



TO: Marie Williams, Purchasing Agent, Senior
Purchasing Division
FROM: Robert Flint, Division Director
Port Everglades Department, Operations Division
SUBJECT: Solicitation No.: X2115678B1
Prysmian Cables

Recommended Vendor: Cavotec USA, Inc.
Recommended Group(s)/Line Item(s): 1 and 2
Initial Award Amount: \$267,904 Potential Total Amount: \$267,904
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 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: Arnold De La Cruz
(Individual authorized to administer the contract.)

TITLE: Port Maintenance Manager

ARNOLD
SIGNATURE: **DELACRUZ**

 Digitally signed by ARNOLD DELACRUZ
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=PEV, ou=Users, cn=ARNOLD DELACRUZ
Date: 2018.01.05 11:53:49 -05'00'

DATE: January 5, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2115678B1 Prysmian Cables
 Reference for: (Name of Firm) Cavotec USA, Inc.
 Organization/Firm Name providing reference: Port Everglades/ Crane Section
 Contact Name/Title: Arnold De La Cruz/ Crane Manager
 Contact E-mail: Adlacruz@broward.org
 Contact Phone: 954-468-0106
 Name of Referenced Project: Pull Gearboxes
 Contract No. N/A
 Contract Amount: 32,385
 Date Services Provided: 4/28/16

(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:

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: January 05, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2115678B1 Prysmian Cables
 Reference for: (Name of Firm) Cavotec USA, Inc.
 Organization/Firm Name providing reference: South Carolina State Port Authority
 Contact Name/Title: Wendy Ando -Buyer
 Contact E-mail: wendy.ando@scspa.com
 Contact Phone: 843-577-8177
 Name of Referenced Project: Master Switch Replacement
 Contract No. N/A
 Contract Amount: 65,450
 Date Services Provided: 06/26/2017

(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: January 04, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2115678B1 Prysmian Cables
 Reference for: (Name of Firm) Cavotec USA, Inc.
 Organization/Firm Name providing reference: Port of New Orleans
 Contact Name/Title: Antonia Taylor-Port Manager-Services
 Contact E-mail: taylor@portno.com
 Contact Phone: 504-528-3244
 Name of Referenced Project: Store Gear Box Replacement
 Contract No. N/A
 Contract Amount: 150,920
 Date Services Provided: 08/2017

(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: January 03, 2018