

Public Works Department Facilities Management Division

115 S. Andrews Avenue, Room 501 • Fort Lauderdale, Florida 33301 • 954-357-5500 • FAX 954-357-6136

USER CONCURRENCE

TO: Amanda Simmens, Purchasing Division

FROM: Scott Campbell, Director, Facilities Management Division

SUBJECT: Solicitation No. T1144107B1, Job Order Contract (Non-Sheltered Market)

CONCURRENCE:

- \square The Facilities Management Division has reviewed the response(s) submitted for specification compliance and vendor responsibility. I have reviewed all documents including the Vendor Questionnaire and/or the Instructions to Bidders Supplement, and after careful evaluation, I concur with the recommendation for award to: Allied Contractor's, Inc. in the estimated annual amount of \$3,000,000 and the maximum threeyear amount of \$9,000,000.
- \square I have reviewed the Vendor's financial background/D&B Report and am satisfied with the Vendor's rating and payment performance.

Not applicat	ole:
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 \square I have reviewed the response to the Vendor Questionnaire in regards to litigation history and there is no issue of concern.

A particular issue of concern was identified justifying additional information from the County Attorney's Office as attached.

- \boxtimes I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:
 - \square The Vendor received an overall rating above 2.59 on all evaluations.
 - The Vendor received a rating 2.59 or less on one or more evaluations. Reasons for concurrence in light of this performance are attached.
 - The Vendor received a score of "2" or less on one or more individual items on past evaluations. Summary of discussion(s) with past Project Manager(s) is/are attached.
 - \square No evaluations within the past three (3) years contained any items rated a score of "2" or less.
 - Past evaluations are not relevant to the scope of this contract. Reference Verification Forms are attached.
 - The award amount exceeds the mandatory bid amount. Reference Verification Forms attached.

OR

No past Performance Evaluations exist in Contracts Central; Reference Verification Forms attached.

NON-CONCURRENCE:

Broward County Board of County Commissioners

Sue Gunzburger • Dale V.C. Holness • Kristin Jacobs • Martin David Kiar • Chip LaMarca • Stacy Ritter • Tim Ryan • Barbara Sharief • Lois Wexler www.broward.org

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I do not concur. Reason for non-co	ncurrence:
TYPED NAME OF SIGNER: Scott Camp (Individual authorized to administer the of SIGNATURE:	

Reference Verification Form

Recommended Vendor Name:	Allied Contractors, Inc.	
Broward County Project Title:	Job Order Contract (Non-Sheltered Market)	
Broward County Solicitation Number:	Т1144107В1	
Reference Organization Project Title:	MIA B741D D EXTENSION/CCA	
Name Of Firm/Reference Organization Contact Information:	Contact Name:	Mario Mas mariom@perezperez.com
	Contact Company:	Miami International Airport
	Contact Title:	Architect
	Contact Telephone:	305.444.4545
Comments:	Please provide the total dollar value for this project. Just under \$2,500,000 Was project completed on a timely basis? Yes. Was the project completed within the expected budget? (if applicable) Yes. Were you satisfied with the work performed by Allied Contractors, Inc.? We were, but more importantly the County was pleased. Would your company use Allied Contractors, Inc. again? Yes, without hesitation.	
Date Contract Services Provided:	1/2011 through 1/2012	
References Checked By:	Name:	Claudja Henry
	Title:	Contract/Grant Administrator
	Division/Department:	Facilities Management Division
Date Of Verification:	February 20, 2014 via email	

Reference Verification Form

Recommended Vendor Name:	Allied Contractors, Inc.	
Broward County Project Title:	Job Order Contract (Non-Sheltered Market)	
Broward County Solicitation Number:	T1144107B1	
Reference Organization Project Title:	Terminal 4 Concourse H Security Enhancements	
Name Of Firm/Reference Organization Contact Information:	Contact Name:	Curtis Celestine <u>ccelestine@broward.org</u>
	Contact Company:	Broward County Aviation Department
	Contact Title:	Project Manager
	Contact Telephone:	954.359.2590
Comments:	 Please provide the total dollar value for this project. \$781,967 Was project completed on a timely basis? The project is still ongoing. Was the project completed within the expected budget? (if applicable) No, the project is still on-going. Were you satisfied with the work performed by Allied Contractors, Inc.? The work they have performed to date has been acceptable. Would your company use Allied Contractors, Inc. again? Yes. 	
Date Contract Services Provided:	9/2013 through 2/2014	
References Checked By:	Name:	Claudja Henry
	Title:	Contract/Grant Administrator
	Division/Department:	Facilities Management Division
Date Of Verification:	February 21, 2014 via email	

Reference Verification Form

Recommended Vendor Name:	Allied Contractors, Inc.	
Broward County Project Title:	Job Order Contract (Non-Sheltered Market)	
Broward County Solicitation Number:	Т1144107В1	
Reference Organization Project Title:	Metro West Correctional Facility	
Name Of Firm/Reference Organization Contact Information:	Contact Name:	Alic Arguelles aperez@miamidade.gov
	Contact Company:	Miami Dade Corrections and Rehabilitation Department
	Contact Title:	Construction Manager III
	Contact Telephone:	786.263.6406
Comments:	Please provide the total dollar value for this project. \$913,488 Was project completed on a timely basis? Yes. Was the project completed within the expected budget? (if applicable) Yes. Were you satisfied with the work performed by Allied Contractors, Inc.? Yes. Would your company use Allied Contractors, Inc. again? Yes, although this is County government and procurement rules require awards to the lowest, responsible bidder.	
Date Contract Services Provided:	11/2011 through 2/2014	
References Checked By:	Name:	Claudja Henry
	Title:	Contract/Grant Administrator
	Division/Department:	Facilities Management Division
Date Of Verification:	February 26, 2014 via email	