



TO: Netanya Hogu, Purchasing Agent
Purchasing Division

FROM: Stacy Seibert, Enterprise Assistant Director of Facilities/Maintenance
Aviation Department

SUBJECT: Solicitation No.: BLD2114643B1
Automatic Door Repairs and Maintenance

Recommended Vendor: J. Newton Enterprises, Inc.
 Recommended Group(s)/Line Item(s): All
 Initial Award Amount: \$202,651.00 Potential Total Amount: \$607,953.00
 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: Meoshi Jackson TITLE: Contract/Grant Administrator
 (Individual authorized to administer the contract.)

SIGNATURE: Meoshi Jackson Digitally signed by Meoshi Jackson-Graves
 Date: 2017.11.29 09:30:46 -05'00' DATE: November 29, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114643B1, Automatic Door Repairs and Maintenance
 Reference for: (Name of Firm) J. Newton Enterprises, Inc.
 Organization/Firm Name providing reference: State Contracting & Engineering Corporation
 Contact Name/Title: Daniel Battan/Project Engineer
 Contact E-mail: dbattan@statecontracting.com
 Contact Phone: 786-554-7440
 Name of Referenced Project: Miami Dade College
 Contract No.
 Contract Amount: \$19,996.00
 Date Services Provided: December 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:
Furnished and installed Horton auto slide doors in the Homestead college building A.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)
Recommends including a scheduled training on maintenance and use of new doors.

References Checked By
 Name: Meoshi Jackson Title: Contract/Grant Administrator
 Division/Department: Aviation/Maintenance Division Date of Verification: October 05, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114643B1, Automatic Door Repairs and Maintenance
 Reference for: (Name of Firm) J. Newton Enterprises, Inc.
 Organization/Firm Name providing reference: Sawgrass Mall
 Contact Name/Title: Tim Dennis/Operations Director
 Contact E-mail: tdennis@simon.com
 Contact Phone: 954-846-2300
 Name of Referenced Project: Service Entrances
 Contract No. CORP5229/GL114410.105
 Contract Amount: \$33,209.00
 Date Services Provided: August 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:
Furnished and installed steel doors, frames, and hardware.

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)
Very thorough and efficient.

References Checked By
 Name: Meoshi Jackson Title: Contract/Grant Administrator
 Division/Department: Aviation/Maintenance Division Date of Verification: October 06, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114643B1, Automatic Door Repairs and Maintenance
 Reference for: (Name of Firm) J. Newton Enterprises, Inc.
 Organization/Firm Name providing reference: UM / Sylvester Comprehensive Cancer Center/UMHC
 Contact Name/Title: Cathy Ireland / Assistant to Executive Director of Hospital Operations
 Contact E-mail: c.ireland@med.miami.edu
 Contact Phone: 305.243.2736
 Name of Referenced Project: ongoing maintenance and projects
 Contract No.
 Contract Amount:
 Date Services Provided: 2003 - 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:
Repair or new installation, of all exterior and interior, automatic and mag lock doors, for all of UMHC/SCCC and (5) satellite clinics.

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)
Great maintenance and installation crew and always great customer service.

References Checked By
 Name: Meoshi Jackson Title: Contract/Grant Administrator
 Division/Department: Aviation/Maintenance Division Date of Verification: October 10, 2017