



TO: Robert Gleason, Director
Purchasing Division
FROM: Dan West, Director
Parks and Recreation Division
SUBJECT: Solicitation No.: OPN2129247B1
FEMA Compliant: Tarps

Recommended Vendor: JMI Legacy Manufacturing, LLC

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

Initial Award Amount: \$ 196,250

Potential Total Amount: \$ 981,250

Initial Contract Term: One Year



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: Sarah Townsend
(Individual authorized to administer the contract.)

TITLE: Program/Project Coordinator, Senior

SIGNATURE: Townsend, Sarah

Digitally signed by Townsend, Sarah
Date: 2025.04.25 10:21:15 -04'00'

DATE: 4/25/25



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129247B1 - FEMA Compliant: Tarps

Reference for (Name of Firm): JMI Legacy Manufacturing, LLC

Organization/Firm Name providing reference: Governor's Office of Homeland Security & Emergency Preparedness

Contact Name: David Youngblood

Title: Program Specialist

Contact Email: David.Youngblood@LA.GOV

Contact Phone: (225) 932-6391

Name of Referenced Project: 25,000 Tarps

Contract No. 2000906298

Contract Amount: 1,199,500.00

Date Services Provided: 2/7/25-2/28/25

(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:

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)

References Checked By

Name: Diondra Johnson

Title: Administrative Assistant

Division/Department: Parks and Recreation

Date of Verification: 04/25/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129247B1 - FEMA Compliant: Tarps

Reference for (Name of Firm): JMI Legacy Manufacturing, LLC

Organization/Firm Name providing reference: PROPAC

Contact Name: Rich King

Title: COO

Contact Email: rking@propacusa.com

Contact Phone: (800) 345-3036

Name of Referenced Project: FEMA Tarps for Florida

Contract No. N/A

Contract Amount: 263,820.00

Date Services Provided: January, 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:

FEMA Tarps

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)

References Checked By

Name: Diondra Johnson

Title: Administrative Assistant

Division/Department: Parks and Recreation Division

Date of Verification: 04/21/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2129247B1 - FEMA Compliant: Tarps

Reference for (Name of Firm): JMI Legacy Manufacturing, LLC

Organization/Firm Name providing reference: Taluna Corp - Puerto Rico

Contact Name: Viviana del Prado

Title: Sales Director

Contact Email: taluna@talunacorp.com

Contact Phone: (787) 546-0068

Name of Referenced Project: Hurricane IDA

Contract No. N/A

Contract Amount: 432,345.00

Date Services Provided: September 2022

(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:

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)

We received exceptional service from JMI Legacy Manufacturing. Following a storm-related emergency, we required a large quantity of tarps within a very tight timeframe.

JMI Legacy Manufacturing demonstrated remarkable diligence and responsiveness. They acted swiftly and responsibly to expedite our order, ensuring we received it promptly.

References Checked By

Name: Diondra Johnson

Title: Administrative Assistant

Division/Department: Parks and Recreation Division

Date of Verification: 04/25/2025