



TO: Delanor Nurse, Purchasing Agent
Purchasing Division
FROM: Scott Brunner, P.E., Director
Traffic Engineering Division
SUBJECT: Solicitation No.: OPN2115484B1
Traffic Signals and Accessories

Recommended Vendor: Transportation Control Systems, Inc.
Recommended Group(s)/Line Item(s): 22
Initial Award Amount: \$189,115.00 Potential Total Amount: \$567,345.00
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 Payment will be made upon receipt of materials.

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: Scott Brunner
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE: *Scott Brunner*

DATE: 12.27.17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2115484B1 - Traffic Signals and Accessories
 Reference for: (Name of Firm) Transportation Control Systems, Inc.
 Organization/Firm Name providing reference: Hillsborough County
 Contact Name/Title: Annette Bush, Purchasing
 Contact E-mail: procurementservices@HCFLGov.net
 Contact Phone: 813-272-5790
 Name of Referenced Project: Signal Material Supply
 Contract No. BPCW1000000413
 Contract Amount: \$106,000
 Date Services Provided: Current till 01/2018
 (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:
Vendor provided school solar beacons and traffic signal materials.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 N/A

References Checked By
 Name: Jay Basail Title: Senior Contract Grants Administrator
 Division/Department: Traffic Engineering/ Public Works Date of Verification: December 18, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2115484B1 - Traffic Signals and Accessories
 Reference for: (Name of Firm) Transportation Control Systems, Inc.
 Organization/Firm Name providing reference: Seminole County
 Contact Name/Title: Gladys Marrozos, Procurement Analyst
 Contact E-mail: gmarrozos@seminolecountyfl.gov
 Contact Phone: 407-665-7116
 Name of Referenced Project: Signal Material Supply
 Contract No. IFB-601101
 Contract Amount: Open
 Date Services Provided: 08/2011- 08/2016

(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:
Term Contract for the purchase of traffic signal mounting hardware and materials for Traffic Engineering Operations.

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)
 N/A

References Checked By
 Name: Jay Basail Title: Senior Contract Grant Administrator
 Division/Department: Traffic Engineering / Public Works Date of Verification: December 15, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2115484B1 - Traffic Signals and Accessories

Reference for: (Name of Firm) Transportation Control Systems, Inc.

Organization/Firm Name providing reference: City of Tampa

Contact Name/Title: Anthony McGee, Purchasing

Contact E-mail: anthony.mcgee@tampagov.net

Contact Phone: 813-274-3283

Name of Referenced Project: Signal Material Supply

Contract No. N/A

Contract Amount: Open

Date Services Provided: Current till 06/2018

(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:

Traffic signal materials

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 type="checkbox"/>	<input checked="" 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)

N/A

References Checked By

Name: Jay Basail

Title: Senior Contract Grants Administrator

Division/Department: Traffic Engineering/Public Works

Date of Verification: December 18, 2017