



TO: Alicia B. Kalish, Purchasing Agent
Purchasing Division
FROM: Scott Campbell
Facilities Management Division
SUBJECT: Solicitation No.: K2113673B1
Title: HVAC Maintenance, Repairs and Emergency Services

Recommended Vendor: Airmatic Controls, Inc.
Recommended Group(s)/Line Item(s): Groups 1 - 3
Initial Award Amount: \$157,626 Potential Total Amount: \$472,878
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 Provide explanation if choosing this option

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 ≥ 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 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: Scott Campbell TITLE: Director, Facilities Management Div
(Individual authorized to administer the contract.)

SIGNATURE:

DATE: 5/19/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: K2113673B1, HVAC Maintenance, Repairs and Emergency Services

Reference for: (Name of Firm) Airmatic Controls Inc.
 Organization/Firm Name providing reference: Shiff Construction & Development
 Contact Name/Title: Justen Shiff
 Contact E-mail: jds@shiff.com
 Contact Phone: 954-931-5446
 Name of Referenced Project: North Beach Senior Center
 Contract No. 1615418-C
 Contract Amount: \$202,5000
 Date Services Provided: 10/16 through 4/2017
 (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:
 HVAC maintenance, repairs and installation

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)
 Excellent company, very professional. You will not be disappointed.

References Checked By
 Name: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: May 19, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: K2113673B1, HVAC Maintenance, Repairs and Emergency Services

Reference for: (Name of Firm) Airmatic Controls Inc.

Organization/Firm Name providing reference: Broward County WWS

Contact Name/Title: Paul Kirlew, Maintenance Manager WWS

Contact E-mail: pkirlew@broward.org

Contact Phone: 954-831-0856

Name of Referenced Project: Broward County AC Chiller Maintenance & Repair

Contract No. Y1430102B1

Contract Amount: \$172,700

Date Services Provided: 5/24/16 - present

(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:
Maintenance & repairs of facilities HVAC system.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Robin Swanson	Title: Facilities Management Division
Division/Department: Contract Administrator	Date of Verification: May 11, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: K2113673B1, HVAC Maintenance, Repairs and Emergency Services

Reference for: (Name of Firm) Airmatic Controls Inc.
 Organization/Firm Name providing reference: St. Mark Catholic Church and School
 Contact Name/Title: Stacy Whittaker
 Contact E-mail: swhittaker@stmarkparish.org
 Contact Phone: 954-434-3777
 Name of Referenced Project: HVAC Maintenance, Service, Repairs, Installations
 Contract No. 0411601-S / 0411501-S
 Contract Amount: \$11,208 (\$7560 Church, \$3,648 School)
 Date Services Provided: 2014 to present
 (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:
Preventive Maintenance for HVAC equipment at church and school. Vendor also provides repair services as needed.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: May 15, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: K2113673B1, HVAC Maintenance, Repairs and Emergency Services

Reference for: (Name of Firm) : Airmatic Controls, Inc.
 Organization/Firm Name providing reference: Rabina Properties / RSM Construction Management, Inc.
 Contact Name/Title: John Luongo
 Contact E-mail: jluongo45@bellsouth.net
 Contact Phone: 954-773-6646
 Name of Referenced Project: HVAC Installations
 Contract No. NA
 Contract Amount: \$12,000 - \$38,000
 Date Services Provided: Ongoing since 2012
 (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:
 Preventive maintenance and HVAC installations and recently installed a carbon monoxide exhaust system in a property parking garage.

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 type="checkbox"/>	<input checked="" 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)
 Vendor delivers items when received from manufacturer. Provides good communication as to schedule and schedule changes. Vendor is knowledgeable, assists in design, and provides all necessary information.

References Checked By
 Name: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: May 15, 2017