



TO: Michal Durden
Purchasing Division
FROM: Marc Gambrell, PE, AAE, Acting Assistant Director of Aviation
Broward County Aviation Department
SUBJECT: Solicitation No.: Z2113825B1
Annual Civil Repairs and Maintenance - HWO

Recommended Vendor: Danto Builders, LLC
Recommended Group(s)/Line Item(s): Line Items No. 1 thru 121
Initial Award Amount: \$966,202.50 Potential Total Amount: \$2,898,607.50
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 ≥ 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: Marc Gambrell
(Individual authorized to administer the contract.)
Acting Assistant Aviation Director-
TITLE: Airport Development

SIGNATURE: **Marc Gambrell**
Digitally signed by Marc Gambrell
DN: dc=local, dc=fll-airport,
ou=FLLUSERS, cn=Marc Gambrell
Date: 2017.09.22 09:12:37 -04'00'
DATE: 9/22/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2113825, Annual Civil Repairs and Maintenance - HWO
 Reference for: (Name of Firm) Danto Builders LLC
 Organization/Firm Name providing reference: Holy Cross Hospital
 Contact Name/Title: Mark Bittner
 Contact E-mail: mark.bittner@holy-cross.com
 Contact Phone: 602-740-2810
 Name of Referenced Project: OB/GYN Physician Office Renovation
 Contract No. N/A
 Contract Amount: \$122,000
 Date Services Provided: 06/2017 - 8/2017

(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:
General Contractor services which included replacement of flooring, base, paint, lighting and refinishing of casework.

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 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)
This was a fast-track project that was executed well by Danto Construction, the project required significant supervision because the physician office remained open and construction had to be phased to allow daily staff/physician/patient services to proceed uninterrupted.

References Checked By
 Name: Gasser Douge Title: Project Manager
 Division/Department: BCAD/CIP Date of Verification: 9/19/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2113825, Annual Civil Repairs and Maintenance - HWO
 Reference for: (Name of Firm) Danto Builders LLC
 Organization/Firm Name providing reference: Broward Health
 Contact Name/Title: Declan Finnerty
 Contact E-mail: dfinnerty@browardhealth.org
 Contact Phone: 954-520-9457
 Name of Referenced Project: Broward Health North
 Contract No. Not provided
 Contract Amount: Indefinite Quantity/Indefinite Delivery?
 Date Services Provided: 02/2017 - 02/2018
 (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:
Repainted 28 patient rooms including install of FRP wall protection on lower section of walls. Projected was completed on schedule despite issues with material delivery. Two rooms completed per day to minimize impact to services.

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 checked="" type="checkbox"/>	<input 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)
I was not happy with the quality of work from one painter. Craig immediately replaced this individual and addressed any remaining issues.

References Checked By
 Name: Gasser Douge Title: Project Manager
 Division/Department: BCAD/CIP Date of Verification: 9/19/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2113825, Annual Civil Repairs and Maintenance - HWO
 Reference for: (Name of Firm) Danto Builders LLC
 Organization/Firm Name providing reference: Broward Health
 Contact Name/Title: Richard Polemeni
 Contact E-mail: RPolemeni@browardhealth.org
 Contact Phone: 954-520-9457
 Name of Referenced Project: Broward Health Spectrum
 Contract No. Not provided
 Contract Amount: \$1.2M
 Date Services Provided: 02/2017 - 06/2017

(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:
Tenant Improvements in Corporate Offices

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)
Contractor performed well and would use them again.

References Checked By
 Name: Gasser Douge Title: Project Manager
 Division/Department: Design & Construction Date of Verification: 9-20-17