TO: Robert Gleason, Director of Purchasing
Purchasing Division

FROM: Thomas Steinkamp, Chief of Investigative Services
Office of Medical Examiner and Trauma Services

SUBJECT: Solicitation No.: GEN2129399B1
Removal and Transportation of Deceased Persons

Recommended Vendor: Removal Transport Services of Broward Inc
Recommended Group(s)/Line Item(s):
Initial Award Amount: $ 1,678,524.00 Potential Total Amount: $ 2,797,540.00
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 Not provided

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: Thomas Steinkamp TITLE: Chief of Investigative Services
(Individual authorized to administer the contract.)

SIGNATURE: THOMAS STEINKAMP Digitally signed by THOMAS STEINKAMP Date: 2025.04.15 16:00:51 -04'00' DATE: 4/15/25

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2129399B1 - Removal and Transportation of Deceased Persons

Reference for (Name of Firm): Removal Transport Services of Broward, Inc.

Organization/Firm Name providing reference: T.M. Ralph Funeral Home

Contact Name: Patty Ralph | Title: Owner

Contact Email: tmralph@yahoo.com | Contact Phone: (954) 587-6888

Name of Referenced Project: Removal and Transportation of Deceased

Contract No. | Contract Amount: 264,400.00

Date Services Provided: 2010 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:

The vendor provides transportation services for deceased individuals to their facility, In some instances when they have

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)

Patty Ralph conveyed that this vendor is easy to communicate with, particularly being in a sensitive field where emotions can run high; they appear to navigate through challenges effortlessly.

References Checked By

Name: Danielle Hill | Title: Administrative Coodinator

Division/Department: Medical Examiner and Trauma Services | Date of Verification: 04/03/2025

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2129399B1 - Removal and Transportation of Deceased Persons

Reference for (Name of Firm): Removal Transport Services of Broward, Inc.

Organization/Firm Name providing reference: Allen & Shaw Cremations

Contact Name: Tammi Ruiz | Title: Owner

Contact Email: r143truiz@yahoo.com | Contact Phone: (305) 681-1426

Name of Referenced Project: Removal & Transport of Deceased persons

Contract No. | Contract Amount:

Date Services Provided: 2012 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:

Offers removal and transportation services for deceased individuals not classified as medical examiner cases, facilitating their

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)

Tammi Ruiz strongly recommends this vendor, she highlighted their ability to handle removals for their own operation and those of other companies. She advised they also have a solid understanding of the systems in use.

References Checked By

Name: Danielle Hill | Title: Administrative Coordinator

Division/Department: Medical Examiner and Trauma Services | Date of Verification: 04/03/2025

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2129399B1 - Removal and Transportation of Deceased Persons

Reference for (Name of Firm): Removal Transport Services of Broward, Inc.

Organization/Firm Name providing reference: Palm Beach Medical Examiner's Office

Contact Name: Ralph Saccone | Title: Chief Investigator

Contact Email: rsaccone@pbc.gov | Contact Phone: (561) 688-4575

Name of Referenced Project: Removal & Transport of Deceased persons

Contract No. VS0000013777 | Contract Amount: 1,350,000.00

Date Services Provided: 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:

Body removal 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: Thomas Steinkamp | Title: Chief of Investigative Services

Division/Department: OMETS | Date of Verification: 03/31/2025