



TO: Randy Plunkett
Purchasing Division
FROM: Scott Campbell
Facilities Management Division
SUBJECT: Solicitation No.: BLD2114940Q1
OTIS Elevator/Escalator Preventive Maintenance and Repair Services

Recommended Vendor: OTIS Elevator Company
Recommended Group(s)/Line Item(s): Items 1 thru 31
Initial Award Amount: \$2,761,720.00 Potential Total Amount: \$2,761,720.00
Initial Contract Term: Five Years Contract Term, including Renewals: Five 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: Scott Campbell
(Individual authorized to administer the contract.)

Director, Facilities Management
TITLE: Division

SIGNATURE:

DATE: 2/9/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114940Q1 OTIS Elevator/Escalator Preventive Maintenance and Repair Services

Reference for: (Name of Firm) OTIS Elevator Company
 Organization/Firm Name providing reference: Marriott Hotel
 Contact Name/Title: Derrick Sabialeash, Director of Engineering
 Contact E-mail: derrick.sabialeash@marriott.com
 Contact Phone: 954-327-7620
 Name of Referenced Project: Elevator Upgrade - Harbor Beach Marriott Hotel
 Contract No. NA
 Contract Amount: \$1,500,000 plus
 Date Services Provided: 1/1/16 - 12/31/16
 (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:
Major elevator remodeling total 13 elevators with new cabs

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: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: January 16, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114940Q1 OTIS Elevator/Escalator Preventive Maintenance and Repair Services

Reference for: (Name of Firm) OTIS Elevator Company
 Organization/Firm Name providing reference: Seminole Hard Rock Casino
 Contact Name/Title: Richard McBride, Assistant Director Facilities
 Contact E-mail: richard.mcbride@seminolehardrock.com
 Contact Phone: 954-327-7620
 Name of Referenced Project: Elevator Installation, service, and maintenance
 Contract No. NA
 Contract Amount: \$2,000,000 plus
 Date Services Provided: 1/1/17 - on going
 (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:
Equipment installation, service, and maintenance.

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 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)
OTIS will be providing equipment in new 38 story expansion project.

References Checked By
 Name: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: January 17, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2114940Q1 OTIS Elevator/Escalator Preventive Maintenance and Repair Services

Reference for: (Name of Firm) OTIS Elevator Company
 Organization/Firm Name providing reference: Hilton Hotels - Fort Lauderdale (Q Club)
 Contact Name/Title: Ralph Andujar, Director of Engineering
 Contact E-mail: ralph.andujar@hilton.com
 Contact Phone: 954-414-2610
 Name of Referenced Project: New Elevator Equipment and Maintenance
 Contract No. NA
 Contract Amount: \$75,000+
 Date Services Provided: 1/1/2016 - 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:
Equipment installation, service and maintenance.

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)
Vendor has worked on multiple projects for us. Excellent but expensive.

References Checked By
 Name: Robin Swanson Title: Contract Administrator
 Division/Department: Facilities Management Division Date of Verification: January 17, 2018