



**TO:** Randy Plunkett  
Purchasing Division  
**FROM:** Scott Campbell, Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: D2114263B1  
Elevator and Escalator Maintenance and Repair

Recommended Vendor: Eastern Elevator Service, Inc.  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$852,100.00 Potential Total Amount: \$2,130,250.00  
Initial Contract Term: Two 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  $\geq 2.59$  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.

TYPED NAME OF SIGNER: Scott Campbell TITLE: Director, Facilities Management  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 11/9/17



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: D2114263B1 - Elevator and Escalator Maintenance and Repair

Reference for: (Name of Firm) Eastern Elevator Serv Inc.

Organization/Firm Name providing reference: City of Fort Lauderdale

Contact Name/Title: David Smith, Facilities Director

Contact E-mail: DSmith@FortLauderdale.Gov

Contact Phone: 954-257-9375

Name of Referenced Project: Elevator Maintenance & Repair all buildings.

Contract No.

Contract Amount: \$800,000

Date Services Provided: June 2006 to June 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:**

Citywide Elevator maintenance

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

a. Responsive





b. Accuracy





c. Deliverables





2. Vendor's Organization

a. Staff expertise





b. Professionalism





c. Turnover





3. Timeliness of:

a. Project





b. Deliverables





Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts/Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: October 04, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: D2114263B1 - Elevator and Escalator Maintenance and Repair

Reference for: (Name of Firm) Eastern Elevator Serv Inc.

Organization/Firm Name providing reference: Hillsborough County

Contact Name/Title: Joseph Taylor, Facilities Director

Contact E-mail: taylorjo@hillsboroughcounty.gov

Contact Phone: 580-512-3152

Name of Referenced Project: Elevator Maintenance & Repair all buildings.

Contract No.

Contract Amount: \$860,000

Date Services Provided: November 2015 through Current

(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:**

Elevator maintenance and repairs.

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: Claudja Henry

Title: Senior Contracts/Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: October 05, 2017



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: D2114263B1 - Elevator and Escalator Maintenance and Repair  
 Reference for: (Name of Firm) Eastern Elevator Serv Inc.  
 Organization/Firm Name providing reference: Lee County School District  
 Contact Name/Title: Richard Batewell, East Zone Service Manager  
 Contact E-mail: RichardKB@LeeSchools.Net  
 Contact Phone: 239-707-0935  
 Name of Referenced Project: Elevator Maintenance, Repair and Modernization.  
 Contract No. \_\_\_\_\_  
 Contract Amount: \$450,000  
 Date Services Provided: July 2014 to 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:**  
**Elevator monthly maintenance, phone service, repairs and modernization.**

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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<b>1. Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Vendor's Organization</b>				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Timeliness of:</b>				
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)**  
**Eastern Elevator is personable; owner will contact schools directly to explain situations and does great company to work with.**

References Checked By  
 Name: Claudja Henry Title: Senior Contracts/Grants Administrator  
 Division/Department: Facilities Management Division Date of Verification: October 05, 2017