

TO: Robert Brown Enterprise Technology Services Division FROM: Jose Solis **Purchasing Division** SUBJECT: Solicitation No.: TEC2127343B1 Microsoft Surface Hardware and Accessories Recommended Vendor: CDW Government, LLC Recommended Group(s)/Line Item(s): Initial Award Amount: \$1,260,000.00 - Estimate Potential Total Amount: \$2,100,000.00 - Estimated Initial Contract Term: Contract Term, including Renewals: Five Years Three 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)** X 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: X 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. \square Vendor received a rating \leq 2.59 on an evaluation(s). Refer to additional information. \square 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. TITLE: Information Systems Administrator TYPED NAME OF SIGNER: Keith A. Wolf (Individual authorized to administer the contract.) Digitally signed by 7fe92dba-dcd1-4932-b1c6 DATE: 5/8/24

SIGNATURE:

Date: 2024 05 08 13:38:54 -04'00'



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: T		osoft Surface Ha	ardware and Ac	cessories		
Reference for (Name of Firm): CDW-Government	nent LLC					
Organization/Firm Name providing reference	[:] Miami-Dade Library	System				
Contact Name: Julio Campa	a Title: _{IT Manager}					
Contact Email: campaj@mdpls.org	Contact Phone: (305) 375-5006					
Name of Referenced Project: 1000 Surface De	evices					
Contract No.	Contract Amount: 1,250,000.00					
Date Services Provided: 2021-2022						
(list date ra	ange or date service	es 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		
Vendor's Quality of Service Responsive			V			
a. Responsiveb. Accuracy			✓			
c. Deliverables						
2. Vendor's Organization:			7			
a. Staff expertiseb. Professionalism			☑			
c. Turnover	_		_			
3. Timeliness of:			☑			
a. Project				✓		
b. Deliverables			✓			
Additional Comments: (provide on additional sheet i	if needed)					
References Checked By Name: Julio Campa		Title: IT N	/lanager			
Division/Department: IT Library	Date of Verification: 05/07/2024					

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)

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Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: T	EC2127343B1 - Mic	rosoft Surface Ha	ardware and Ac	ccessories		
Reference for (Name of Firm): CDW-Government	nent LLC					
Organization/Firm Name providing reference	: Polk County					
Contact Name: Dan Pratt /Mae Goding	Title: IT PC Support Supervisor					
Contact Email: danPratt@polk-county.net / Mae	Goding@polk-county	_{/.ne} Contact P	hone: ₍₈₆₃₎ 53	4-7537		
Name of Referenced Project: Surface Pro Dev	rices with/without LTE	_ _ [
Contract No.	Contract Amount: _{0.00}					
Date Services Provided: 2019-Current						
(list date ra	ange or date service	es began until "	current")			
Vendor's role in Project: ☑ Prime Vendor I Would you use this vendor again? ☑ Yes Description of services provided by Vendo	•		n Additional C	omments (below).		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service Responsive			V			
a. Responsiveb. Accuracy						
c. Deliverables						
2. Vendor's Organization:			✓			
a. Staff expertiseb. Professionalism			✓			
c. Turnover	_		— 	_		
3. Timeliness of:			_	_		
a. Project b. Deliverables	_					
2 2 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			✓			
Additional Comments: (provide on additional sheet in the	ues but it is not cle					
References Checked By Name: Dan Pratt			Support Super			
Division/Department: Polk County BOCC, I.T. De	ivision/Department: Polk County BOCC, I.T. Dept. Date of Verification: 05/07/					
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Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)

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