



TO: Princess Brown, Purchasing Agent
Purchasing Division
FROM: James Fourcade, Director of Maintenance
Transit Division
SUBJECT: Solicitation No.: V2114715B1
Supply of Refrigerant

Recommended Vendor: United HVAC Services, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$287,175.50 Potential Total Amount: \$861,526.50
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: JAMES FOURCADE TITLE: DIRECTOR OF MAINTENANCE
(Individual authorized to administer the contract.)

SIGNATURE: DATE: 2/27/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114715B1, Supply of Refrigerant

Reference for: (Name of Firm) United HVAC Services, Inc.

Organization/Firm Name providing reference: Broward Health Hospital District

Contact Name/Title: Hugo Hernandez/ Supervisor of Facilities

Contact E-mail: h1hernandez@browardhealth.org

Contact Phone: (954)740-0763

Name of Referenced Project: HVAC SERVICES

Contract No. N/A

Contract Amount: N/A

Date Services Provided: 2003 to 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:

HVAC and refrigeration services

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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: Stephanie Hendrickson

Division/Department: Transit

Title: Warehouse Supervisor

Date of Verification: 02/26/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114715B1, Supply of Refrigerant

Reference for: (Name of Firm) United HVAC Services, Inc.

Organization/Firm Name providing reference: CONSTRUCTION GROUP INTERNATIONAL

Contact Name/Title: VERONICA ROBERTS/ACCOUNT MANAGER

Contact E-mail: VERONICAR@CGIUS.NET

Contact Phone: (816)841-2638

Name of Referenced Project: HVAC SERVICES

Contract No. N/A

Contract Amount: N/A

Date Services Provided: 10/2017 THRU SEPT 2022

(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:

HVAC and refrigeration services

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Stephanie Hendrickson

Division/Department: Transit

Title: Warehouse Supervisor

Date of Verification: 02/26/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114715B1, Supply of Refrigerant

Reference for: (Name of Firm) United HVAC Services, Inc.

Organization/Firm Name providing reference: REPUBLIC METALS

Contact Name/Title: TOM CASH/SENIOR FACILITIES DIRECTOR

Contact E-mail: TOM@REPUBLICMETALSCORP.COM

Contact Phone: (786)270-2467

Name of Referenced Project: HVAC SERVICES

Contract No. N/A

Contract Amount: N/A

Date Services Provided: 2013 THRU 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:

HVAC and refrigeration services

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)

They are a great company to work with and great services.

References Checked By

Name: Stephanie Hendrickson

Title: Warehouse Supervisor

Division/Department: Transit

Date of Verification: 02/26/2018