



**TO:** Kevin Cheerangie  
Purchasing Division

**FROM:** Robert Flint, Director, Operations Division *RF*  
Port Everglades Department

**SUBJECT:** Solicitation No.: X2112657Q1  
Solicitation Title: QC PLC and Crane Management System Upgrade

Recommended Vendor: TMEIC Corporation  
 Recommended Group(s)/Line Item(s): All Items (1 - 3)  
 Initial Award Amount: \$265,750. Potential Total Amount: \$265,750.  
 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 : Commodity Purchase

**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  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  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**  
 SIGNATURE: **DELACRUZ**

Digitally signed by ARNOLD DELACRUZ  
 DN: dc=cly, dc=broward, dc=bc, ou=Organization,  
 ou=PEV, ou=Users, cn=ARNOLD DELACRUZ  
 Date: 2017.11.08 16:03:22 -05'00'

DATE: November 8, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: X2112657Q1 QC PLC and Crane Management System Upgrade  
 Reference for: (Name of Firm) TMEIC Corporation  
 Organization/Firm Name providing reference: Port Everglades-Crane Section  
 Contact Name/Title: Arnold De La Cruz/Crane Manager Maintenance  
 Contact E-mail: Adelacruz@broward.org  
 Contact Phone: 954.468-0106  
 Name of Referenced Project: Crane Anti-Collision System Upgrade  
 Contract No. N/A  
 Contract Amount: N/A  
 Date Services Provided: 02/02/2017

(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:**

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: Ted Owchariw Title: Project Manager  
 Division/Department: Operations/Crane Section Date of Verification: November 07, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: X2112657Q1 QC PLC and Crane Management System Upgrade  
 Reference for: (Name of Firm) TMEIC Corporation  
 Organization/Firm Name providing reference: Virginia International Terminals  
 Contact Name/Title: Matt Plante / GM Maintenance Special Projects  
 Contact E-mail: Mplante@vit.org  
 Contact Phone: 757-353-0873  
 Name of Referenced Project: Maxview Smart Landing System  
 Contract No. N/A  
 Contract Amount: \$400,000  
 Date Services Provided: 01/2012

(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:**

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: Ted Owchariw Title: Project Manager  
 Division/Department: Operations/Crane Section Date of Verification: November 07, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: X2112657Q1 QC PLC and Crane Management System Upgrade  
 Reference for: (Name of Firm) TMEIC Corporation  
 Organization/Firm Name providing reference: Georgia Port Authority  
 Contact Name/Title: Paul Harkness/General Manager Maintenance  
 Contact E-mail: Pharkness@gaports.com  
 Contact Phone: 912-964-3825  
 Name of Referenced Project: AC Drives Control Upgrades  
 Contract No. N/A  
 Contract Amount: N/A  
 Date Services Provided: 08/2013-Ongoing  
 (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:**

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: Ted Owchariw Title: Project Manager  
 Division/Department: Operations/Crane Section Date of Verification: November 06, 2017