



TO: Brenda Billingsley, Director of Purchasing,
Purchasing Division
FROM: Barney McCoy, Director of Service and Capital Planning
Transportation Department, Transit Division
SUBJECT: Solicitation No.: V2113790B1
Solicitation Title: Public Transportation Services

Recommended Vendor: Limousines of South Florida Inc.
Recommended Group(s)/Line Item(s): 1-3
Initial Award Amount: \$2,439,186.00 Potential Total Amount: \$4,065,310.00
Initial Contract Term: Three Years Contract Term, including Renewals: Five(5)

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: Barney L. McCoy TITLE: Director, Service and Capital Planning
(Individual authorized to administer the contract.)

SIGNATURE:

DATE: 7/7/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113790B1 - Public Transportation Services
 Reference for: (Name of Firm) Limousines of South Florida, Inc.
 Organization/Firm Name providing reference: Broward County
 Contact Name/Title: Irvin Minney,
 Contact E-mail: iminney@broward.org
 Contact Phone: 954 357-7713
 Name of Referenced Project: Public Transportation Services
 Contract No. V1205802B1
 Contract Amount: \$1,927,188.00
 Date Services Provided: 04/01/2014 - 07/30/2017
 (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:
 This vendor has been and currently a contractor for nine (9) municipalities in the Broward County's Community Bus Program. Additionally this vendor is the current prime on the Public Transportation Services Agreement and has performed satisfactory. The vendor has been a very responsive transit provider while maintaining the leased and purchased vehicles in these two Broward County Transit programs.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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: Irvin M. Minney Title: Community Transit Officer
 Name: Irvin M. Minney
 Division/Department: Transit Division Date of Verification: 7/5/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113790B1 - Public Transportation Services
 Reference for: (Name of Firm) Limousines of South Florida, Inc.
 Organization/Firm Name providing reference: City of Aventura
 Contact Name/Title: Joesph Kroll, Director Public Works & Transporation
 Contact E-mail: krollj@cityofaventura.com
 Contact Phone: 305 466-8930
 Name of Referenced Project: Community Shuttle Service
 Contract No. 2116
 Contract Amount: \$1,100,000.00
 Date Services Provided: 03/1/2015 - 4/30/2018
 (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:
 Provides community transit services within the City of Aventura. Provides transit service operating 6 mini-buses Monday through Saturday. The City is very satisfied with the contractor. However, there is always room for improvement.

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: Irvin M. Minney Title: Community Transit Officer
 Division/Department: Transit Division Date of Verification: 7/5/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113790B1 - Public Transportation Services
 Reference for: (Name of Firm) Limousines of South Florida, Inc.
 Organization/Firm Name providing reference: City of Miami Beach
 Contact Name/Title: Jose Gonzalez, Director, Transportation
 Contact E-mail: josegonzalez@miamibeach.gov
 Contact Phone: 305 673-7000
 Name of Referenced Project: Community Shuttle Service
 Contract No. 2014-15-SR
 Contract Amount: \$6,700,000.00
 Date Services Provided: 05/08/2014 - 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:
 Turnkey project, using 21 trolleys in service with 15 to 20 minutes headway. Contract has been amended several times to its current level. An additional 9 trolleys are expected to be added to this contract.

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: Irvin M. Minney Title: Community Transit Officer
 Division/Department: Transit Division Date of Verification: 7/5/2017