



TO: Michal Durden, Purchasing Agent
Purchasing Division
FROM: Marc Gambrell, Acting Assistant Department Director for Airport Development *MG*
Aviation Department
SUBJECT: Solicitation No.: PNC2115232C1
Residential Sound Insulation Program - Group3800L1

Recommended Vendor: S & L Specialty Contracting, Inc.
Recommended Group(s)/Line Item(s): 850 line items
Initial Award Amount: \$6,764,000.00 Potential Total Amount: N/A
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 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.

Acting Assistant Department Director
for Airport Development

TYPED NAME OF SIGNER: Marc Gambrell
(Individual authorized to administer the contract.)

TITLE:

SIGNATURE: *[Signature]* DATE: November 28, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Bid No. PNC2115232C1, Residential Sound Insulation Program - Group 3800L1

Reference for: (Name of Firm) S&L Specialty Contracting, Inc.
 Organization/Firm Name providing reference: City of Inglewood, CA
 Contact Name/Title: Anthony Barbarin- Project Manager
 Contact E-mail: abarbarin@cityofinglewood.org
 Contact Phone: 310-412-5289
 Name of Referenced Project: City of Inglewood RSIP Phase X Group 3
 Contract No.
 Contract Amount: \$3,457,264
 Date Services Provided: 11/2014 to 3/2015

(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:
 Provided noise reduction insulation to homes.

| 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)
 They are very pleased with S&L services and professionalism.

References Checked By
 Name: Monica Capelluto Title: Expansion Project Administrator
 Division/Department: Airport Dev./Airport Expansion Program Date of Verification: November 21, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Bid No. PNC2115232C1, Residential Sound Insulation Program - Group 3800L1

Reference for: (Name of Firm) S&L Specialty Contracting, Inc.
 Organization/Firm Name providing reference: San Diego Airport Authority
 Contact Name/Title: Sjohnna Knack Project Manager / Airport Noise (on behalf of Craig Mayer)
 Contact E-mail: sknack@san.org
 Contact Phone: 619-400-2317
 Name of Referenced Project: Quieter Home Program 8.9
 Contract No.
 Contract Amount: \$1,338,550.00
 Date Services Provided: February 2016 to July 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:
S&L was prime contractor, replacing windows, doors, air conditioner and providing electrical upgrades.

| 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 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 checked="" type="checkbox"/> | <input 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)
S&L worked with the airport almost 15 years. Airport Project Managers are extremely pleased with contractor.

References Checked By
 Name: Monica Capelluto, AIA Title: Expansion Project Administrator
 Division/Department: Airport Dev./Airport Expansion Program Date of Verification: November 27, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Bid No. PNC2115232C1, Residential Sound Insulation Program - Group 3800L1

Reference for: (Name of Firm) S&L Specialty Contracting, Inc.
 Organization/Firm Name providing reference: Niagara Frontier Transportation Authority
 Contact Name/Title: Eric Coomey, Project Manager
 Contact E-mail: ecoomey@cscos.com
 Contact Phone: 315-263-6602
 Name of Referenced Project: NFTA RSIP Bid E-512
 Contract No. Bid E-512
 Contract Amount: \$2,097,000.00
 Date Services Provided: April 2015 to August 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:
S&L was main contractor for several of their Sound Remediation Projects. This one in particular was from 50 to 70 homes.

| 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)
highly recommend this contractor for any Noise Mitigation Project

References Checked By
 Name: Monica Capelluto, AIA Title: Expansion Project Administrator
 Division/Department: Airport Dev./Airport Expansion Program Date of Verification: November 28, 2017