



**TO:** Latoya Clark, Purchasing Agent  
Purchasing Division  
**FROM:** Scott Campbell, Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: BLD2115834Q1  
AC Chiller Maintenance Services

Recommended Vendor: Trane, U.S., Inc.  
Recommended Group(s)/Line Item(s): 1-9  
Initial Award Amount: \$814,416.12 Potential Total Amount: \$1,369,078.08  
Initial Contract Term: Three Years Contract Term, including Renewals: Two 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 Trane has a current agreement with Broward County (Port Everglades)

**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  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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.

Director, Facilities Management

TYPED NAME OF SIGNER: Scott Campbell  
(Individual authorized to administer the contract.)

TITLE: Division

**SCOTT CAMPBELL**  
SIGNATURE:

Digitally signed by SCOTT CAMPBELL  
DN: dc=cty, dc=broward, dc=bc, ou=Organization,  
ou=BCC, ou=PW, ou=FM, ou=Users, cn=SCOTT  
CAMPBELL  
Date: 2018.03.07 08:09:11 -0500

DATE:



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115834Q1, AC Chiller Maintenance Services  
 Reference for: (Name of Firm) Trane U.S., Inc.  
 Organization/Firm Name providing reference: Broward County Port Everglades  
 Contact Name/Title: Jouvens Adrien  
 Contact E-mail: jadrien@broward.org  
 Contact Phone: (954) 468-3500  
 Name of Referenced Project: Port Everglades Service Maintenance  
 Contract No. X0779302R1\_1  
 Contract Amount: 1.7 MM  
 Date Services Provided: 11/1/2008 - 10/30/2018

(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:**  
**Monitor and Verification Services of Emergency Management Systems at Port Everglades.**

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: Claudja Henry Title: Contracts/Grants Administrator, Sr.  
 Division/Department: Facilities Management Division/Public Works Date of Verification: March 06, 2018