



TO: Kevin Cheerangie
Purchasing Division

FROM: Robert Flint, Enterprise Director of Operations 
Port Everglades Department

SUBJECT: Solicitation No.: X2114467B1
Solicitation Title: Awning Repair and Replacement Services

Recommended Vendor: Kraftwerk International Interiors, Inc.
 Recommended Group(s)/Line Item(s):
 Initial Award Amount: \$328,925.60 Potential Total Amount: \$986,776.80
 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: Jouvens Adrien TITLE: Construction Project Manager
 (Individual authorized to administer the contract.)

SIGNATURE: JOUVENS ADRIEN DATE: August 4, 2017
Digitally signed by JOUVENS ADRIEN
 DN: dc=cty, dc=broward, dc=bc, ou=Organization,
 ou=PEV, ou=Users, cn=JOUVENS ADRIEN
 Date: 2017.08.07 10:02:35 -04'00'



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114467B1 - Awning Repair and Replacement Services

Reference for: (Name of Firm) KRAFTWERK INTERNATIONAL INTERIORS, INC.

Organization/Firm Name providing reference: BROWARD COUNTY AVIATION

Contact Name/Title: LORI VASSELLO / CONTRACT ADMINISTRATOR

Contact E-mail: LVASSELLO@BROWARD.ORG

Contact Phone: 954-359-1265

Name of Referenced Project: CHAIR REUPHOLSTERY

Contract No.

Contract Amount: VARIABLE

Date Services Provided: 2010 / CURRENT

(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:

RECOVERS SEAT CUSHIONS FOR FLL AIRPORT, AS NEEDED.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Kraftwerk picks up torn cushions and returns them upon completion. the quality of their product is above satisfactory and we will continue to use this vendor.

References Checked By

Name: Robert Cantor

Title: Storekeeper

Division/Department: Operations / Port Everglades

Date of Verification: 08/03/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114467B1 - Awning Repair and Replacement Services

Reference for: (Name of Firm) KRAFTWERK INTERNATIONAL INTERIORS, INC.

Organization/Firm Name providing reference: Dr. Lawrence Rosenberg

Contact Name/Title: Dr. Lawrence Rosenberg

Contact E-mail:

Contact Phone: 561-638-8541

Name of Referenced Project: Reupholster furniture

Contract No.

Contract Amount: \$2000.00

Date Services Provided: 12/2015

(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:

Reupholstered chaise lounges and chairs.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Kraftwerk is very professional an I would highly recommend them. I have used this company many times over the years. Does very good work.

References Checked By

Name: Robert Cantor

Title: Storekeeper

Division/Department: Operations / Port Everglades

Date of Verification: 08/03/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2114467B1 - Awning Repair and Replacement Services

Reference for: (Name of Firm) KRAFTWERK INTERNATIONAL INTERIORS, INC.

Organization/Firm Name providing reference: TRIVANTAGE LLC

Contact Name/Title: TERESA SHIPP / SUPERVISOR

Contact E-mail:

Contact Phone: 770-250-1108

Name of Referenced Project: AWNING REPAIR

Contract No.

Contract Amount: \$5000.00

Date Services Provided: 6-17-2017

(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:

REPLACED AWNING

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Does very good work.

References Checked By

Name: Robert Cantor

Title: Storekeeper

Division/Department: Operations / Port Everglades

Date of Verification: 08/03/2017