



**TO:** Melissa Cuevas  
Purchasing Division  
**FROM:** Wendy Awes  
Information Systems Project Manager-ETS/Transit  
**SUBJECT:** Solicitation No.: GEN2115390B1  
Rack Cooling System and UPS Preventive Maintenance and Repairs

Recommended Vendor: ARM Electrical Services, LLC  
Recommended Group(s)/Line Item(s): Line 1 thru 9  
Initial Award Amount: \$404,628.88 Potential Total Amount: \$1,056,866.64  
Initial Contract Term: One Year 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 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: Jackie Fernandez  
(Individual authorized to administer the contract.)

TITLE: Information Systems Manager

SIGNATURE:

Digitally signed by JACKIE FERNANDEZ  
DN: dc=cty, dc=broward, dc=bc, ou=Organization,  
ou=BCTD, ou=IT, ou=Users, cn=JACKIE  
FERNANDEZ  
Date: 2018.02.21 06:32:43 -05'00'

DATE: February 21, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2115390B1 Rack Cooling System and UPS Preventive Maintenance and Repairs

Reference for: (Name of Firm) ARM Electrical LLC  
 Organization/Firm Name providing reference: Bank United  
 Contact Name/Title: Roy Hennessy  
 Contact E-mail: RHennessy@BankUnited.Com  
 Contact Phone: 786-313-1695  
 Name of Referenced Project: UPS and Preventative Maintenance  
 Contract No. \_\_\_\_\_  
 Contract Amount: \$7,000  
 Date Services Provided: 4/2016

(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:**  
 PM Service and repairs of UPS equipment and maintenance and service of Batteries. Also perform switchgear service and testing, replacement of 13000 volt primary transformers

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)**  
 Arm electric is my first call vendor when i have issues with our distribution or UPS equipment. Andy provides reliable advice and is able to rectify any issue we have ever had.

References Checked By  
 Name: Wendy Annes Title: IT Project Manager  
 Division/Department: Transportation Dept. Date of Verification: 2/14/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2115390B1 Rack Cooling System and UPS Preventive Maintenance and Repairs

Reference for: (Name of Firm) ARM Electrical LLC

Organization/Firm Name providing reference: Broward County Facilities Management Department

Contact Name/Title: Candace Jensen

Contact E-mail: cjensen@broward.org

Contact Phone: 954-357-6576

Name of Referenced Project: UPS and Battery Preventive Maintenance

Contract No. M1370002B1\_1

Contract Amount: \$425,225

Date Services Provided: 10/2015 - 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:**  
**Service to UPS systems at multiple locations.**

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 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)**  
**This vendor is a pleasure to work with.**

References Checked By  
 Name: Wendy Awes Title: IT Project Manager  
 Division/Department: Transportation Department Date of Verification: February 14, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2115390B1 Rack Cooling System and UPS Preventive Maintenance and Repairs

Reference for: (Name of Firm) ARM Electrical LLC  
 Organization/Firm Name providing reference: City of Coral Springs  
 Contact Name/Title: Mike Mcleod  
 Contact E-mail: ISMHM@coralsprings.org  
 Contact Phone: 954-346-1361  
 Name of Referenced Project: UPS and Battery Preventative Maintenance  
 Contract No.  
 Contract Amount: \$3,780  
 Date Services Provided: 8/2017

(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)**  
 Andy and his crew are very easy to work with and responsive to our needs.

References Checked By  
 Name: Wendy Awes Title: IT Project Manager  
 Division/Department: ETS/IT Transportation Department Date of Verification: February 13, 2018