



TO: Stacie-Ann Richards, Purchasing Agent
Purchasing Division
FROM: Coree Cuff Lonergan, CEO / General Manager
Transportation Department
SUBJECT: Solicitation No.: TRN2130464B2
Insert Solicitation: Bus Batteries, (FTA)

Recommended Vendor: Glades Parts Company Inc. dba Original Equipment CO.
Recommended Group(s)/Line Item(s): All Lines
Initial Award Amount: \$ \$419,998.25 Potential Total Amount: \$ 2,099,991.25
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 Not required 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: Coree Cuff Lonergan TITLE: CEO / General Manager
(Individual authorized to administer the contract.)

SIGNATURE: Cuff Lonergan, Coree Digitally signed by Cuff Lonergan, Coree
Date: 2026.03.04 14:21:09 -05'00' DATE:

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2130464B2, Bus Batteries (FTA)

Reference for (Name of Firm): Glades Parts Company Inc. dba Original Equipment CO.

Organization/Firm Name providing reference: Florida Crystals Corporation

Contact Name: Kelsey Downey

Title: Agriculture Procurement Manager

Contact Email: Kelsey.Downey@floridacrystals.com

Contact Phone: (561) 201-3261

Name of Referenced Project: Batteries

Contract No. N/A

Contract Amount: 50,000.00

Date Services Provided: Jan 1980 - 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:

Batteries

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)

Glades Parts Company has been a trusted supplier for the duration of the business relationship. They have consistently supported the agriculture operation with timely service, quality products, & exceptional customer service

References Checked By

Name: Ashram Maharaj

Title: Program Project Coordinator

Division/Department: Transportation Department

Date of Verification: 03/04/2026

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2130464B2, Bus Batteries (FTA)

Reference for (Name of Firm): Glades Parts Company Inc. dba Original Equipment CO.

Organization/Firm Name providing reference: Miami Dade County

Contact Name: John P. Sanso Title: Assistant Service Manager

Contact Email: John.sanso@miamidade.gov Contact Phone: (305) 375-4052

Name of Referenced Project: ITQ - Purchase of OEM/OE Parts, Service, Shop Supplies

Contract No. EVN0002338 Contract Amount: 1,000,000.00

Date Services Provided: 10/10/23 - 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:

OEM & Aftermarket replacement parts for light/medium/heavy equipment, Batteries, Supplies, Chemicals, Specialty Items

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 checked="" type="checkbox"/>	<input 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 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)
 Overall Glades Parts Company (dba Original Equipment) is an important vendor for Miami-Dade County, PIOD Fleet Management Division. They respond quickly and professionally with OEM goods we are seeking to procure in a timely manner, at a discounted price. They are highly recommended.

References Checked By
 Name: Ashram Maharaj Title: Program Project Coordinator

Division/Department: Transportation Department Date of Verification: 03/04/2026

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2130464B2, Bus Batteries (FTA)

Reference for (Name of Firm): Glades Parts Company Inc. dba Original Equipment CO.

Organization/Firm Name providing reference: Solid Waste Authority of PBC

Contact Name: Miguel Diaz Title: Director of Equipment Maintenance

Contact Email: mdiaz@swa.org Contact Phone: (561) 687-2991

Name of Referenced Project: Furnish Aftermarket Automotive Parts

Contract No. 23-01/AL Contract Amount: 200,000.00

Date Services Provided: 06-21-2023 to 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:

Aftermarket Automotive Parts

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)
 This is a long term service provider for SWA and has delivered dependable and satisfactory service. Original Equipment is responsive and and continues to meet our operational needs.

References Checked By
 Name: Ashram Maharaj Title: Program Project Coordinator

Division/Department: Transportation Department Date of Verification: 02/19/2026