



**TO:** Angela Brown, Purchasing Agent  
Purchasing Division  
**FROM:** Richard Waskiewicz, Enterprise Director, Facilities/Maintenance Division *RAW*  
Aviation Department  
**SUBJECT:** Solicitation No.: Z2114030B1  
Solicitation Title: Baggage Carousel Replacement Hardware Parts

Recommended Vendor: Unified Supply & Services Company  
Recommended Group(s)/Line Item(s): 1-9  
Initial Award Amount: \$279,360.00 Potential Total Amount: \$838,080.00  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Contracts Central and:  
 Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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 Contracts Central.

**AND**

Reference Verification Forms are attached.

**OR**

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Meoshi Jackson TITLE: Contract/Grant Administrator  
(Individual authorized to administer the contract.)

SIGNATURE: *Meoshi Jackson* 2017.05.19  
08:10:01 -04'00' DATE: May 19, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Z2114030B1, Baggage Carousel Replacement Hardware Parts  
 Reference for: (Name of Firm) Unified Supply & Services Company  
 Organization/Firm Name providing reference: ERMC - PBI  
 Contact Name/Title: Mike Crowley  
 Contact E-mail: mike.crowley@ermc2.com  
 Contact Phone: 682-218-6360  
 Name of Referenced Project: Various OEM Rebuilds & Replacement Parts  
 Contract No.  
 Contract Amount:  
 Date Services Provided: 1997 to current  
 (list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Sub-consultant/Sub-contractor  
 Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**  
**Baggage Conveyor Replacement Parts**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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 have worked with Unified for many years. We have installed their equipment and often purchase parts from them for Unified carousels as well as parts for other OEMs and have never had any issues with parts, service or quality.

References Checked By  
 Name: Meoshi Jackson Title: Contract/Grant Administrator  
 Division/Department: Aviation Department/Maintenance Date of Verification: May 17, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Z2114030B1, Baggage Carousel Replacement Hardware Parts  
 Reference for: (Name of Firm) Unified Supply & Services Company  
 Organization/Firm Name providing reference: Broward County FLL  
 Contact Name/Title: Dan Moreschi  
 Contact E-mail: dmoreschi@broward.org  
 Contact Phone: (954) 359-1205  
 Name of Referenced Project: Stearns Replacement Parts  
 Contract No. Z1033208Q2  
 Contract Amount: \$130,930.00  
 Date Services Provided: 07/26/2014

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Sub-consultant/Sub-contractor  
 Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**  
**Baggage Conveyor Replacement Parts**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)**  
 Unified has responded and supplied any parts which we were seeking and delivered them in a promptly manner. They give good service.

References Checked By  
 Name: Meoshi Jackson Title: Contract/Grant Administrator  
 Division/Department: Aviation Department/Maintenance Date of Verification: May 19, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Z2114030B1, Baggage Carousel Replacement Hardware Parts  
 Reference for: (Name of Firm) Unified Supply & Services Company  
 Organization/Firm Name providing reference: JBT Aerotech - MIA  
 Contact Name/Title: Edwin Cabrera  
 Contact E-mail: edwin.cabrera@jbtc.com  
 Contact Phone: 305-992-3665  
 Name of Referenced Project: Stearns Maxicclaim I Rebuilds & Replacement Parts  
 Contract No.  
 Contract Amount: \$629,000.00  
 Date Services Provided: 03/07/2017

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Sub-consultant/Sub-contractor  
 Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**  
**Baggage Conveyor Replacement Parts**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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: Meoshi Jackson Title: Contract/Grant Administrator  
 Division/Department: Aviation Department/Maintenance Date of Verification: May 17, 2017