



TO: Victoria Hernandez, Purchasing Agent
Purchasing Division
FROM: Arnold De La Cruz, Port Maintenance Manager
Port Everglades Department
SUBJECT: Solicitation No.: X2114058B1
Trolley Rails Replacement and Rehabilitation of Bedplates

Recommended Vendor: Global Rigging & Transport, LLC
Recommended Group(s)/Line Item(s): Line Item 1
Initial Award Amount: \$323,670.00 Potential Total Amount: \$323,670.00
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

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 Not required.

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: Arnold De La Cruz
(Individual authorized to administer the contract.)

TITLE: Port Maintenance Manager

**ARNOLD
DELACRUZ**
SIGNATURE:

Digitally signed by ARNOLD DELACRUZ
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=PEV, ou=Users, cn=ARNOLD DELACRUZ
Date: 2017.06.28 11:36:29 -04'00'

DATE: June 28, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114058B1 Trolley Rails Replacement & Rehab of Bedplates
 Reference for: (Name of Firm) Global Rigging & Transport, LLC
 Organization/Firm Name providing reference: Port Everglades - Crane Section
 Contact Name/Title: Arnold De La Cruz
 Contact E-mail: adelacruz@broward.org
 Contact Phone: 954-468-0106
 Name of Referenced Project: Hurricane Wilma Repairs
 Contract No. Not provided
 Contract Amount: 319,800.00
 Date Services Provided: 2006

(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:
Repairs to SAMSUNG cranes rear legs as a direct result of hurricane Wilma.

| 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: Carlos Rubio Title: Project Manager
 Division/Department: Operations/Port Everglades Date of Verification: June 28, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114058B1 Trolley Rails Replacement & Rehab of Bedplates
 Reference for: (Name of Firm) Global Rigging & Transport, LLC
 Organization/Firm Name providing reference: Ports America
 Contact Name/Title: Chuck Gross
 Contact E-mail: Chuck.Gross@portsamerica.com
 Contact Phone: 443-438-2120
 Name of Referenced Project: Trolley Rail & Trolley Wheel Replacement
 Contract No. PO 6375
 Contract Amount: 387,800.00
 Date Services Provided: May 2016

(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:
Trolley Rail & Trolley Wheel Replacement

| 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: Arnold De La Cruz Title: Port Maintenance Manager
 Division/Department: Operations/Port Everglades Date of Verification: June 22, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114058B1 Trolley Rails Replacement & Rehab of Bedplates
 Reference for: (Name of Firm) Global Rigging & Transport, LLC
 Organization/Firm Name providing reference: Trapac
 Contact Name/Title: Mike Epps
 Contact E-mail: mike.epps@trapac.com
 Contact Phone: 904-696-4952
 Name of Referenced Project: Modifications of (2) Paceco Container Cranes
 Contract No. Not provided
 Contract Amount: 3,770,600.00
 Date Services Provided: July 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:
Raise (2) Cranes 20', replace trolley rails on (3) Cranes

| 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)
Excellent contractor, highly recommended.

References Checked By
 Name: Arnold De La Cruz Title: Port Maintenance Manager
 Division/Department: Operations/Port Everglades Date of Verification: June 26, 2017