



TO: Victoria Hernandez, Purchasing Agent
Purchasing Division
FROM: Barney McCoy, Transit Director
Transit Division
SUBJECT: Solicitation No.: TRN2115471B1
New Transit Shelters and Amenities

Recommended Vendor: Vilman Enterprises, Inc.
Recommended Group(s)/Line Item(s): Groups 1 - 4
Initial Award Amount: \$3,686,517.00 Potential Total Amount: \$11,059,551.00
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 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: Barney McCoy TITLE: Director of Service and Capital Planning
(Individual authorized to administer the contract.)

SIGNATURE:

DATE: 3/1/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115471B1, New Transit Shelters and Amenities

Reference for: (Name of Firm) Vilman Enterprises

Organization/Firm Name providing reference: BHP

Contact Name/Title: Francisco San Martin

Contact E-mail: n/a

Contact Phone: 786-301-9714

Name of Referenced Project: Mina La Escondida Development

Contract No. n/a

Contract Amount: \$150,000

Date Services Provided: June 2017 - Present

(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:

Provide Amenities for the Development

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Arethia Douglas

Title: Construction Project Manager

Division/Department: Transit

Date of Verification: 2/23/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115471B1, New Transit Shelters and Amenities

Reference for: (Name of Firm) Vilman Enterprises

Organization/Firm Name providing reference: BBM

Contact Name/Title: Jose Besada

Contact E-mail: n/a

Contact Phone: 786-553-8828

Name of Referenced Project: Marketing Fair

Contract No. n/a

Contract Amount: \$300,000

Date Services Provided: Januray 2017 - Present

(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:

Provide Lighting, Booths, Shelters, Benches and other amenities

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Arethia Douglas

Division/Department: Transit

Title: Construction Project Manager

Date of Verification: 2/23/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115471B1, New Transit Shelters and Amenities

Reference for: (Name of Firm) Vilman Enterprises

Organization/Firm Name providing reference: Worldwide Pediatrics

Contact Name/Title: Dr Juan Millon

Contact E-mail: n/a

Contact Phone: 305-975-5442

Name of Referenced Project: Doral Office Complex

Contract No. n/a

Contract Amount: \$40,000

Date Services Provided: October 2015 - December 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:

Provide Seating and other Amentities

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Arethia Douglas

Title: Construction Project Manager

Division/Department: Transit

Date of Verification: 2/23/2018