

TO: Isha Taylor-Salmon, Purchasing Agent **Purchasing Division** FROM: Keith A. Wolf, Information Systems Administrator **Enterprise Technology Services** SUBJECT: Solicitation No.: A2114041B1 Copiers, Cost-Per-Copier Recommended Vendor: Toshiba Business Solutions Recommended Group(s)/Line Item(s): Groups 1-6 Initial Award Amount: \$3,491,274.35 Initial Contract Term: Five Years **CONCURRENCE:** The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I Nave 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) igtimes 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: \bowtie 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 ≤ 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 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: Keith A. Wolf TITLE: Information Systems Administrator (Individual authorized to administer the contract.)

SIGNATURE:

2017.07.13 09:34:48 -04'00' DATE: <u>July 13, 2017</u>

KEITH WOLF



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: A2114041B1, Copiers, Cost-Per-Copy Reference for: (Name of Firm) Toshiba Business Solutions Organization/Firm Name providing reference: City of Fort Lauderdale Contact Name/Title: Donna Perez, Administrative Assistant | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | Contact E-mail: dperez@fortlauderdale.gov Contact Phone: 954-828-5133 Name of Referenced Project: Copiers, Cost-per-copy Contract No. Same as the State of Florida Contract Amount: \$400,000.00 / year Date Services Provided: Prior to 2007 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: | | | | | | | | | | | | | | | | | | | | | | | |
| Contract # 600-000-11-1 | | | | | | | | | | | | | | | | | | | | | | | |
| Multi-function copier/printers, scanne | rs, toners, mair | ntenance, etc. | Cost per co | oy machines. | | | | | | | | | | | | | | | | | | | |
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| Please rate your experience with the | Needs | | | | | | | | | | | | | | | | | | | | | | |
| referenced Vendor: | Improvement | Satisfactory | Excellent | Not Applicable | | | | | | | | | | | | | | | | | | | |
| 1. Vendor's Quality of Service | • | | | | | | | | | | | | | | | | | | | | | | |
| a. Responsive | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| b. Accuracy | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| c. Deliverables | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Vendor's Organization | | | | Ш | | | | | | | | | | | | | | | | | | | |
| a. Staff expertise | | | | | | | | | | | | | | | | | | | | | | | |
| b. Professionalism | | Ä | | | | | | | | | | | | | | | | | | | | | |
| c. Turnover | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Timeliness of: | | | | | | | | | | | | | | | | | | | | | | | |
| a. Project | | | \boxtimes | П | | | | | | | | | | | | | | | | | | | |
| b. Deliverables | | ī | \boxtimes | П | | | | | | | | | | | | | | | | | | | |
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| Additional Comments: (provide on ad | ditional sheet if | needed) | | | | | | | | | | | | | | | | | | | | | |
| Toshiba is a pleasure to work with. Ex | | • | with additio | nal vendors who a | re not | | | | | | | | | | | | | | | | | | |
| as responsive. | • | | | | | | | | | | | | | | | | | | | | | | |
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| References Checked By | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Wendi Cooper | Title: Ad | Title: Administrative Specialist | | | | | | | | | | | | | | | | | | | | | |
| Division/Department: Enterprise Technology Services | | Date of \ | Date of Verification: July 12, 2017 | | | | | | | | | | | | | | | | | | | | |



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: A2114041B1, Copiers, Cost-Per-Copy Reference for: (Name of Firm) Toshiba Business Solutions Organization/Firm Name providing reference: City of Sunrise Contact Name/Title: Laurie Gagner, IT Director Contact E-mail: Igagner@sunrisefl.gov | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|-------------|----------------|--|--|---------------------------------------------------------------------------------|---------------------------------------------|--|--|--|--|--|--|
| | | | | | | | Contact Phone: 954-746-3663 Name of Referenced Project: Copiers, Cost-per-copy | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | Contract Amount: \$ | | | | | | | |
| | | | | | | | Date Services Provided: 2013 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: | | | | | | |
| becomplied of services provided by v | ciidoi. | | | | | | | | | | | | | |
| Copiers & Printers | | | | | | | | | | | | | | |
| and Managed Print Services (Printer s | support) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | | | | | | | | | | |
| Vendor's Quality of Service | | | | | | | | | | | | | | |
| a. Responsive | | | | | | | | | | | | | | |
| b. Accuracy | | | | | | | | | | | | | | |
| c. Deliverables | | \boxtimes | | | | | | | | | | | | |
| Vendor's Organization | | | | | | | | | | | | | | |
| a. Staff expertise | | \boxtimes | | | | | | | | | | | | |
| b. Professionalism | | | \boxtimes | | | | | | | | | | | |
| c. Turnover | | | | | | | | | | | | | | |
| 3. Timeliness of: | | | | | | | | | | | | | | |
| a. Project | | | | | | | | | | | | | | |
| b. Deliverables | | ī | | \boxtimes | | | | | | | | | | |
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| Additional Comments: (provide on additional sheet if needed) | | | | | | | | | | | | | | |
| The Managed Print Services portion of the contract is really starting to pay off. Toshiba provides toner | | | | | | | | | | | | | | |
| and printer/copier maintenance. | | | | | | | | | | | | | | |
| Cost per copy .011 color may be more. | | | | | | | | | | | | | | |
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| Defendance Observation 1.2 | | | | | | | | | | | | | | |
| References Checked By Name: Wondi Cooper | | | | | | | | | | | | | | |
| Name: Wendi Cooper Title: Administrative Specialist Division/Department: Enterprise Technology Services Date of Verification: July 12, 2017 | | | | | | | | | | | | | | |
| Division/Department: Enterprise Technology Services Date of Verification: July 12, 2017 | | | | | | | | | | | | | | |



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: A2114041B1, Copiers, Cost-Per-Copy | | | | | | | | | | | | | | | | | | | | | | | |
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| Reference for: (Name of Firm) Toshiba Business Solutions Organization/Firm Name providing reference: City of Tamarac Contact Name/Title: Keith Glatz, Purchasing and Contracts Manager Contact E-mail: keith.glatz@tamarac.org | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Contact Phone: 954-597-3567 Name of Referenced Project: Copiers, Cost-per-copy Contract No. Same as ours Contract Amount: \$60,000 per year Date Services Provided: Ongoing since prior to 2003 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | (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: | | | | | | | | |
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| Lease copiers/printers. | | | | | | | | | | | | | | | | | | | | | | | |
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| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | | | | | | | | | | | | | | | | | | | |
| 1. Vendor's Quality of Service | | | | | | | | | | | | | | | | | | | | | | | |
| a. Responsive | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| b. Accuracy | | | | | | | | | | | | | | | | | | | | | | | |
| c. Deliverables | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| 2. Vendor's Organization | | | | | | | | | | | | | | | | | | | | | | | |
| a. Staff expertise | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| b. Professionalism | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| c. Turnover | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| 3. Timeliness of: | | | | | | | | | | | | | | | | | | | | | | | |
| a. Project | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
| b. Deliverables | | | \boxtimes | | | | | | | | | | | | | | | | | | | | |
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| Additional Comments: (provide on ad | | • | | | | | | | | | | | | | | | | | | | | | |
| The city does 3 year leases then replaces them when the period is out. Usually when they do a | | | | | | | | | | | | | | | | | | | | | | | |
| replacement the price goes down. Very responsive, if they have a problem Toshiba responds quickly. | | | | | | | | | | | | | | | | | | | | | | | |
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| References Checked By | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Wendi Cooper | | Title: Ad | Title: Administrative Specialist | | | | | | | | | | | | | | | | | | | | |
| Division/Department: Enterprise Technology Services | | Date of \ | Date of Verification: July 12, 2017 | | | | | | | | | | | | | | | | | | | | |