

TO: Marie Williams, Purchasing Agent, Senior **Burchasing Division** FROM: tris Walton, Transportation Direct Transportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: The Aftermarket Parts Company, LLC Recommended Group(s)/Line Item(s): Lines 1-23 Initial Award Amount: \$ Potential Total Amount: \$ 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 A 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. \square 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.) JAMES Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organizatio ou=BCTD, ou=Users, cn=JAMES FOURCADE SIGNATURE: FOURCADE Date: 2018.02.14 12:44:17 -05'00' DATE: 2/14/2018



Broward County Solicitation No. and Title	Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) The After	market Parts Co	ompany, LLC		•	
Organization/Firm Name providing refere	ence: NEW YOR	K CITY TRANS	SIT		
Contact Name/Title: STEPHEN WALTE	R				
Contact E-mail: STEPHEN.WALTER@N	YCT.COM				
Contact Phone: (646)252-6081					
Name of Referenced Project: AFTERMA	ARKET BUS PA	RTS			
Contract No. VARIOUS CONTRACTS					
Contract Amount: \$20,000,000					
Date Services Provided: Not provided					
(list date rai	nge or date serv	ices began unti	"current")		
Vendor's role in Project: ⊠ Prime Ven	dor Sub-	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
		ino, piease spe	City in Addition	mai Comments (below).	
Description of services provided by V	endor:				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service					
a. Responsive					
b. Accuracy					
c. Deliverables					
Vendor's Organization					
a. Staff expertise			\boxtimes		
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project			\boxtimes	П	
b. Deliverables					
2. 2 0 0.0.00					
Additional Comments: (provide on ad	ditional sheet it	f needed)			
EXCELLENT CUSTOMER SERVICE DE	EPARTMENT A	ND ARE RESP	ONSIVE TO	CUSTOMERS NEED.	
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR	
Division/Department: TRANSIT	·	Date of \	Verification: I	ebruary 12, 2018	



Broward County Solicitation No. and Title	Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) The After	market Parts Co	ompany, LLC			
Organization/Firm Name providing refere	ence: METROPO	DLITAN TRANS	IT AUTHORI	ITY	
Contact Name/Title: DON MURPHY / M					
Contact E-mail: DON.MURPHY@RIDEN	IETRO.ORG				
Contact Phone: (713)739-4843					
Name of Referenced Project: MERITOR	PARTS				
Contract No. 7018000042					
Contract Amount: \$4,560 PER YEAR					
Date Services Provided: 12/22/2017 Th					
(list date rar	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ven	dor Sub-	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
,		Tio, picase spe		mai comments (below).	
Description of services provided by V MERITOR PARTS SALES	endor:				
MERITOR PARTS SALES					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Oatisiactory	LACCHETIC	Not Applicable	
1. Vendor's Quality of Service					
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b. Accuracy		\boxtimes			
c. Deliverables		\boxtimes			
2. Vendor's Organization					
a. Staff expertise		\boxtimes			
b. Professionalism		\boxtimes			
c. Turnover		\boxtimes			
3. Timeliness of:	_	_	_	_	
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad	ditional sheet i	f needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	2/13/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) The After	market Parts Co	ompany, LLC	,	
Organization/Firm Name providing refere	ence: CITY OF A	ALBUQUERQU	<u> </u>	
Contact Name/Title: JOSEPH BARRER	AS / PARTS SU	IPERVISOR		
Contact E-mail: JBARRERAS@CABQ.G	OV			
Contact Phone: (505)768-3355				
Name of Referenced Project: TRANSIT	HOLDING INC			
Contract No. 708803				
Contract Amount: \$1,600,000				
Date Services Provided: 7/18/2016 THI				
(list date rar	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ven	dor Sub-	consultant/Sub-	contractor	
Would you use this vendor again? X Ye				onal Comments (below).
,		Tio, picase spe		mai comments (below).
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FOR AFTERMARKET BUS PARTS				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
referenced Vendor:	Improvement	Catisiactory	Execucia	Not Applicable
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b. Accuracy			\boxtimes	
c. Deliverables			\boxtimes	
2. Vendor's Organization				
a. Staff expertise			\boxtimes	
b. Professionalism				
c. Turnover			\boxtimes	
3. Timeliness of:				
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
Additional Comments: (provide on ad	ditional sheet i	f needed)		
References Checked By			4 DELIC: :0=	01105074005
Name: STEPHANIE HENDRICKSON				SUPERVISOR
Division/Department: TRANSIT		Date of '	Verification: 2	2/12/2018



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Chris Walton, Transportation Direct Fransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Cummins, Inc. DBA Cummins Power South Recommended Group(s)/Line Item(s): Line 10 Potential Total Amount: \$ Initial Award Amount: \$ 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 A 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: \bowtie 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 ≤ 2.59 on an evaluation(s). Refer to additional information. $|\overline{\chi}|$ 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: do=cty, do=broward, do=bc, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:45:29 -05'00' SIGNATURE: FOURCADE DATE: 2/14/2018





TRANSPORTATION TRANSIT MAINTENANCE

3201 WEST COPAN ROAD, BLDG 2• POMPANO BEACH, FLORIDA 33301 • 954-357-8431

USER CONCURRENCE – ADDITONAL INFORMATION PERFORMANCE EVALUATION REVIEW

CONTACT NAME: Stephanie Hendrickson, Warehouse Supervisor / Project

Manager

REFERENCE PROJECT:

Contract No. V1267602B1 Bus Parts – New / rebuilt / OEM /

Aftermarket

SUBJECT: Reason for Performance Evaluation of an overall rating

of 2.87 or less and/or "2" or less for individual items.

CONCURRENCE:

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

The Vendor received a rating 2.87 or less on one or more evaluations. Reasons for concurrence in light of this Periodic Construction Evaluation are below.

The Vendor received a score of "2" or less on one or more individual items on past evaluations. Summary of discussion(s) with past Project Manager(s) is denoted below.

START/END DATE: 05/13/16 - 05/12/17

EVALUATION SCORE: 2.87

VENDOR: Cummins Power South LLC

Ms. Del Toro provided additional clarification regarding the 'Cummins Engine Rebuild Exchange', entered on April 25, 2017 and available in Contracts Central where an overall numerical score of 2.87 was received.

Ms. Del Toro verbally conveyed the following:

Cummins Power South LLC has made substantial improvements providing engine warranty services since the last rating period (5/13/2016 to 5/12/2017). Engine failures are now better diagnosed and repaired with fewer reworks for the same failure issues. Projected completion dates warrantable engine repairs are now better met and the

turnaround times have shortened. Parts delays on non-stocked parts for warrantable repairs still exist, but the wait time and frequency have reduced to a more manageable tolerance. Cummins is making an effort to schedule technicians at both Transit garages, simultaneously. Previous issues with fuel dilution has been resolved with the reprograming of the regen cycle, changing the parameters to zero to attain a complete regen cycle. Lastly, monthly meetings with Cummins has fostered more effective communications, improved and a better understanding of services needed related to warranty repairs.



Broward County Solicitation No. and Title	e: TRN2115605	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket	
eference for: (Name of Firm) Cummins, Inc. DBA Cummins Power South					
Organization/Firm Name providing refere	ence: MIAMI DA	DE TRANSIT			
Contact Name/Title: TOMMY LEWIS					
Contact E-mail: FLI@MIAMIDADE.GOV					
Contact Phone: (786)469-5314					
Name of Referenced Project: PARTS/S	ERVICES FOR	BUSES AND S	UPPORT EQ	UIPMENT	
Contract No. 5745-2/14-2					
Contract Amount: \$1,400,000					
Date Services Provided: 4/1/2013 THR	U 3/31/2020				
(list date ra	nge or date serv	ices began unti	l "current")		
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Vendor's role in Project: Prime Ven				and Commonate (balan)	
Would you use this vendor again? ⊠ Ye		No, please spe	city in Additio	onal Comments (below).	
Description of services provided by V					
FOR PARTS AND SERVICES FOR BU	SES AND SUPP	ORT EQUIPMI	ENT		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy			\boxtimes		
c. Deliverables					
2. Vendor's Organization					
a. Staff expertise					
b. Professionalism	Ä			Ä	
c. Turnover				Ä	
3. Timeliness of:					
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b. Deliverables	Ä		\boxtimes	Ä	
Additional Comments: (provide on ad	ditional sheet i	f needed)			
\		,			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: F	ebruary 12 2018	



Broward County Solicitation No. and Titl	e: TRN2115605E	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket
Reference for: (Name of Firm) Cummins	s, Inc. DBA Cum	mins Power So	uth	,
Organization/Firm Name providing refere	ence: MINEQUIF	CORPORATION	ON	
Contact Name/Title: MADELYN BIARR				
Contact E-mail: MBIARRIETA@MINEQI				
Contact Phone: (305)925-4024				
Name of Referenced Project: HEAVY M	ACHINERY ANI	D PARTS		
Contract No. 1060929				
Contract Amount: Not provided				
Date Services Provided: Not provided				
(list date ra	nge or date servi	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ver	odor 🗆 Sub-o	consultant/Sub-	contractor	
Would you use this vendor again? X				onal Comments (below).
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Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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b. Accuracy				
c. Deliverables			\boxtimes	
Vendor's Organization				
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b. Professionalism			\boxtimes	
c. Turnover				
3. Timeliness of:				
a. Project			\boxtimes	П
b. Deliverables				
b. Deliverables				Ш
Additional Comments: (provide on ad	ditional sheet if	f needed)		
(p. 0				
References Checked By				
Name: STEPHANIE HÉNDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT		Date of '	Verification: (02/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Cummins	s, Inc. DBA Cum	mins Power So	uth	•
Organization/Firm Name providing refere	ence: UNIREX C	ORPORATION		
Contact Name/Title: ERNEST GONZAL	.EZ			
Contact E-mail: ERNEST@DIESELPAR	TUSA.COM			
Contact Phone: (305)642-5775				
Name of Referenced Project: CUMMINS	S AND ONAN LI	NE		
Contract No. Not provided				
Contract Amount: Not provided				
Date Services Provided: Not provided				
(list date rai	nge or date serv	ices began unti	"current")	
Vendor's role in Project: ☐ Prime Ven	dor D Sub a	consultant/Sub-	contractor	
Vendor's role in Project: ✓ Prime Ver Would you use this vendor again? ✓ Ye				anal Commente (holow)
,		ivo, piease spe	City in Addition	onal Comments (below).
Description of services provided by V				
TO DISTRIBUTE CUMMINS AND ONA	N LINE PARTS			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive				
b. Accuracy			\boxtimes	
c. Deliverables		\boxtimes		
2. Vendor's Organization				
a. Staff expertise				
b. Professionalism				
c. Turnover		\boxtimes		
3. Timeliness of:		<u> </u>		
a. Project		\boxtimes		П
b. Deliverables				
	_	<u> </u>		
Additional Comments: (provide on ad	ditional sheet if	f needed)		
References Checked By				
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT		Date of \	Verification: (02/14/2018



TO: Marie Williams, Purchasi	ing Agent, Senior
/Purchasing Division	
FROM: Aris Walton, Transporta	ation Director
Transportation Departme	
SUBJECT: Solicitation No.: TRN211	/
Bus Parts: New, Rebuilt,	
Recommended Vendor: Everglades Die	esel Injection Service, Inc.
Recommended Group(s)/Line Item(s): L	
Initial Award Amount: \$	Potential Total Amount: \$
Initial Contract Term: One Year	Contract Term, including Renewals: Three Years
CONCURRENCE:	
	esponse(s) for specification compliance and Vendor responsibility. I
have reviewed all documents includir recommendation for award to the Vei	ng the Vendor Questionnaire and after careful evaluation, I concur with
FINANCIAL BACKGROUND/D & B RE	cial background and/or rating and payment performance.
Not applicable Provide explanation if	
	Section 1
LITIGATION HISTORY: (check one) ⊠ I have reviewed the Litigation History	Form and there is no issue of concern
	he Office of the County Attorney to address an issue/concern.
PAST PERFORMANCE: (check all tha	at apply)
I have reviewed the Vendor's past Perfo	ormance Evaluations in Contracts Central and:
Vendor received an overall rating ≥ 2	
	years contained any items rated a score of 2 or less.
	n evaluation(s). Refer to additional information. n individual item(s). Refer to additional information.
Past evaluations are not relevant to the	
☐ No past Performance Evaluations ex	
	AND
Reference Verification Forms are atta	
Reference Verification Forms are not	OR t required: Commodity only purchase (less than \$250,000); Service
	as a Performance Evaluation within the past three years.
NON-CONCURRENCE:	
☐ I do not concur. Detailed reason for r	non-concurrence is attached.
TYPED NAME OF SIGNER: JAMES FO (Individual authorized to administer the contract.)	
JAMES	Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organization,
SIGNATURE: FOURCADE	DN. do-dry, do-broward, do-bro



Broward County Solicitation No. and Title	e: TRN2115605	B1 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket
Reference for: (Name of Firm) Everglad	es Diesel Injection	on Service, Inc.		
Organization/Firm Name providing refere	ence: FLORIDA	DETROIT DIES	SEL - ALLISO	N
Contact Name/Title: JON FACKLER				
Contact E-mail: J.FACKLER@SSSS.CO	М			
Contact Phone: (954)327-4440				
Name of Referenced Project: INJECTO	R REPAIRS			
Contract No. Not provided				
Contract Amount: \$100,000+				
Date Services Provided: 2006 TO CUR	RENT			
(list date rai	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ven	dor 🗆 Sub-d	consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Ye				onal Comments (below).
Description of services provided by V				mar commonte (bolow).
FUEL INJECTOR/PUMP REPAIR	endor.			
FOEL INSECTOR/FOWIF REPAIR				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
referenced Vendor:	Improvement			
1. Vendor's Quality of Service				
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c. Turnover				
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a. Project			\boxtimes	
b. Deliverables			\boxtimes	
Additional Comments: (provide on ad		,		
STRONGLY ADVISED THAT THIS IS A	HIGHLY RECC	MMEND THIS	VENDOR	
References Checked By			. B.E. 16. 16-	01155574005
Name: STEPHANIE HENDRICKSON				SUPERVISOR
Division/Department: TRANSIT		Date of '	Verification: 2	2/9/2018



Broward County Solicitation No. and Title	e: TRN2115605E	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket
Reference for: (Name of Firm) Everglad	les Diesel Injection	on Service, Inc.	·	
Organization/Firm Name providing refere	ence: SOUTH FL	ORIDA WATE	R MGNT. DIS	STRICT
Contact Name/Title: Phil Perez				
Contact E-mail: ffperez@sfwmd.gov				
Contact Phone: (561)686-8800				
Name of Referenced Project: FUEL INJ	ECTION PUMPS	S REPAIR		
Contract No. Not provided				
Contract Amount: \$4,000 PER PURCH	ASE ORDER			
Date Services Provided: 2008 THRU C	URRENT			
(list date ra	nge or date servi	ices began unti	l "current")	
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Vendor's role in Project: ☐ Prime Ver		consultant/Sub-		
Would you use this vendor again? \boxtimes Ye		No, please spe	city in Additio	onal Comments (below).
Description of services provided by V				
REPAIRS FOR FUEL INJECTION PUM	PS			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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Additional Comments: (provide on ad	ditional sheet if	f needed)		
(,		
References Checked By				
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT			Verification: 2	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Everglade	es Diesel Injection	on Service, Inc.		
Organization/Firm Name providing refere		SERVICES		
Contact Name/Title: KEITH FRIEDMAN				
Contact E-mail: KEITH@GENSETSERV	ICES.COM			
Contact Phone: (954)956-9252				
Name of Referenced Project: CORAL S	PRINGS MEDIC	CAL CENTER		
Contract No. Not provided				
Contract Amount: \$5,000				
Date Services Provided: UNKNOWN				
(list date rar	nge or date servi	ices began unti	"current")	
Vendor's role in Project: ⊠ Prime Ven	dor 🗌 Sub-c	consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Yes	s 🗌 No If	No, please spe	cify in Additio	onal Comments (below).
Description of services provided by Vo	endor:			
REBUILD TURBO CHARGERS AND FL		S		
Discount of the second of the	Manda			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service	improvement			
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c. Deliverables			\boxtimes	
2. Vendor's Organization				
a. Staff expertise				
b. Professionalism				
c. Turnover			\boxtimes	
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Additional Comments: (provide on add	ditional sheet if	f needed)		
BEEN DOING A GREAT JOB FOR OVE		•	KING WITH 1	ГНЕМ
DEEN BOING A GREAT GOD FOR GVE		ARO OF WORK		
References Checked By				
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT		Date of \	Verification: 2	2/9/2018



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Chris Walton, Transportation Direct Fransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Invermol, LLC Recommended Group(s)/Line Item(s): Line 18 Initial Award Amount: \$ Potential Total Amount: \$ 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 A 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: de=cty, de=broward, de=bc, ou=Organization ou=BCTD, ou=Users, on=JAMES FOURCADE Date: 2018.02.15 09:49:02 -05:00' SIGNATURE: FOURCADE DATE: 02/15/2018



Broward County Solicitation No. and Title	e: TRN2115605	B1 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket		
Reference for: (Name of Firm) Invermol	Reference for: (Name of Firm) Invermol, LLC					
Organization/Firm Name providing refere	ence: SUPERTR	ADING USA IN	С			
Contact Name/Title: ADRIANA CAPRIL	ES					
Contact E-mail: ADRIANA.CAPRILES@	SUPERTRADIN	GUSA.COM				
Contact Phone: (305)994-2188						
Name of Referenced Project: LUBRICA	NTS, OILS AND	AUTO PARTS				
Contract No. Not provided						
Contract Amount: \$15,000						
Date Services Provided: 2016 TO CUR	RENT					
(list date rai	nge or date serv	ices began unti	"current")			
Vendor's role in Project: ⊠ Prime Ven	ndor 🗌 Sub-o	concultant/Sub	contractor			
Would you use this vendor again? X Ye				onal Comments (below).		
		ino, piease spe	City in Addition	mai Comments (below).		
Description of services provided by V						
PROVIDER OF OILS, LUBRICANTS, F	ILTERS AND A	JTO PARTS				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
1. Vendor's Quality of Service						
a. Responsive			\bowtie			
b. Accuracy			\boxtimes			
c. Deliverables			\boxtimes			
2. Vendor's Organization			<u> </u>			
a. Staff expertise						
b. Professionalism			\boxtimes			
c. Turnover						
3. Timeliness of:						
a. Project						
b. Deliverables	Ä					
	ш					
Additional Comments: (provide on ad	ditional sheet in	f needed)				
,,		,				
References Checked By						
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR		
Division/Department: TRANSIT		Date of \	/erification: 2	2/12/2018		



Broward County Solicitation No. and Title	e: TRN2115605E	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket	
Reference for: (Name of Firm) Invermol	, LLC				
Organization/Firm Name providing refere	ence: RUSSO IN	ITERNATIONAL	L LLC		
Contact Name/Title: ENRIQUE RODRIG	GUEZ / ADMINIS	STRATIVE MAN	IAGER		
Contact E-mail: ERODRIGUEZ.RUSSO.	INTERNATIONA	L@GMAIL.CO	M		
Contact Phone: (954)326-1077					
Name of Referenced Project: BRAKES	FOR TRUCKS A	AND LUBRICAN	JT		
Contract No. Not provided					
Contract Amount: \$1,500 MONTHLY					
Date Services Provided: 2017 THRU C	URRENT				
(list date ra	nge or date servi	ices began unti	"current")		
Vendor's role in Project: ⊠ Prime Ver	ndor 🗌 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? \boxtimes Ye	es 🗌 No If	No, please spe	cify in Additio	onal Comments (belo	w).
Description of services provided by V	endor:				
BRAKES FOR TRUCKS AND LUBRICA	ANT				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy					
c. Deliverables		\boxtimes			
2. Vendor's Organization		<u> </u>			
a. Staff expertise					
b. Professionalism		\boxtimes			
c. Turnover		\boxtimes			
3. Timeliness of:				_	
a. Project					
b. Deliverables					
Additional Comments: (provide on ad	ditional sheet if	needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE		
Division/Department: TRANSIT		Date of \	Verification: ()2/13/2018	



Reference for: (Name of Firm) Invermol.		B1 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket	
Organization/Firm Name providing reference: FLORIDA BEAUTY					
Contact Name/Title: RAIMUNDO DELG		BEAUTT			
Contact E-mail: RAYD@FLORIDABEAU					
Contact Phone: (305)505-6833	11.00				
Name of Referenced Project: FLUIDS F	OR TRUCKS				
Contract No. Not applicable					
Contract Amount: \$50,000					
Date Services Provided: 4/2017					
(list date rai	nge or date serv	ices began until	"current")		
· · · · · · · · · · · · · · · · · · ·					
Vendor's role in Project: ☐ Prime Ven		consultant/Sub-			\
Would you use this vendor again? ⊠ Ye		No, piease spe	city in Additio	onal Comments (belo	W).
Description of services provided by V					
PURCHASE OF FLUIDS AND PARTSF	OR TRUCKS				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			\bowtie		
b. Accuracy					
c. Deliverables					
2. Vendor's Organization					
a. Staff expertise					
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad		,			
SERVICE HAS BEEN EXCELLENT AN				E HAVE BEEN ABLE	E TO
DEVELOP A NEW LINE OF SERVICE	AND VENDOR I	S HIGHLY REC	OMMENED		
D (
References Checked By		T:41a. \A/	A DELICITOR	CLIDED\/ICOD	
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	/erification: (JZ/ 13/ZU 10	



TO: Marie Williams, Purchasing Agent, Senior urchasing Division FROM: Ars Walton, Transportation Dire ransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: KVP Enterprises, Inc. DBA Expert Diesel Recommended Group(s)/Line Item(s): Line 10 Initial Award Amount: \$ Potential Total Amount: \$ 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: \bowtie 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: do-cty, do-broward, do-bo, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:46:39 -05'00' SIGNATURE: FOURCADE DATE: 2/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) KVP Enter	erprises, Inc. DB	BA Expert Diese	<u> </u>	·	
Organization/Firm Name providing reference: CITY OF LAUDERHILL					
Contact Name/Title: RONALD ROLISON / FLEET MAINT. SUPERINTENDENT LAUDERHILL FIRE DEPT.					
Contact E-mail: RROLISON@LAUDERH	HILL-FL.GOV				
Contact Phone: (954)303-0487					
Name of Referenced Project: CUMMINS	S PARTS AND S	SERVICES			
Contract No. Not provided					
Contract Amount: \$30,000 ANNUALLY					
Date Services Provided: 2008 THRU CURRENT					
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ven	ndor 🗌 Sub-o	consultant/Sub-	contractor		
Would you use this vendor again? ✓ Ye				onal Comments (below).	
			——————————————————————————————————————	mai commente (bolow).	
Description of services provided by V CUMMINS AUTHORIZED DEALER FOR		DTC AND CED	VICES		
COMMINS AUTHORIZED DEALER FOI	R CUIVIIVIINS PA	AR IS AND SER	VICES		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			\boxtimes		
b. Accuracy					
c. Deliverables			\boxtimes		
2. Vendor's Organization			2		
a. Staff expertise					
b. Professionalism					
c. Turnover			\boxtimes		
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
				_	
Additional Comments: (provide on ad	ditional sheet i	f needed)			
HIGHLY RECOMMENDED FOR EXPER	RTISE AND KNO	OWLEDGE IN (CUMMINS PA	ARTS AND SERVICE.	
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	2/14/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) KVP Enter	erprises, Inc. DB	A Expert Diese	I	, ,	
Organization/Firm Name providing reference: CITY OF BOYNTON BEACH					
Contact Name/Title: RAMON DAUTA / FLEET MAINTENANCE SUPERVISOR					
Contact E-mail: DAUTAR@BBFL.US					
Contact Phone: (561)573-4957					
Name of Referenced Project: Not Provide	ded				
Contract No. 291272(17)					
Contract Amount: \$35,000 ANNUALLY					
Date Services Provided: EXPIRES 11/	17/2018				
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ven	odor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
,		ino, piease spe	city in Addition	mai Comments (below).	
Description of services provided by V					
AUTHORIZED DEALER AUTO AND TR	RUCK PARTS				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy					
c. Deliverables				П	
Vendor's Organization			2_3		
a. Staff expertise					
b. Professionalism				\Box	
c. Turnover			\boxtimes	\Box	
3. Timeliness of:			2		
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
	_	_			
Additional Comments: (provide on ad	ditional sheet i	f needed)			
WELL TRAINED STAFF, KNOWLEDG	ABLE AND FRIE	ENDLY SERVIC	E		
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	2/14/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) KVP Enterprises, Inc. DBA Expert Diesel					
Organization/Firm Name providing refere	Organization/Firm Name providing reference: CITY OF HIALEAH				
Contact Name/Title: JUSTO ESPINOSA	YTRUCK SHOP	SUPERVISOR			
Contact E-mail: JBESPINOSA@HIALEA	HFL.GOV				
Contact Phone: (305)815-9456					
Name of Referenced Project: HEAVY E	QUIPMENT REI	PAIRS AND PA	RTS		
Contract No. Not provided					
Contract Amount: \$100,000					
Date Services Provided: 2003 THRU C	URRENT				
(list date ra	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ver	ndor 🗌 Sub-o	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
,		ino, piease spe	City in Addition	mai Comments (below).	
Description of services provided by V					
HEAVY EQUIPMENT REPAIRS AND P	ARTS				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy			\boxtimes		
c. Deliverables			\boxtimes		
2. Vendor's Organization					
a. Staff expertise					
b. Professionalism			\boxtimes		
c. Turnover			\boxtimes		
3. Timeliness of:	_	_		_	
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad	ditional sheet it	f needed)			
HAVE BEEN WORKING WITH THEM F	_		PROFESSIO	ONAL,	
KNOWLEDGABLE AND TAKES CARE	OF CUSTOME	RS NEEDS.			
References Checked By			4 DELIC: :0=	01105074005	
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	2/12/2018	



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Chris Walton, Transportation Depart Fransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: M& H Automotive, Inc. Recommended Group(s)/Line Item(s): Lines 2, 4, 6, 8, 19 and 22 Potential Total Amount: \$ Initial Award Amount: \$ Contract Term, including Renewals: Three Years Initial Contract Term: One Year CONCURRENCE: The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I A 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: \bowtie 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: de=cty, de=broward, de=bc, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:44:57 -05'00' SIGNATURE: FOURCADE

DATE: 02/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) M& H Au	tomotive, Inc.		•	•	
Organization/Firm Name providing reference: BROWARD COUNTY FLEET SERVICES DIVISION					
Contact Name/Title: JACOB PORRAS/F	FLEET MANAGE	EMENT SUPER	INTENDENT	-	
Contact E-mail: JPORRAS@BROWARD	O.ORG				
Contact Phone: (954)357-6477					
Name of Referenced Project: OEM MIS	CELLANEOUS	AUTO PARTS			
Contract No. V1172505X1_3					
Contract Amount: \$105,000					
Date Services Provided: 9/01/2014 THRU 2/10/2018					
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ☐ Prime Ven	ndor 🗌 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
,		140, picase spe	ony in Addition	mai comments (below).	
Description of services provided by V					
AFTERMARKET AUTO PARTS SALES	AND SERVICE				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			\boxtimes		
b. Accuracy					
c. Deliverables			\boxtimes		
2. Vendor's Organization				_	
a. Staff expertise					
b. Professionalism			\boxtimes	$\overline{\Box}$	
c. Turnover				\boxtimes	
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad	ditional sheet it	f needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	Verification: 2	2/12/2018	



Broward County Solicitation No. and Title	: TRN2115605E	B1 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket	
Reference for: (Name of Firm) M& H Automotive, Inc.					
Organization/Firm Name providing reference: CITY OF PLANTATION					
Contact Name/Title: TRACY GILBERTO					
Contact E-mail: TGILBERTO@PLANTAT	TION.ORG				
Contact Phone: (954)452-2553					
Name of Referenced Project: AUTOMO	TIVE PARTS				
Contract No. Not applicable					
Contract Amount: Not provided					
Date Services Provided: PRIOR TO 1994 THRU CURRENT					
(list date rar	nge or date servi	ices began unti	"current")		
Vendor's role in Project: ☐ Prime Vendor	dor 🗆 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Yes				onal Comments (below))_
Description of services provided by Vo					
Description of services provided by W	endor.				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Catisiactory	LXCellent	Not Applicable	
 Vendor's Quality of Service 					
a. Responsive			\boxtimes		
b. Accuracy			\boxtimes		
c. Deliverables			\boxtimes		
2. Vendor's Organization	_	_	_		
a. Staff expertise			\bowtie		
b. Professionalism			\boxtimes	$\overline{\Box}$	
c. Turnover			\boxtimes	$\overline{\Box}$	
3. Timeliness of:					
a. Project					
b. Deliverables			\boxtimes		
Additional Comments: (provide on add	ditional sheet if	f needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	erification: 2	2/12/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) M& H Automotive, Inc. Organization/Firm Name providing reference: CITY OF MARGATE					
Contact Name/Title: JIM HOYLE	ence. CTTY OF N	MARGATE			

Contact Phone: (05.4)279.0499	L.COM				
Contact Phone: (954)972-8126) TIVE / TDU IOU D	ADTO			
Name of Referenced Project: AUTOMO	JIIVE/IRUCK PA	ARIS			
Contract Amount: #45 000 DED VEAD	FOD A VEADO				
Contract Amount: \$45,000 PER YEAR	FUR 3 YEARS				
Date Services Provided: 10/2016 THRU 10/2019 (list date range or date services began until "current")					
(list date ra	ange or date serv	ices began until	"current")		
Vendor's role in Project: ⊠ Prime Ve	ndor 🗌 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ You	es 🗌 No If	No, please spe	cify in Additio	onal Comments (below).	
Description of services provided by	Vendor:				
,					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	improvement				
a. Responsive					
·					
b. Accuracyc. Deliverables					
2. Vendor's Organization					
a. Staff expertise b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project b. Deliverables					
b. Deliverables					
Additional Comments: (provide on ac	dditional sheet it	f needed)			
GREAT SERVICE, PRICES, AND KNO		i necaca,			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE		
Division/Department: TRANSIT		Date of \	/erification: 2	2/7/2018	



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Ans Walton, Transportation Direct ransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Midwest Bus Corporation Recommended Group(s)/Line Item(s): Lines 1-2, 4, 6, 8, 14-16 and 18-22 Initial Award Amount: \$ Potential Total Amount: \$ Contract Term, including Renewals: Three Years Initial Contract Term: One Year 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: \bowtie 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: do=cty, do=broward, do=bc, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.15 12:05:58 -05'00' SIGNATURE: FOURCADE DATE: 02/15/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Midwest Bus Corporation					
Organization/Firm Name providing reference: SOUTH CENTRAL TRANSIT AUTHORITY					
Contact Name/Title: JOE EVANS / DIRE					
Contact E-mail: JEVANS@SCTAPA.COI	M				
Contact Phone: (610)406-4508					
Name of Referenced Project: PARTS PI	ROCUREMENT				
Contract No. 11-2017					
Contract Amount: \$4,663					
Date Services Provided: 8/1/2017 THRU 6/30/2018					
(list date rar	nge or date serv	ices began until	"current")		
Vendor's role in Project: ⊠ Prime Ven	dor 🗆 Sub-c	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye				onal Comments (below	v).
Description of services provided by V	endor:				
PARTS PROCUREMENT					
Discourate very experience with the	Neede				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	improvement				
a. Responsive					
b. Accuracy					
c. Deliverables		\boxtimes			
Vendor's Organization					
a. Staff expertise					
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project b. Deliverables					
b. Deliverables					
Additional Comments: (provide on add	ditional sheet it	i needed)			
radicional Commencer (provide on ad-	antional onoot i	inocuou,			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR	
Division/Department: TRANSIT		Date of \	/erification: ()2/13/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Midwest Bus Corporation					
Organization/Firm Name providing refere	ence: MTA BUS	COMPANY			
Contact Name/Title: GREG MOSES / M	IANAGER OF PI	ROCUREMENT	-		
Contact E-mail: GREGG.MOSES@NYC	T.COM				
Contact Phone: (718)888-6244					
Name of Referenced Project: PARTS					
Contract No. PRB173283A					
Contract Amount: \$99,000					
Date Services Provided: 1/2018 THRU	4/2019				
(list date ra	nge or date serv	ices began unti	l "current")		
Nandaria nala in Dusia st. Duine Nan		a a sa a culta sa t/C cula			
Vendor's role in Project: Prime Ver		consultant/Sub-		and Commonte (bolo	\
Would you use this vendor again? ⊠ Ye		ino, piease spe	city in Additio	onal Comments (belo	w).
Description of services provided by V	endor:				
TO PURCHASE BUS PARTS					
Please rate your experience with the	Needs				
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy					
c. Deliverables					
Vendor's Organization					
a. Staff expertise					
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project					
b. Deliverables					
2. 20.1.0.43.00					
Additional Comments: (provide on ad	ditional sheet if	f needed)			
"		,			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR	
Division/Department: TRANIST		Date of \	Verification: 2	2/15/2018	



Broward County Solicitation No. and Title	: TRN2115605E	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket	
Reference for: (Name of Firm) Midwest Bus Corporation					
Organization/Firm Name providing reference: SMARTBUS					
Contact Name/Title: ADAM ROBINSON		ONTROL SUPE	RVISOR		
Contact E-mail: AROBINSON@SMARTE	BUS.ORG				
Contact Phone: (586)421-6570					
Name of Referenced Project: BUS PAR	TS				
Contract No. Not provided					
Contract Amount: Not provided					
Date Services Provided: Not provided					
(list date rar	nge or date servi	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ven	dor 🗆 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Yes				onal Comments (below).	
Description of services provided by V		. то, р.ос.ос оро		(201011)	
BUS PARTS PURCHASE	endor.				
BUS FARTS FURCHASE					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Oatisiactory	LXCellent	Not Applicable	
 Vendor's Quality of Service 					
a. Responsive					
b. Accuracy					
c. Deliverables			\boxtimes		
2. Vendor's Organization	_	_	_	_	
a. Staff expertise				П	
b. Professionalism			\boxtimes	$\overline{\Box}$	
c. Turnover			\boxtimes		
3. Timeliness of:			<u> </u>		
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on add	ditional sheet if	needed)			
		-			
References Checked By					
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR	
Division/Department: TRANSIT		Date of \	Verification: 2	2/15/2018	



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Walton, Transportation Direct ansportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Mohawk Manufacturing & Supply Company Recommended Group(s)/Line Item(s): Lines 1-23 Initial Award Amount: \$ Potential Total Amount: \$ 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: do-cty, do-broward, do-bc, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:44:37 -05'00' SIGNATURE: FOURCADE DATE: 2/14/2018





TRANSPORTATION TRANSIT MAINTENANCE

3201 WEST COPAN ROAD, BLDG 2• POMPANO BEACH, FLORIDA 33301 • 954-357-8431

USER CONCURRENCE – ADDITONAL INFORMATION PERFORMANCE EVALUATION REVIEW

CONTACT NAME: Stephanie Hendrickson, Warehouse Supervisor / Project

Manager

REFERENCE PROJECT:

Contract No. V1267602B1 Bus Parts – New / rebuilt / OEM /

Aftermarket

SUBJECT: Reason for Performance Evaluation of an overall rating

of 2.59 or less and/or "2" or less for individual items.

CONCURRENCE:

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

The Vendor received a rating 2.59 or less on one or more evaluations. Reasons for concurrence in light of this Periodic Construction Evaluation are below.

The Vendor received a score of "2" or less on one or more individual items on past evaluations. Summary of discussion(s) with past Project Manager(s) is denoted below.

START/END DATE: 02/10/15 - 02/09/18

EVALUATION SCORE: 3.05

VENDOR: Mohawk Manufacturing & Supply Co.

Ms. Hendrickson provided additional clarification regarding the 'Final Bus Parts Evaluation', entered on January 17, 2018 and available in Contracts Central where an overall numerical score of 3.05 was received.

Ms. Hendrickson verbally conveyed the following:

The Vendor initially quoted a lead time that was in stock at the time of quote. However, once purchase order was received, the lead time changed and item was expected to be shipped 30 days from date of purchase order. This has only occurred approximately 2 to 3 times out of the length of the contract.



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Mohawk Manufacturing & Supply Company					
Organization/Firm Name providing reference: MIAMI DADE TRANSIT					
Contact Name/Title: MIKE EVANS / LOGISTICS AND INVENTORY MANAGER					
Contact E-mail: EVANS@MIAMIDADE.C	SOV				
Contact Phone: (305)638-7221					
Name of Referenced Project: PROCUR	EMENT OF BUS	SPARTS			
Contract No. Not provided					
Contract Amount: Not provided					
Date Services Provided: 11/2016 TO C	URRENT				
(list date rai	nge or date serv	ices began unti	"current")		
Vendor's role in Project: ☐ Prime Ven	ndor 🗌 Sub-d	concultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
,		no, piease spe	City in Addition	mai Comments (below).	
Description of services provided by V		ODADTO			
VENDOR SUPPLIED BUS BRAKE AND	VARIOUS BU	SPARIS			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service					
a. Responsive					
b. Accuracy					
c. Deliverables					
Vendor's Organization					
a. Staff expertise					
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project			\boxtimes	П	
b. Deliverables			\boxtimes	П	
	_	_	_		
Additional Comments: (provide on ad	ditional sheet it	f needed)			
References Checked By				0115551/1005	
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT/TRANSI	PORTATION	Date of \	/erification: F	February 07, 2018	



Broward County Solicitation No. and Title	≆ TRN2115605E	31 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket		
Reference for: (Name of Firm) Mohawk	Manufacturing &	Supply Compa	any			
Organization/Firm Name providing reference: NEW YORK CITY TRANSIT AGENCY						
Contact Name/Title: MATTHEW PINKSTON / PROCUREMENT SPECIALIST						
Contact E-mail: MATTHEW.PINKSTON	®NYCT.COM					
Contact Phone: (646)252-6250						
Name of Referenced Project: PROCUR	EMENT OF A/C	PULLEYS				
Contract No. 19812						
Contract Amount: \$110,000						
Date Services Provided: 1/2018 through						
(list date rar	nge or date servi	ices began unti	"current")			
Vendor's role in Project: ⊠ Prime Ven	dor Sub-c	consultant/Sub-	contractor			
Would you use this vendor again? ⊠ Ye				onal Comments (below).		
			ony in Addition	mai comments (below).		
Description of services provided by V						
VENDOR SUPPLIED AIR CONDITIONE	R PULLEYS					
Please rate your experience with the	Needs	Catiofactomy	Eveellent	Not Applicable		
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable		
1. Vendor's Quality of Service						
a. Responsive			\boxtimes			
b. Accuracy						
c. Deliverables			\boxtimes			
2. Vendor's Organization						
a. Staff expertise				П		
b. Professionalism			\boxtimes			
c. Turnover			\boxtimes	Ī		
3. Timeliness of:			<u> </u>			
a. Project			\boxtimes			
b. Deliverables			\boxtimes			
Additional Comments: (provide on ad	ditional sheet if	f needed)				
References Checked By						
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR		
Division/Department: TRANSIT/TRANSF	PORTATION	Date of \	/erification: F	ebruary 07, 2018		



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket Reference for: (Name of Firm) Mohawk Manufacturing & Supply Company Organization/Firm Name providing reference: PACEBUS - SUBURBAN BUS DIVISION Contact Name/Title: AMANDA BODOR / CONTRACT BUYER Contact E-mail: AMANDA.BODOR@PACEBUS.COM Contact Phone: (847)228-2370 Name of Referenced Project: SHOCK ABSORBOR											
						Contract No. 226757					
						Contract Amount: \$9,480 Date Services Provided: 1/25/2018 THRU 1/25/2020					
						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 V	endor:				
VENDOR SUPPLIED SHOCK ABSORI											
Diagon rate value experience with the	Noodo										
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable							
Vendor's Quality of Service	provomon										
a. Responsive											
b. Accuracy											
c. Deliverables											
Vendor's Organization											
a. Staff expertise											
b. Professionalism											
c. Turnover											
3. Timeliness of:											
a. Project			\boxtimes								
b. Deliverables											
b. Deliverables											
Additional Comments: (provide on ad	ditional sheet if	needed)									
VENDOR HAS BEEN A GREAT SERVI		•	COURTEOU	S AND PROFESSI	ONAL						
IN THEIR SERVICES.											
References Checked By											
Name: STEPHANIE HENDRICKSON	Title: W	Title: WAREHOUSE SUPERVISOR									
Division/Department: TRANSIT/TRANSI	Date of \	Date of Verification: February 07, 2018									



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Shris Walton, Transportation Director Transportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Muncie Reclamation and Supply Company Recommended Group(s)/Line Item(s): Lines 1-23 Initial Award Amount: \$ Potential Total Amount: \$ 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 A 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: \bowtie 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organizatio ou=BCTD, ou=Users, cn=JAMES FOURCADE SIGNATURE: FOURCADE Date: 2018.02.14 14:36:13 -05'00' DATE: 02/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Muncie Reclamation and Supply Company				
Organization/Firm Name providing refere	ence: NEW YOR	K CITY TRANS	SIT	
Contact Name/Title: STEPHEN WALTE				NT DEPARTMENT
Contact E-mail: STEPHEN.WALTER@N				
Contact Phone: (646)252-6081				
Name of Referenced Project: AFTERMA	ARKET BUS PA	RTS		
Contract No. VARIOUS CONTRACTS				
Contract Amount: \$3,000,000				
Date Services Provided: Not provided				
(list date rai	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ven	odor 🗆 Sub (consultant/Sub-	contractor	
Would you use this vendor again? X Ye				onal Comments (below).
•		ino, piease spe	city in Addition	mai Comments (below).
Description of services provided by V	endor:			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive				
b. Accuracy				
c. Deliverables				
Vendor's Organization				
a. Staff expertise				
b. Professionalism			\boxtimes	
c. Turnover				
3. Timeliness of:				
a. Project			\boxtimes	П
b. Deliverables				Ä
Additional Comments: (provide on ad	ditional sheet it	f needed)		
EXCELLENT CUSTOMER SERVICE DI		•	ONSIVE TO	CUSTOMERS NEED.
References Checked By				
Name: STEPHANIE HENDRICKSON				SUPERVISOR
Division/Department: TRANSIT		Date of '	Verification: 2	2/12/2018



Broward County Solicitation No. and Title	e: TRN2115605I	B1 - Bus Parts:	New, Rebuilt	, OEM, Aftermarket
Reference for: (Name of Firm) Muncie Reclamation and Supply Company				
Organization/Firm Name providing refere	ence: CENTRAL	OHIO TRANSI	T AUTHORI	ΓΥ
Contact Name/Title: KEVIN CHRISTOP	HER			
Contact E-mail: CHRISTOPHERK@CO				
Contact Phone: (614)275-5934				
Name of Referenced Project: BUS PAR	TS			
Contract No. Not provided				
Contract Amount: \$300,000				
Date Services Provided: 1998 THRU CURRENT				
(list date rai	nge or date serv	ices began unti	l "current")	
Vandaria rala in Brainati	dor Cub (consultant/Sub-	oontrootor	
Vendor's role in Project: ⊠ Prime Ven Would you use this vendor again? ⊠ Ye				anal Commente (halaw)
		ino, piease spe	City in Addition	onal Comments (below).
Description of services provided by V	endor:			
BUS PARTS SALES AND SERVICE				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive		\boxtimes		
b. Accuracy		\boxtimes		
c. Deliverables		\boxtimes		Ä
2. Vendor's Organization				
a. Staff expertise		\boxtimes		
b. Professionalism		\boxtimes		
c. Turnover		\boxtimes		
3. Timeliness of:				
a. Project		\boxtimes		
b. Deliverables		\boxtimes		
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Additional Comments: (provide on ad	ditional sheet i	f needed)		
GOOD SUPPLIER AND WOULD RECO	MMEND			
References Checked By		T10 NA	4 DELIGNOS	CLIDED\/ICCD
Name: STEPHANIE HENDRICKSON Division/Department: TRANSIT			AREHOUSE Verification: 3	SUPERVISOR
TAVISION/DEDAILINENT TRANSIT		DAILE OF	v = 1111021110111	(11/1/11/0



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Muncie F	Reclamation and	Supply Compa	inv	, ozim, ritormantot	
Organization/Firm Name providing refere	ence: JACKSON	VILLE TRANSI	T AUTHORI	ΓΥ	
Contact Name/Title: KATHY RICHTERS					
Contact E-mail: KRICHTERS@JTAFLA.	COM				
Contact Phone: (904)598-8751					
Name of Referenced Project: BRAKE P	ARTS				
Contract No. 15-015					
Contract Amount: Not provided					
Date Services Provided: 8/12/2015 TH	Date Services Provided: 8/12/2015 THRU 8/11/2017				
(list date rai	nge or date serv	ices began unti	I "current")		
Vandaria rala in Drainati. Drima Van	مادی 🗆 دیام	aanaultant/Cub			
Vendor's role in Project: Prime Ven		consultant/Sub-		and Comments (helev)	
Would you use this vendor again? ⊠ Ye		no, piease spe	city in Addition	onal Comments (below).	
Description of services provided by V	endor:				
PURCHASE OF BRAKE PARTS					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive		\boxtimes			
b. Accuracy		\boxtimes			
c. Deliverables		\boxtimes	\Box		
2. Vendor's Organization					
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b. Professionalism	Ä	\boxtimes	Ä	Ä	
c. Turnover		\boxtimes	Ä	Ī	
3. Timeliness of:					
a. Project					
b. Deliverables		\boxtimes			
	_				
Additional Comments: (provide on ad	ditional sheet it	f needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification:		



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Offis Walton, Transportation Dire ransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Neopart Transit, LLC Recommended Group(s)/Line Item(s): Lines 1-23 Initial Award Amount: \$ Potential Total Amount: \$ 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: \bowtie 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 ≤ 2.59 on an evaluation(s). Refer to additional information. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: do-ety, do-broward, do-bc, ou=Organization ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.15 09:29:46 -05'00' SIGNATURE: FOURCADE DATE: 02/15/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Neopart Transit, LLC					
Organization/Firm Name providing refere	nce: TRI-MET T	RANSPORTAT	TION DISTRI	CT OF OREGON	
Contact Name/Title: SHANE JONES					
Contact E-mail: JONESS@TRIMET.ORG	}				
Contact Phone: (503)962-4869					
Name of Referenced Project: BRAKES A	AND AXLES				
Contract No. BI140489MT					
Contract Amount: \$299,000					
Date Services Provided: 3/2014 THRU					
(list date ran	ige or date servi	ces began until	"current")		
Vendor's role in Project: ⊠ Prime Vendor	dor Sub-c	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Yes				onal Comments (below	w).
Description of services provided by Ve				,	$\stackrel{'}{-}$
PURCHASE OF BRAKE AND AXLE PA					
I ONOMAGE OF BRAKE AND AREETA	IX 10				
Diagon water warm and an account to the	Masala				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	mprovement				
a. Responsive					
·					
b. Accuracyc. Deliverables					
Vendor's Organization a. Staff expertise					
b. Professionalism					
c. Turnover			\boxtimes		
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables					
b. Deliverables	Ш			Ш	
Additional Comments: (provide on add	ditional sheet if	needed)			
QUICK RESPONSES AND ALWAYS OF		,			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	/erification: ()2/14/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Neopart	Transit, LLC				
Organization/Firm Name providing refere	ence: Southeaste	ern Pennsylvan	ia Transporta	tion Authority - SEPT	A
Contact Name/Title: JOHN VITO		-	-		
Contact E-mail: JVITO@SEPTA.ORG					
Contact Phone: (215)580-8254					
Name of Referenced Project: VENDOR	MANAGEMENT	「PROGRAM			
Contract No. Not provided					
Contract Amount: \$2,000,000					
Date Services Provided: 2/2016 THRU	2/2021				
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ☐ Prime Ven	ndor 🗌 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye				onal Comments (below	v).
Description of services provided by V				•	
VENDOR MANAGEMENT PROGRAM		ORY AND REF	LENISHMEN	NT OF NEEDED ITEM	S
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	improvement				
•					
a. Responsive					
b. Accuracy					
c. Deliverables					
2. Vendor's Organization					
a. Staff expertise			\boxtimes		
b. Professionalism					
c. Turnover		\boxtimes			
3. Timeliness of:					
a. Project					
b. Deliverables		\boxtimes			
Additional Comments: (provide on ad	ditional sheet it	f needed)			
(provide on all					
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: (02/14/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Neopart	Transit, LLC		· · · · · · · · · · · · · · · · · · ·	· ·
Organization/Firm Name providing refere		THORITY OF A	LLEGHENY	COUNTY
Contact Name/Title: JOHN DEANGELIST				
Contact E-mail: JDEANGELIS@PORTA	UTHORITY.ORG	3		
Contact Phone: (412)566-5481				
Name of Referenced Project: AIR, OIL,	AND FUEL FILT	ERS		
Contract No. B160873A-01				
Contract Amount: \$88,410				
Date Services Provided: 2/27/2017 THRU 2/26/2019				
(list date ra	nge or date servi	ices began unti	l "current")	
Vendor's role in Project: ☐ Prime Ven	odor 🗆 Sub-o	consultant/Sub-	contractor	
Would you use this vendor again? ✓ Year Year Year Year Year Year Year Year				onal Comments (below).
Description of services provided by V				
PURCHASE OF AIR, OIL, AND FUEL F	ILIEKS			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	•			
a. Responsive				
b. Accuracy			\boxtimes	
c. Deliverables				
2. Vendor's Organization				Ш
a. Staff expertise				
b. Professionalism				
c. Turnover				
3. Timeliness of:				
a. Project			\boxtimes	П
b. Deliverables			\boxtimes	
	_	_	_	_
Additional Comments: (provide on ad	ditional sheet if	f needed)		
NEVER HAD ANY PROBLEMS				
References Checked By		T:(1	A DELICTION	CLIDED\/ICCD
Name: STEPHANIE HENDRICKSON Division/Department: TRANSIT				SUPERVISOR
DIVISION/DEDARMENC TRANSH		Date of	Verification: (JZ/ 13/ZU 10



TO:	Marie Williams, Purchasing Agen	t, Senior
FROM:	Purchasing Division Chris Walton, Transportation Dire Transportation Department	etor 176
SUBJECT:	Solicitation No.: TRN2115605B1	*
	Bus Parts: New, Rebuilt, OEM, At	ftermarket
	d Vendor: Reliable Transmission S d Group(s)/Line Item(s): Line 13	Potential Total Amount: \$
	Term: One Year	Contract Term, including Renewals: Three Years
have review	has reviewed Vendor's response	s) for specification compliance and Vendor responsibility. I ndor Questionnaire and after careful evaluation, I concur with
☐ I am satisfie	ACKGROUND/D & B REPORT: (d with the Vendor's financial back ble Provide explanation if choosing	ground and/or rating and payment performance.
☐ I have review	IISTORY: (check one) wed the Litigation History Form an litional information from the Office	d there is no issue of concern. of the County Attorney to address an issue/concern.
	RMANCE: (check all that apply) d the Vendor's past Performance I	Evaluations in Contracts Central and:
No evaluationVendor receonVendor receonPast evaluation	ived a rating ≤ 2.59 on an evaluat	stained any items rated a score of 2 or less. ion(s). Refer to additional information. al item(s). Refer to additional information. of this contract.
⊠ Reference V	erification Forms are attached.	
Reference V	erification Forms are not required 0,000 and the Vendor has a Perfo	OR : Commodity only purchase (less than \$250,000); Service rmance Evaluation within the past three years.
	RRENCE: cur. Detailed reason for non-concu OF SIGNER: Leston L zed to administer the contract.)	urrence is attached. cefler TITLE: Transit Superintendant
SIGNATURE:	Juston Daffer	DATE: 2/16/18





TRANSPORTATION TRANSIT MAINTENANCE

3201 WEST COPAN ROAD, BLDG 2• POMPANO BEACH, FLORIDA 33301 • 954-357-8431

USER CONCURRENCE – ADDITONAL INFORMATION PERFORMANCE EVALUATION REVIEW

CONTACT NAME: Stephanie Hendrickson, Warehouse Supervisor / Project

Manager

REFERENCE PROJECT:

Contract No. V1267602B1 Bus Parts – New / rebuilt / OEM /

Aftermarket

SUBJECT: Reason for Performance Evaluation of an overall rating

of 3.17 or less and/or "2" or less for individual items.

CONCURRENCE:

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

The Vendor received a rating 3.20 or less on one or more evaluations. Reasons for concurrence in light of this Periodic Construction Evaluation are below.

The Vendor received a score of "2" or less on one or more individual items on past evaluations. Summary of discussion(s) with past Project Manager(s) is denoted below.

START/END DATE: 02/10/15 - 02/09/18

EVALUATION SCORE: 3.17

VENDOR: Reliable Transmission Service Inc.

Ms. Hendrickson provided additional clarification regarding the 'Final Bus Parts Evaluation', entered on January 17, 2018 and available in Contracts Central where an overall numerical score of 3.17 was received.

Ms. Hendrickson verbally conveyed the following:

The Vendor initially quoted a lead time that was in stock at the time of quote. However, once purchase order was received, the lead time changed and item was expected to be shipped 30 days from date of purchase order. This has only occurred approximately 2 to 3 times out of the length of the contract.



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Reliable Transmission Service, Inc.					
Organization/Firm Name providing refere	ence: CITY OF T	AMPA FLEET	MAINTENAN	CE	
Contact Name/Title: WILLIAM MARRER					
Contact E-mail: WILLIAM.MARRERO@T					
Contact Phone: (813)348-1007					
Name of Referenced Project: ALLISON	TRANSMISSIO	NS OVERHAUI	EXCHANG	E AND REPAIR	
Contract No. 11082615					
Contract Amount: \$100,000					
Date Services Provided: 5/2010 THRU CURRENT					
(list date rar	nge or date servi	ices began unti	"current")		
Vandaria rala in Drainati M Drima Van	مامت 🗆 درمام				
Vendor's role in Project: Prime Ven		consultant/Sub-		and Commonts (holo	\
Would you use this vendor again? ⊠ Yes		ivo, piease spe	city in Additio	onal Comments (below	N).
Description of services provided by Vo					
ALLISON TRANSMISSIONS OVERHAL	JL EXCHANGE	AND REPAIR			
Please rate your experience with the	Needs	Catiofootowy	Evacllant	Not Applicable	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
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b. Accuracy					
c. Deliverables			\boxtimes		
2. Vendor's Organization					
a. Staff expertise					
b. Professionalism			\boxtimes		
c. Turnover			\boxtimes	Ī	
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on add	ditional sheet if	needed)			
OUTSTANDING SERVICE, PROMPT AI	ND PROFESSION	ONAL			
References Checked By			. = =		
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	Verification: 2	2/15/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Reliable Transmission Service, Inc.				
Organization/Firm Name providing refere			LIC SCHOO	LS
Contact Name/Title: LAMAR STEADHA	M / PARTS CO	ORDINATOR		
Contact E-mail: STEADHLG@GM.SBAC				
Contact Phone: (352)955-7602 EXT.172	6			
Name of Referenced Project: PARTS A	ND SERVICES			
Contract No. Not provided				
Contract Amount: Not provided				
Date Services Provided: Not provided				
(list date ra	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ver	ndor 🗆 Sub-o	consultant/Sub-	contractor	
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Would you use this vendor again? ⊠ Ye		ivo, piease spe	City in Addition	onal Comments (below).
Description of services provided by V				
PURCHASE OF PARTS AND TRANSM	ISSION			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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b. Accuracy			\boxtimes	
c. Deliverables				Ä
2. Vendor's Organization				
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b. Professionalism				
c. Turnover			\boxtimes	
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b. Deliverables			\boxtimes	
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Additional Comments: (provide on ad	ditional sheet i	f needed)		
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Name: STEPHANIE HENDRICKSON Division/Department: TRANSIT			AREHOUSE Verification: (SUPERVISOR
DIVISION/DEDAMMENT: TRANSU		Date of	venucation, i	1// In//UIX



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Reliable	Transmission Se	ervice, Inc.		•
Organization/Firm Name providing refere			A INC.	
Contact Name/Title: JOHN SAPPET / F	LEET MANAGE	R FOR PALM (COAST DIVIS	SION
Contact E-mail: jsappet@wasteprousa.c	om			
Contact Phone: (386)931-2554				
Name of Referenced Project: Not provide	ded			
Contract No. Not applicable				
Contract Amount: \$20,000				
Date Services Provided: 2006 THRU C				
(list date rai	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ☐ Prime Ven	ndor 🗌 Sub-o	consultant/Sub-	contractor	
Would you use this vendor again? X Ye				onal Comments (below).
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Description of services provided by V		ENGENIT		
AUTOMATIC TRANSMISSION REPAIR	AND REPLAC	EMENI		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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b. Accuracy				
c. Deliverables				
2. Vendor's Organization			2 3	
a. Staff expertise				
b. Professionalism				
c. Turnover			\boxtimes	
3. Timeliness of:			2	
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
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Additional Comments: (provide on ad	ditional sheet i	f needed)		
References Checked By		T'(1) 5.	4 DELIGNAS	OLIDED VOICE
Name: STEPHANIE HENDRICKSON				SUPERVSIOR
Division/Department: TRANSIT		Date of \	Verification: 2	2/16/2018



TO: Marie Williams, Purchasing Agent, Sepior Purchasing Division FROM: Ohris Walton, Transportation Director Transportation Department Solicitation No.: TRN2115605B1 SUBJECT: Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Southern Coach Parts Company, Inc. Recommended Group(s)/Line Item(s): Lines 1-8 and 15-19 Potential Total Amount: \$ Initial Award Amount: \$ Contract Term, including Renewals: Three Years Initial Contract Term: One Year CONCURRENCE: The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I Nave 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organizatio ou=BCTD, ou=Users, cn=JAMES FOURCADE SIGNATURE: FOURCADE Date: 2018.02.14 14:17:56 -05'00' DATE: February 14, 2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Southern Coach Parts Company, Inc.					
Organization/Firm Name providing refere	ence: TRANSIT	AUTHORITY O	F RIVER CIT	Υ	
Contact Name/Title: LEA ANDERSON					
Contact E-mail: LANDERSON@RIDETA	RC.ORG				
Contact Phone: (502)561-5135					
Name of Referenced Project: DIESEL E	NGINES				
Contract No. P2681					
Contract Amount: \$618,000 YEARLY DIVIDED INTO MULTIPLE VENDORS					
Date Services Provided: 1/2018 THRU	CURRENT				
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ven	ndor 🗌 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye				onal Comments (below).	
Description of services provided by V DIESEL ENGINE PARTS	endor.				
DIESEL ENGINE PARTS					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	· · · · · · · · · · · · · · · · · · ·			
1. Vendor's Quality of Service					
a. Responsive			\boxtimes		
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Additional Comments: (provide on ad		f needed)			
FRIENDLY AND KNOWLEDGABLE ST	AFF				
References Checked By			4 DELICULO:	011000	
Name: STEPHANIE HENDRICKSON Division/Department: TRANSIT			AREHOUSE Verification: 3	SUPERVISOR	
DIVISION/DEDARMENT, TRANSIT		Date of 1	venucation' :	// 14//UIA	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Southern	Coach Parts Co	ompany, Inc.		
Organization/Firm Name providing refere	ence: PORT AU	THORITY OF A	LLEGHENY	COUNTY
Contact Name/Title: JOE FERKO / CON	NTRACT SPECIA			
Contact E-mail: JFERKO@PORTAUTHO	ORITY.ORG			
Contact Phone: (412)566-5140				
Name of Referenced Project: COACH R	REPLACEMENT	AND COOLING	PARTS	
Contract No. B170644A				
Contract Amount: \$18,592				
Date Services Provided: 11/20/17 THR	U 11/19/19			
(list date rai	nge or date serv	ices began unti	"current")	
Vendor's role in Project: ☐ Prime Ven	odor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? ✓ Ye				onal Comments (below).
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Description of services provided by V				
COACH REPLACEMENT AND COOLIN	NG PARTS			
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
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b. Professionalism			\boxtimes	
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b. Deliverables			\boxtimes	
Additional Comments: (provide on ad		•		
ALWAYS ON TOP OF EVERYTHING, N	NO PROBLEMS	EVER. HIGHL	Y RECOMME	ENDED
References Checked By			A DELIC: 10=	0110507/1005
Name: STEPHANIE HENDRICKSON		-		SUPERVISOR
Division/Department: TRANSIT		Date of \	Verification: 2	2/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Southern Coach Parts Company, Inc. Organization/Firm Name providing reference: Transit Authority of River City - TARC					
Organization/Firm Name providing refere	ence: Transit Aut	thority of River	City - TARC		
Contact Name/Title: MARY COOPER					
Contact E-mail: MCOOPER@RIDETARG	C.ORG				
Contact Phone: (502)213-3200	24570				
Name of Referenced Project: ENGINE F	PARIS				
Contract Amount: No. 1					
Contract Amount: Not provided	LIDDENIT				
Date Services Provided: 2000 THRU C		: b	1 ((22)		
(list date rai	nge or date serv	ices began unti	"current")		
Vendor's role in Project: ⊠ Prime Ven	dor 🗌 Sub-d	consultant/Sub-	contractor		
Would you use this vendor again? Ye	s 🗌 No If	No, please spe	cify in Addition	onal Comments (below)).
Description of services provided by V					$\overline{}$
ENGINE PARTS SALES AND SERVICE					
ENGINE PARTO GALLO AND GERVIOL	-				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	,			
Vendor's Quality of Service		_			
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c. Deliverables			\boxtimes		
2. Vendor's Organization					
a. Staff expertise			\boxtimes		
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3. Timeliness of:					
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Additional Comments: (provide on ad	ditional sheet if	f needed)			
References Checked By Name: STEPHANIE HENDRICKSON		T:410. \A/	A DELICITOR	CLIDED\/ICOD	
				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	Z/ 1Z/ZU10	



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Chris Walton, Transportation Director Transportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Stewart & Stevenson FDDA, LLC DBA Florida Detroit Diesel-Allison Recommended Group(s)/Line Item(s): Lines 9, 13-14 and 16-17 Initial Award Amount: \$ Potential Total Amount: \$ 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 May 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: |X| 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. \square 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.) **JAMES** Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organizatio ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:47:01 -05'00' SIGNATURE: FOURCADE DATE: 2/14/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Stewart & Stevenson FDDA, LLC DBA Florida Detroit Diesel-Allison					
Organization/Firm Name providing refere	ence: PALMTRA	N PALM BEAC	H COUNTY		
Contact Name/Title: JONATHAN KAVA	LIUNAS				
Contact E-mail: J.KAVALIUNAS@PBC.0	ORG				
Contact Phone: (561)841-4250					
Name of Referenced Project: REBUILT	PARTS				
Contract No. CMA68016016					
Contract Amount: \$10,000,000 OVER 5	YEARS FOR 8	VENDORS			
Date Services Provided: 3/27/2016 THRU 3/26/2021					
(list date rai	nge or date serv	ices began unti	l "current")		
Vandar's rale in Project:	ndor 🗆 Sub-d	consultant/Sub-	contractor		
Vendor's role in Project: Prime Ven				and Commonte (halaw)	
Would you use this vendor again? ⊠ Ye		ino, piease spe	City in Addition	onal Comments (below).	
Description of services provided by V					
REBUILT PARTS FOR TRANSMISSION	N				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			\bowtie		
b. Accuracy			\boxtimes		
c. Deliverables					
2. Vendor's Organization			2		
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b. Professionalism		\boxtimes			
c. Turnover			\boxtimes	\Box	
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
	_	_	_	<u> </u>	
Additional Comments: (provide on ad	ditional sheet it	f needed)			
References Checked By		-	4 DELIC: 10=	01105074005	
Name: STEPHANIE HENDRICKSON Division/Department: TRANSIT				SUPERVISOR February 12, 2018	
DIVISION/DENAITMENT LEANSIL		Date of '	verification: F	-enruary 12 2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket						
Reference for: (Name of Firm) Stewart & Stevenson FDDA, LLC DBA Florida Detroit Diesel-Allison						
Organization/Firm Name providing refere	ence: SARASOT	A COUNTY AF	REA TRANSI	Γ - SCAT		
Contact Name/Title: MITCH HIGGINS/N						
Contact E-mail: MHIGGINS@SCGOV.N	ET					
Contact Phone: (941)861-1025						
Name of Referenced Project: WARRAN	TY AND TRANS	SMISSION WO	RK			
Contract No. Not provided						
Contract Amount: Not provided						
Date Services Provided: 2015 THRU C	Date Services Provided: 2015 THRU CURRENT					
(list date rar	nge or date serv	ices began unti	l "current")			
Vendor's role in Project: ⊠ Prime Ven	dor 🗌 Sub-	concultant/Sub-	contractor			
Would you use this vendor again? X Ye				onal Comments (belo	,, ₄ ,	
		ino, piease spe	city in Addition	mai Comments (beic	,vv).	
Description of services provided by V	endor:					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable		
referenced Vendor:	Improvement	Satisfactory	LXCellelit	Not Applicable		
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c. Deliverables		\boxtimes				
2. Vendor's Organization						
a. Staff expertise		\boxtimes				
b. Professionalism		\boxtimes				
c. Turnover						
3. Timeliness of:						
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b. Deliverables		\boxtimes				
Additional Comments: (provide on ad	ditional sheet i	f needed)				
References Checked By		T:(1 3.47	A DELIGHACE	CLIDED\/ICCD		
Name: STEPHANIE HENDRICKSON				SUPERVISOR		
Division/Department: TRANSIT		Date of '	Verification: 2	Z/ 1Z/ZUT8		



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Stewart & Stevenson FDDA, LLC DBA Florida Detroit Diesel-Allison					
Organization/Firm Name providing refere	ence: PINELLAS	SUNCOAST T	RANSIT AU	THORITY - PSTA	
Contact Name/Title: JOE CHENEY					
Contact E-mail: JCHENEY@PSTA.NET					
Contact Phone: (727)540-1989					
Name of Referenced Project: WARRAN	ITY SUPPORT F	FOR ALLISON I	HYBRID		
Contract No. Not provided					
Contract Amount: \$10,000 A YEAR					
Date Services Provided: 2015 THRU CURRENT					
(list date rai	nge or date serv	ices began unti	"current")		
Vendor's role in Project: ☐ Prime Ven	ndor 🗌 Sub-o	consultant/Sub-	contractor		
Would you use this vendor again? X Ye				onal Comments (below).	
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WARRANTY WORK AND NON WARRA	ANTY WORK O	N HYBRID IRA	NOISSION	15	
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Oatisiactory	Execucia	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive		\boxtimes			
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c. Deliverables		\boxtimes			
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b. Professionalism		\boxtimes			
c. Turnover		\boxtimes			
3. Timeliness of:					
a. Project		\boxtimes			
b. Deliverables		\boxtimes			
Additional Comments: (provide on ad	ditional sheet i	f needed)			
References Checked By				011555) #2.55	
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of \	Verification: 2	2/9/2018	



TO: Marie Williams, Purchasing Agent, Senior Purchasing Division FROM: Abris Walton, Transportation Director Transportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: The Janek Corporation Recommended Group(s)/Line Item(s): Line 1-9.13,15,20,22 Potential Total Amount: \$ Initial Award Amount: \$ Contract Term, including Renewals: Three Years Initial Contract Term: One Year CONCURRENCE: The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I Nave 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. \bowtie 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. TITLE: DIRECTOR OF MAINTENANCE TYPED NAME OF SIGNER: JAMES FOURCADE (Individual authorized to administer the contract.) JAMES Digitally signed by JAMES FOURCADE DN: de=cty, de=broward, de=bc, ou=Organizatio ou=BCTD, ou=Users, cn=JAMES FOURCADE Date: 2018.02.14 12:47:19-05'00' SIGNATURE: FOURCADE DATE: 2/14/2018





TRANSPORTATION TRANSIT MAINTENANCE

3201 WEST COPAN ROAD, BLDG 2• POMPANO BEACH, FLORIDA 33301 • 954-357-8431

USER CONCURRENCE – ADDITONAL INFORMATION PERFORMANCE EVALUATION REVIEW

CONTACT NAME: Stephanie Hendrickson, Warehouse Supervisor / Project

Manager

REFERENCE PROJECT:

Contract No. V1267602B1 Bus Parts – New / rebuilt / OEM /

Aftermarket

SUBJECT: Reason for Performance Evaluation of an overall rating

of 2.59 or less and/or "2" or less for individual items.

CONCURRENCE:

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

The Vendor received a rating 2.59 or less on one or more evaluations. Reasons for concurrence in light of this Periodic Construction Evaluation are below.

The Vendor received a score of "2" or less on one or more individual items on past evaluations. Summary of discussion(s) with past Project Manager(s) is denoted below.

START/END DATE: 02/10/15 - 02/09/18

EVALUATION SCORE: 3.35 VENDOR: JANEK CORP

Ms. Hendrickson provided additional clarification regarding the 'Final Bus Parts Evaluation', entered on January 17, 2018 and available in Contracts Central where an overall numerical score of 3.35 was received.

Ms. Hendrickson verbally conveyed the following:

The Vendor initially quoted a lead time that was in stock at the time of quote. However, once purchase order was received, the lead time changed and item was expected to be shipped 30 days from date of purchase order. This has only occurred approximately 2 to 3 times out of the length of the contract.



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) The Janek Corporation				
Organization/Firm Name providing reference	ence: SOUTHEA	STERN PENN	SYLVANIA T	RANSIT AUTHORITY
Contact Name/Title: BRYANT VADORS	3			
Contact E-mail: BVADORS@SEPTA.OF	RG			
Contact Phone: (215)580-7284				
Name of Referenced Project: ZF TRAN	S SHIFT SELEC	TORS REMAN		
Contract No. Not provided				
Contract Amount: Not provided				
Date Services Provided: Not provided				
(list date ra	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ⊠ Prime Ver	odor 🗆 Cub (consultant/Sub-	contractor	
•				anal Commente (halaw)
Would you use this vendor again? ⊠ Ye		ino, piease spe	city in Addition	onal Comments (below).
Description of services provided by V				
ZF TRANS SHIFT SELECTORS REMA	N			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	•			
a. Responsive				
b. Accuracy				
c. Deliverables				
Vendor's Organization				
a. Staff expertise				П
b. Professionalism				
c. Turnover	Ä			Ä
3. Timeliness of:				
a. Project			\boxtimes	П
b. Deliverables	Ä		\boxtimes	Ä
			<i>P</i> 3	
Additional Comments: (provide on ad	ditional sheet if	f needed)		
GREAT COMPANY TO WORK WITH		,		
References Checked By				
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT			Verification: (



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) The Janek Corporation					
Organization/Firm Name providing refere	ence: DALLAS A	REA TRANSIT			
Contact Name/Title: LUTHER TOLLIVE					
Contact E-mail: LTOLLIVE@DART.ORG)				
Contact Phone: (214)749-5209					
Name of Referenced Project: BUS PAR	TS AND MISCE	LLANEOUS PA	ARTS		
Contract No. Not provided					
Contract Amount: Not provided					
Date Services Provided: not provided					
(list date rai	nge or date serv	ices began unti	l "current")		
Vendor's role in Project: ☐ Prime Ven	dor Cub (consultant/Sub-	contractor		
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Would you use this vendor again? ⊠ Ye		ino, piease spe	City in Addition	onal Comments (below).	
Description of services provided by V	endor:				
ORDERING OF BUS PARTS					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Gatioragiony	ZXXXIII	Trot Applicable	
1. Vendor's Quality of Service					
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b. Accuracy			\boxtimes		
c. Deliverables			\boxtimes		
2. Vendor's Organization					
a. Staff expertise			\boxtimes		
b. Professionalism			\boxtimes		
c. Turnover			\boxtimes		
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad		f needed)			
ALWAYS AVAILABLE WHEN NEEDED)				
D (
References Checked By Name: STEPHANIE HENDRICKSON		T:41a. \A/	A DELICULOR	CLIDED\/ICOD	
Division/Department: TRANSIT			Verification: (SUPERVISOR	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) The Janek Corporation Organization/Firm Name providing reference: PINNELAS SUNCOAST TRANSIT				
Organization/Firm Name providing refere	ence: PINNELAS	S SUNCOAST T	RANSIT	
Contact Name/Title: JODY SIBLEY				
Contact E-mail: JSIBLY@PSTA.NET				
Contact Phone: (727)540-1884				
Name of Referenced Project: REBUILD	OF GFI AND EL	LECTRONIC M	ODULES	
Contract No. Not applicable				
Contract Amount: \$3,000				
Date Services Provided: 2007 THRU C				
(list date rar	nge or date servi	ices began unti	"current")	
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-d	consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Ye				onal Comments (below).
Description of services provided by V				
REBUILD OF GFI AND ELECTRONIC		DIICEC		
REBUILD OF GFI AND ELECTRONIC I	MODULES FOR	BUSES		
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
referenced Vendor:	Improvement	oatisiactory	LXCCHCIII	Not Applicable
 Vendor's Quality of Service 				
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b. Accuracy				
c. Deliverables				
2. Vendor's Organization				
a. Staff expertise				
b. Professionalism			\boxtimes	$\overline{\sqcap}$
c. Turnover			\boxtimes	
3. Timeliness of:	_			
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
	_		_	_
Additional Comments: (provide on ad	ditional sheet if	f needed)		
References Checked By				
Name: STEPHANIE HENDRICKSON				SUPERVISOR
Division/Department: TRANSIT		Date of \	Verification: 2	2/13/2018



TO: Marie Williams, Purchasing Agent, Senior urchasing Division ris Walton, Transportation Director FROM: ransportation Department SUBJECT: Solicitation No.: TRN2115605B1 Bus Parts: New, Rebuilt, OEM, Aftermarket Recommended Vendor: Vehicle Maintenance Program, Inc. Recommended Group(s)/Line Item(s): Lines 2, 4, 6, 8, 19, 21 and 22 Initial Award Amount: \$ Potential Total Amount: \$ 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 Nave 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. TITLE: Director of Maintenance TYPED NAME OF SIGNER: James Fourcade (Individual authorized to administer the contract.) **JAMES** Digitally signed by JAMES FOURCADE DN: dc=cty, dc=broward, dc=bc, ou=Organizatiou=BCTD, ou=Users, cn=JAMES FOURCADE SIGNATURE: FOURCADE Date: 2018.02.15 12:14:04 -05'00' DATE: 02/15/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket					
Reference for: (Name of Firm) Vehicle Maintenance Program, Inc.					
Organization/Firm Name providing refere	ence: LOS ANGE	ELES METROF	OLITAN TRA	ANSIT AUTHORITY	
Contact Name/Title: JOANNE CUMMIN	GS				
Contact E-mail: CUMMINGJ@METRO.N	IET				
Contact Phone: (213)922-1035					
Name of Referenced Project: OIL FILTE	RS				
Contract No. MA33982000					
Contract Amount: Not provided					
Date Services Provided: Not provided					
(list date range or date services began until "current")					
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-o	consultant/Sub-	contractor		
Would you use this vendor again? ✓ Ye				onal Comments (below).	
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Description of services provided by V					
PURCHASE OF OIL FILTERS FOR BU	SES				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement	Gatisiactory	LACCHETIC	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive		\boxtimes			
b. Accuracy					
c. Deliverables					
2. Vendor's Organization					
a. Staff expertise		\boxtimes			
b. Professionalism			\boxtimes		
c. Turnover			\boxtimes		
3. Timeliness of:					
a. Project			\boxtimes		
b. Deliverables			\boxtimes		
Additional Comments: (provide on ad	ditional sheet if	f needed)			
References Checked By					
Name: STEPHANIE HENDRICKSON				SUPERVISOR	
Division/Department: TRANSIT		Date of '	Verification: 2	2/13/2018	



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Vehicle Maintenance Program, Inc.				
Organization/Firm Name providing refere	ence: Central Flo	orida Regional T	ransportation	n Authority - LYNX
Contact Name/Title: DEAN BOSNAK				
Contact E-mail: DBOSNAK@GOLYNX.C	COM			
Contact Phone: (407)254-6234				
Name of Referenced Project: FILTERS	AND SKF PART	S		
Contract No. Not provided				
Contract Amount: Not provided				
Date Services Provided: 4/1999 THRU				
(list date rar	nge or date servi	ices began unti	"current")	
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-c	consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Ye				onal Comments (below).
Description of services provided by V				mar commonto (botom).
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FOR PURCHASE OF FILTERS AND SP	AF PARIS			
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
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b. Deliverables				
Additional Comments: (provide on ad	ditional sheet if	f needed)		
References Checked By				01155574005
Name: STEPHANIE HENDRICKSON				SUPERVISOR
Division/Department: TRANSIT		Date of \	/erification: (02/15/2018



Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket				
Reference for: (Name of Firm) Vehicle Maintenance Program, Inc.				
Organization/Firm Name providing reference	ence: PORT AUT	THORITY OF A	LLEGHENY	COUNTY
Contact Name/Title: JOHN DEANGELIS	3			
Contact E-mail: JDEANGELIS@PORTA	UTHORITY.ORG	3		
Contact Phone: (412)566-5481				
Name of Referenced Project: AIR, OIL	AND FUEL FILT	ERS		
Contract No. B160873A-04				
Contract Amount: \$100,746				
Date Services Provided: 3/7/2017 THR	U 3/6/2019			
(list date ra	nge or date servi	ices began unti	l "current")	
V		14 4/0 1		
Vendor's role in Project: ☐ Prime Ver		consultant/Sub-		
Would you use this vendor again? \boxtimes Ye		No, please spe	city in Additio	onal Comments (below).
Description of services provided by V	endor:			
PURCHASE OF AIR, OIL, AND FUEL F	FILTERS			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	·			
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b. Accuracy				
c. Deliverables	H			
2. Vendor's Organization				
a. Staff expertise				
b. Professionalism	H			
c. Turnover	H			
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b. Deliverables				
S. Denverasiee				
Additional Comments: (provide on ad	ditional sheet if	needed)		
NEVER HAD ANY PROBLEMS, OUTS		•	WITH	
References Checked By				
Name: STEPHANIE HENDRICKSON		Title: W	AREHOUSE	SUPERVISOR
Division/Department: TRANSIT		Date of '	Verification: 2	2/15/2018