJECT: Solicitation No.: BLD2129732Q1
Elevator, Escalator, and Moving Walk Maintenance & Repairs Services

Digitally signed by 02c1feec-
ed87-421f-a3a6-464dcb2f9899
Date: 2025.07.10 16:28:57
-04'00'

Recommended Vendor: Schindler Elevator Corporation
Recommended Group(s)/Line Item(s): All items
Initial Award Amount: \$ 32,589,228.84 Potential Total Amount: \$ 65,379,916.44
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: Stephanie Aguirre
(Individual authorized to administer the contract.)

TITLE: Contract/Grant Administrator

SIGNATURE: Stephanie Aguirre Digitally signed by Stephanie Aguirre
Date: 2025.07.10 16:25:05 -04'00' DATE: 7/10/25



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2129732Q1: Elevator, Escalator, and Moving Walk Maintenance & Repair

Reference for (Name of Firm): Schindler Elevator Corporation

Organization/Firm Name providing reference: Miami Dade County

Contact Name: Isaac Smith

Title: Assistant Director

Contact Email: ISmith@flymia.com

Contact Phone: (305) 876-0830

Name of Referenced Project: Miami Dade County: Elevator and Escalator Maintenance & Repair Services

Contract No. SS1245

Contract Amount: 62,000,000.00

Date Services Provided: 10/1/2022 - 9/30/2027

(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:

Elevator and escalator maintenance and repair 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)

For additional information please contact Division Director John Dalton, (305)876-7463, or email at JDalton@flymia.com.

References Checked By

Name: Stephanie Aguirre

Title: Contract Administrator

Division/Department: BCAD Maintenance

Date of Verification: 07/10/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2129732Q1: Elevator, Escalator, and Moving Walk Maintenance & Repair

Reference for (Name of Firm): Schindler Elevator Corporation

Organization/Firm Name providing reference: Hillsborough County Aviation Authority

Contact Name: Eric Sugrue

Title: Manager

Contact Email: esugrue@tampaairport.com

Contact Phone: (813) 676-4635

Name of Referenced Project: Tampa International Airport

Contract No. MAINTENANCE CONTRACT FOR ELEVATORS, ESCALATORS Contract Amount: 259,185.00

Date Services Provided: Maintained since 1978 current contract is through 2028

(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:

Provide the Owner with all labor, materials and equipment performance of full service and first class maintenance of 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Stephanie Aguirre

Title: Contract Administrator

Division/Department: BCAD Maintenance

Date of Verification: 07/10/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2129732Q1: Elevator, Escalator, and Moving Walk Maintenance & Repair

Reference for (Name of Firm): Schindler Elevator Corporation

Organization/Firm Name providing reference: Greater Orlando Aviation Authority

Contact Name: Eugene Angel

Title: Manager

Contact Email: eugene.angel@goaa.org

Contact Phone: (407) 793-1718

Name of Referenced Project: Elevators, escalators and Moving Walkways Maintenance and repair Services

Contract No. 01-21

Contract Amount: 8,836,697.00

Date Services Provided: June 6, 2021- May 31 2025. 1 year extension 6/1/25-5/31/26

(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:

Provides Maintenance and Repair services on elevators, escalators and moving walkways

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)

Schindler Elevator Corporation currently serves as the maintenance and repair contractor for 196 elevators, 128 escalators, and 17 moving walkways at Orlando International Airport under Contract 01-21: Elevators, Escalators, and Moving Walkways Maintenance and Repair Services. In addition to fulfilling their ongoing maintenance responsibilities, Schindler is also performing new unit installations as part of our C-Terminal Pedestrian Bridge and gate expansion projects. Throughout the term of our agreement, Schindler has consistently demonstrated a high level of professionalism, technical expertise, and operational reliability. Their commitment to safety and system uptime has been instrumental in supporting the safe, efficient, and continuous movement of travelers across our airport campus. We have found Schindler's leadership team to be responsive, proactive, and deeply attuned to the complex operational demands of a major international airport. Their service-focused approach and dedication to excellence continue to align with and support our mission of delivering a world-class passenger experience. We highly recommend Schindler Elevator Corporation to any organization seeking dependable, knowledgeable, and responsive vertical transportation services.

References Checked By

Name: Stephanie Aguirre

Title: Contract Administrator

Division/Department: BCAD Maintenance

Date of Verification: 07/10/2025