



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: 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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:
 Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: JAMES FOURCADE TITLE: DIRECTOR OF MAINTENANCE
(Individual authorized to administer the contract.)

JAMES
SIGNATURE: FOURCADE

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:44:17 -05'00'

DATE: 2/14/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) The Aftermarket Parts Company, LLC
 Organization/Firm Name providing reference: NEW YORK CITY TRANSIT
 Contact Name/Title: STEPHEN WALTER
 Contact E-mail: STEPHEN.WALTER@NYCT.COM
 Contact Phone: (646)252-6081
 Name of Referenced Project: AFTERMARKET BUS PARTS
 Contract No. VARIOUS CONTRACTS
 Contract Amount: \$20,000,000
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
EXCELLENT CUSTOMER SERVICE DEPARTMENT AND ARE RESPONSIVE TO CUSTOMERS NEED.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: February 12, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) The Aftermarket Parts Company, LLC
 Organization/Firm Name providing reference: METROPOLITAN TRANSIT AUTHORITY
 Contact Name/Title: DON MURPHY / MANAGER OF PROCUREMENT
 Contact E-mail: DON.MURPHY@RIDEMETRO.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 THRU 12/21/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
MERITOR PARTS SALES

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/13/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) The Aftermarket Parts Company, LLC
 Organization/Firm Name providing reference: CITY OF ALBUQUERQUE
 Contact Name/Title: JOSEPH BARRERAS / PARTS SUPERVISOR
 Contact E-mail: JBARRERAS@CABQ.GOV
 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 THRU 6/17/2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
FOR AFTERMARKET BUS PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



TO: Marie Williams, Purchasing Agent, Senior
Purchasing Division
FROM: *Chris Walton* Chris Walton, Transportation Director
Transportation 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
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.
 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
SIGNATURE: FOURCADE

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:45:29 -05'00'

DATE: 2/14/2018



TRANSPORTATION
TRANSIT MAINTENANCE

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

USER CONCURRENCE – ADDITIONAL 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 reprogramming 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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Cummins, Inc. DBA Cummins Power South
 Organization/Firm Name providing reference: MIAMI DADE TRANSIT
 Contact Name/Title: TOMMY LEWIS
 Contact E-mail: FLI@MIAMIDADE.GOV
 Contact Phone: (786)469-5314
 Name of Referenced Project: PARTS/SERVICES FOR BUSES AND SUPPORT EQUIPMENT
 Contract No. 5745-2/14-2
 Contract Amount: \$1,400,000
 Date Services Provided: 4/1/2013 THRU 3/31/2020

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
FOR PARTS AND SERVICES FOR BUSES AND SUPPORT EQUIPMENT

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: February 12, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Cummins, Inc. DBA Cummins Power South
 Organization/Firm Name providing reference: MINEQUIP CORPORATION
 Contact Name/Title: MADELYN BIARRIETA / EXPEDITOR SUPERVISOR
 Contact E-mail: MBIARRIETA@MINEQUIP.COM
 Contact Phone: (305)925-4024
 Name of Referenced Project: HEAVY MACHINERY AND PARTS
 Contract No. 1060929
 Contract Amount: Not provided
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
FOR SALES AND SERVICE IN ORDER TO DISTRIBUTE CUMMINS PARTS AND MACHINERY ACROSS THE GLOBE

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/14/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Cummins, Inc. DBA Cummins Power South
 Organization/Firm Name providing reference: UNIREX CORPORATION
 Contact Name/Title: ERNEST GONZALEZ
 Contact E-mail: ERNEST@DIESELPARTUSA.COM
 Contact Phone: (305)642-5775
 Name of Referenced Project: CUMMINS AND ONAN LINE
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
TO DISTRIBUTE CUMMINS AND ONAN LINE PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/14/2018



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: Everglades Diesel Injection Service, Inc.
Recommended Group(s)/Line Item(s): Lines 1-12
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.
 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
SIGNATURE: FOURCADE

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:45:47 -05'00'

DATE: 2/14/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Everglades Diesel Injection Service, Inc.
 Organization/Firm Name providing reference: FLORIDA DETROIT DIESEL - ALLISON
 Contact Name/Title: JON FACKLER
 Contact E-mail: J.FACKLER@SSSS.COM
 Contact Phone: (954)327-4440
 Name of Referenced Project: INJECTOR REPAIRS
 Contract No. Not provided
 Contract Amount: \$100,000+
 Date Services Provided: 2006 TO CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
FUEL INJECTOR/PUMP REPAIR

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
STRONGLY ADVISED THAT THIS IS A HIGHLY RECOMMEND THIS VENDOR

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/9/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Everglades Diesel Injection Service, Inc.
 Organization/Firm Name providing reference: SOUTH FLORIDA WATER MGNT. DISTRICT
 Contact Name/Title: Phil Perez
 Contact E-mail: ffperez@sfwmd.gov
 Contact Phone: (561)686-8800
 Name of Referenced Project: FUEL INJECTION PUMPS REPAIR
 Contract No. Not provided
 Contract Amount: \$4,000 PER PURCHASE ORDER
 Date Services Provided: 2008 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
REPAIRS FOR FUEL INJECTION PUMPS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Everglades Diesel Injection Service, Inc.
 Organization/Firm Name providing reference: GENSET SERVICES
 Contact Name/Title: KEITH FRIEDMAN
 Contact E-mail: KEITH@GENSETSERVICES.COM
 Contact Phone: (954)956-9252
 Name of Referenced Project: CORAL SPRINGS MEDICAL CENTER
 Contract No. Not provided
 Contract Amount: \$5,000
 Date Services Provided: UNKNOWN

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
REBUILD TURBO CHARGERS AND FUEL INJECTORS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
BEEN DOING A GREAT JOB FOR OVER TWENTY YEARS OF WORKING WITH THEM

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/9/2018



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: 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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: James Fourcade TITLE: Director of Maintenance
(Individual authorized to administer the contract.)

JAMES
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.15 09:49:02 -05'00'

DATE: 02/15/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Invermol, LLC
 Organization/Firm Name providing reference: SUPERTRADING USA INC
 Contact Name/Title: ADRIANA CAPRILES
 Contact E-mail: ADRIANA.CAPRILES@SUPERTRADINGUSA.COM
 Contact Phone: (305)994-2188
 Name of Referenced Project: LUBRICANTS, OILS AND AUTO PARTS
 Contract No. Not provided
 Contract Amount: \$15,000
 Date Services Provided: 2016 TO CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PROVIDER OF OILS, LUBRICANTS, FILTERS AND AUTO PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Invermol, LLC
 Organization/Firm Name providing reference: RUSSO INTERNATIONAL LLC
 Contact Name/Title: ENRIQUE RODRIGUEZ / ADMINISTRATIVE MANAGER
 Contact E-mail: ERODRIGUEZ.RUSSO.INTERNATIONAL@GMAIL.COM
 Contact Phone: (954)326-1077
 Name of Referenced Project: BRAKES FOR TRUCKS AND LUBRICANT
 Contract No. Not provided
 Contract Amount: \$1,500 MONTHLY
 Date Services Provided: 2017 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
BRAKES FOR TRUCKS AND LUBRICANT

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE
 Division/Department: TRANSIT Date of Verification: 02/13/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115605B1 - Bus Parts: New, Rebuilt, OEM, Aftermarket
 Reference for: (Name of Firm) Invermol, LLC
 Organization/Firm Name providing reference: FLORIDA BEAUTY
 Contact Name/Title: RAIMUNDO DELGADO
 Contact E-mail: RAYD@FLORIDABEAUTY.US
 Contact Phone: (305)505-6833
 Name of Referenced Project: FLUIDS FOR TRUCKS
 Contract No. Not applicable
 Contract Amount: \$50,000
 Date Services Provided: 4/2017

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF FLUIDS AND PARTS FOR TRUCKS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
SERVICE HAS BEEN EXCELLENT AND BECAUSE OF INVERMOL KNOWLEDGE HAVE BEEN ABLE TO DEVELOP A NEW LINE OF SERVICE AND VENDOR IS HIGHLY RECOMMENED

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/15/2018



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: 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:

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
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:46:39 -05'00'

DATE: 2/14/2018



Vendor Reference Verification Form

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 reference: CITY OF LAUDERHILL
 Contact Name/Title: RONALD ROLISON / FLEET MAINT. SUPERINTENDENT LAUDERHILL FIRE DEPT.
 Contact E-mail: RROLISON@LAUDERHILL-FL.GOV
 Contact Phone: (954)303-0487
 Name of Referenced Project: CUMMINS PARTS AND SERVICES
 Contract No. Not provided
 Contract Amount: \$30,000 ANNUALLY
 Date Services Provided: 2008 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
CUMMINS AUTHORIZED DEALER FOR CUMMINS PARTS AND SERVICES

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
HIGHLY RECOMMENDED FOR EXPERTISE AND KNOWLEDGE IN CUMMINS PARTS AND SERVICE.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/14/2018



Vendor Reference Verification Form

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 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 Provided
 Contract No. 291272(17)
 Contract Amount: \$35,000 ANNUALLY
 Date Services Provided: EXPIRES 11/17/2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
AUTHORIZED DEALER AUTO AND TRUCK PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
WELL TRAINED STAFF, KNOWLEDGABLE AND FRIENDLY SERVICE

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/14/2018



Vendor Reference Verification Form

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 reference: CITY OF HIALEAH
 Contact Name/Title: JUSTO ESPINOSA/TRUCK SHOP SUPERVISOR
 Contact E-mail: JBESPINOSA@HIALEAHFL.GOV
 Contact Phone: (305)815-9456
 Name of Referenced Project: HEAVY EQUIPMENT REPAIRS AND PARTS
 Contract No. Not provided
 Contract Amount: \$100,000
 Date Services Provided: 2003 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
HEAVY EQUIPMENT REPAIRS AND PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
HAVE BEEN WORKING WITH THEM FOR YEARS. THEY ARE VERY PROFESSIONAL, KNOWLEDGABLE AND TAKES CARE OF CUSTOMERS NEEDS.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



TO: Marie Williams, Purchasing Agent, Senior
Purchasing Division
FROM: Chris Walton, Transportation Department
Transportation 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
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.
 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
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:44:57 -05'00'

DATE: 02/14/2018



Vendor Reference Verification Form

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: BROWARD COUNTY FLEET SERVICES DIVISION
 Contact Name/Title: JACOB PORRAS/FLEET MANAGEMENT SUPERINTENDENT
 Contact E-mail: JPORRAS@BROWARD.ORG
 Contact Phone: (954)357-6477
 Name of Referenced Project: OEM MISCELLANEOUS AUTO PARTS
 Contract No. V1172505X1_3
 Contract Amount: \$105,000
 Date Services Provided: 9/01/2014 THRU 2/10/2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

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 PLANTATION
 Contact Name/Title: TRACY GILBERTO
 Contact E-mail: TGILBERTO@PLANTATION.ORG
 Contact Phone: (954)452-2553
 Name of Referenced Project: AUTOMOTIVE PARTS
 Contract No. Not applicable
 Contract Amount: Not provided
 Date Services Provided: PRIOR TO 1994 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

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
 Contact E-mail: JHOYLE@MARGATEFL.COM
 Contact Phone: (954)972-8126
 Name of Referenced Project: AUTOMOTIVE/TRUCK PARTS
 Contract No. Not provided
 Contract Amount: \$45,000 PER YEAR FOR 3 YEARS
 Date Services Provided: 10/2016 THRU 10/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
GREAT SERVICE, PRICES, AND KNOWLEDGE.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE
 Division/Department: TRANSIT Date of Verification: 2/7/2018



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: 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: \$
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: James Fourcade TITLE: Director of Maintenance
(Individual authorized to administer the contract.)

JAMES
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.15 12:05:58 -05'00'

DATE: 02/15/2018



Vendor Reference Verification Form

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 / DIRECTOR OF MAINTENANCE
 Contact E-mail: JEVANS@SCTAPA.COM
 Contact Phone: (610)406-4508
 Name of Referenced Project: PARTS PROCUREMENT
 Contract No. 11-2017
 Contract Amount: \$4,663
 Date Services Provided: 8/1/2017 THRU 6/30/2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PARTS PROCUREMENT

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/13/2018



Vendor Reference Verification Form

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: MTA BUS COMPANY
 Contact Name/Title: GREG MOSES / MANAGER OF PROCUREMENT
 Contact E-mail: GREGG.MOSES@NYCT.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 range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
TO PURCHASE BUS PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANIST Date of Verification: 2/15/2018



Vendor Reference Verification Form

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: SMARTBUS
 Contact Name/Title: ADAM ROBINSON / MATERIAL CONTROL SUPERVISOR
 Contact E-mail: AROBINSON@SMARTBUS.ORG
 Contact Phone: (586)421-6570
 Name of Referenced Project: BUS PARTS
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).


Description of services provided by Vendor:
BUS PARTS PURCHASE

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/15/2018



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: 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.
 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
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:44:37 -05'00'

DATE: 2/14/2018



TRANSPORTATION
TRANSIT MAINTENANCE

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

USER CONCURRENCE – ADDITIONAL 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.



Vendor Reference Verification Form

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.GOV
 Contact Phone: (305)638-7221
 Name of Referenced Project: PROCUREMENT OF BUS PARTS
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: 11/2016 TO CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
VENDOR SUPPLIED BUS BRAKE AND VARIOUS BUS PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT/TRANSPORTATION Date of Verification: February 07, 2018



Vendor Reference Verification Form

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: 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: PROCUREMENT OF A/C PULLEYS
 Contract No. 19812
 Contract Amount: \$110,000
 Date Services Provided: 1/2018 through 4/2020
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
VENDOR SUPPLIED AIR CONDITIONER PULLEYS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT/TRANSPORTATION Date of Verification: February 07, 2018



Vendor Reference Verification Form

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

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
VENDOR SUPPLIED SHOCK ABSORBOR

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
VENDOR HAS BEEN A GREAT SERVICE TO PACEBUS. THEY ARE COURTEOUS AND PROFESSIONAL IN THEIR SERVICES.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT/TRANSPORTATION Date of Verification: February 07, 2018



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: 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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: James Fourcade TITLE: Director of Maintenance
 (Individual authorized to administer the contract.)

JAMES
 SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
 DN: dc=cty, dc=broward, dc=bc, ou=Organization, ou=BCTD, ou=Users, cn=JAMES FOURCADE
 Date: 2018.02.14 14:36:13 -05'00'

DATE: 02/14/2018



Vendor Reference Verification Form

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 reference: NEW YORK CITY TRANSIT
 Contact Name/Title: STEPHEN WALTER / SENIOR DIRECTOR OF PROCUREMENT DEPARTMENT
 Contact E-mail: STEPHEN.WALTER@NYCT.COM
 Contact Phone: (646)252-6081
 Name of Referenced Project: AFTERMARKET BUS PARTS
 Contract No. VARIOUS CONTRACTS
 Contract Amount: \$3,000,000
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
EXCELLENT CUSTOMER SERVICE DEPARTMENT AND ARE RESPONSIVE TO CUSTOMERS NEED.

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

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 reference: CENTRAL OHIO TRANSIT AUTHORITY
 Contact Name/Title: KEVIN CHRISTOPHER
 Contact E-mail: CHRISTOPHERK@COTA.COM
 Contact Phone: (614)275-5934
 Name of Referenced Project: BUS PARTS
 Contract No. Not provided
 Contract Amount: \$300,000
 Date Services Provided: 1998 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
GOOD SUPPLIER AND WOULD RECOMMEND

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

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 reference: JACKSONVILLE TRANSIT AUTHORITY
 Contact Name/Title: KATHY RICHTERS / CONTRACT AND PROCUREMENT SPECIALIST
 Contact E-mail: KRICHTERS@JTAFLA.COM
 Contact Phone: (904)598-8751
 Name of Referenced Project: BRAKE PARTS
 Contract No. 15-015
 Contract Amount: Not provided
 Date Services Provided: 8/12/2015 THRU 8/11/2017

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification:



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: 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:

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
 SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
 DN: dc=cty, dc=broward, dc=bc, ou=Organization,
 ou=BCTD, ou=Users, cn=JAMES FOURCADE
 Date: 2018.02.15 09:29:46 -05'00'

DATE: 02/15/2018



Vendor Reference Verification Form

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 reference: TRI-MET TRANSPORTATION DISTRICT OF OREGON
 Contact Name/Title: SHANE JONES
 Contact E-mail: JONESS@TRIMET.ORG
 Contact Phone: (503)962-4869
 Name of Referenced Project: BRAKES AND AXLES
 Contract No. BI140489MT
 Contract Amount: \$299,000
 Date Services Provided: 3/2014 THRU 3/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF BRAKE AND AXLE PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
QUICK RESPONSES AND ALWAYS ON TIME

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/14/2018



Vendor Reference Verification Form

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 reference: Southeastern Pennsylvania Transportation Authority - SEPTA
 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 range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
VENDOR MANAGEMENT PROGRAM WHICH INVENTORY AND REPLENISHMENT OF NEEDED ITEMS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/14/2018



Vendor Reference Verification Form

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 reference: PORT AUTHORITY OF ALLEGHENY COUNTY
 Contact Name/Title: JOHN DEANGELIS
 Contact E-mail: JDEANGELIS@PORTAUTHORITY.ORG
 Contact Phone: (412)566-5481
 Name of Referenced Project: AIR, OIL, AND FUEL FILTERS
 Contract No. B160873A-01
 Contract Amount: \$88,410
 Date Services Provided: 2/27/2017 THRU 2/26/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF AIR, OIL, AND FUEL FILTERS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
NEVER HAD ANY PROBLEMS

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/15/2018



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: Reliable Transmission Service, Inc.
Recommended Group(s)/Line Item(s): Line 13
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.
- 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: Justin Lafler TITLE: Transit Superintendent
(Individual authorized to administer the contract.)

SIGNATURE: Justin Lafler DATE: 2/16/18



TRANSPORTATION
TRANSIT MAINTENANCE

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

USER CONCURRENCE – ADDITIONAL 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.



Vendor Reference Verification Form

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 reference: CITY OF TAMPA FLEET MAINTENANCE
 Contact Name/Title: WILLIAM MARRERO / FLEET LOGISTICS TECHNICIAN
 Contact E-mail: WILLIAM.MARRERO@TAMPAGOV.NET
 Contact Phone: (813)348-1007
 Name of Referenced Project: ALLISON TRANSMISSIONS OVERHAUL EXCHANGE AND REPAIR
 Contract No. 11082615
 Contract Amount: \$100,000
 Date Services Provided: 5/2010 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
ALLISON TRANSMISSIONS OVERHAUL EXCHANGE AND REPAIR

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
OUTSTANDING SERVICE, PROMPT AND PROFESSIONAL

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/15/2018



Vendor Reference Verification Form

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 reference: ALACHUA COUNTY PUBLIC SCHOOLS
 Contact Name/Title: LAMAR STEADHAM / PARTS COORDINATOR
 Contact E-mail: STEADHLG@GM.SBAC.EDU
 Contact Phone: (352)955-7602 EXT.1726
 Name of Referenced Project: PARTS AND SERVICES
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF PARTS AND TRANSMISSION

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/16/2018



Vendor Reference Verification Form

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 reference: WASTE PRO OF FLORIDA INC.
 Contact Name/Title: JOHN SAPPET / FLEET MANAGER FOR PALM COAST DIVISION
 Contact E-mail: jsappet@wasteprousa.com
 Contact Phone: (386)931-2554
 Name of Referenced Project: Not provided
 Contract No. Not applicable
 Contract Amount: \$20,000
 Date Services Provided: 2006 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
AUTOMATIC TRANSMISSION REPAIR AND REPLACEMENT

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/16/2018



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: Southern Coach Parts Company, Inc.
Recommended Group(s)/Line Item(s): Lines 1-8 and 15-19
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.
 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
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 14:17:56 -05'00'

DATE: February 14, 2018



Vendor Reference Verification Form

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
 Contact Name/Title: LEA ANDERSON
 Contact E-mail: LANDERSON@RIDETARC.ORG
 Contact Phone: (502)561-5135
 Name of Referenced Project: DIESEL ENGINES
 Contract No. P2681
 Contract Amount: \$618,000 YEARLY DIVIDED INTO MULTIPLE VENDORS
 Date Services Provided: 1/2018 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
DIESEL ENGINE PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
FRIENDLY AND KNOWLEDGABLE STAFF

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/14/2018



Vendor Reference Verification Form

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: PORT AUTHORITY OF ALLEGHENY COUNTY
 Contact Name/Title: JOE FERKO / CONTRACT SPECIALIST
 Contact E-mail: JFERKO@PORTAUTHORITY.ORG
 Contact Phone: (412)566-5140
 Name of Referenced Project: COACH REPLACEMENT AND COOLING PARTS
 Contract No. B170644A
 Contract Amount: \$18,592
 Date Services Provided: 11/20/17 THRU 11/19/19
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
COACH REPLACEMENT AND COOLING PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
ALWAYS ON TOP OF EVERYTHING, NO PROBLEMS EVER. HIGHLY RECOMMENDED

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/14/2018



Vendor Reference Verification Form

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
 Contact Name/Title: MARY COOPER
 Contact E-mail: MCOOPER@RIDETARC.ORG
 Contact Phone: (502)213-3200
 Name of Referenced Project: ENGINE PARTS
 Contract No. P2718
 Contract Amount: Not provided
 Date Services Provided: 2000 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
ENGINE 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: JAMES FOURCADE TITLE: DIRECTOR OF MAINTENANCE
 (Individual authorized to administer the contract.)

JAMES
 SIGNATURE: FOURCADE

Digitally signed by JAMES FOURCADE
 DN: dc=cty, dc=broward, dc=bc, ou=Organization,
 ou=BCTD, ou=Users, cn=JAMES FOURCADE
 Date: 2018.02.14 12:47:01 -05'00'

DATE: 2/14/2018



Vendor Reference Verification Form

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 reference: PALMTRAN PALM BEACH COUNTY
 Contact Name/Title: JONATHAN KAVALIUNAS
 Contact E-mail: J.KAVALIUNAS@PBC.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 range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
REBUILT PARTS FOR TRANSMISSION

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: February 12, 2018



Vendor Reference Verification Form

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 reference: SARASOTA COUNTY AREA TRANSIT - SCAT
 Contact Name/Title: MITCH HIGGINS/MAINTENANCE SUPERINTENDENT
 Contact E-mail: MHIGGINS@SCGOV.NET
 Contact Phone: (941)861-1025
 Name of Referenced Project: WARRANTY AND TRANSMISSION WORK
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: 2015 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/12/2018



Vendor Reference Verification Form

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 reference: PINELLAS SUNCOAST TRANSIT AUTHORITY - PSTA
 Contact Name/Title: JOE CHENEY
 Contact E-mail: JCHENEY@PSTA.NET
 Contact Phone: (727)540-1989
 Name of Referenced Project: WARRANTY SUPPORT FOR ALLISON HYBRID
 Contract No. Not provided
 Contract Amount: \$10,000 A YEAR
 Date Services Provided: 2015 THRU CURRENT

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
WARRANTY WORK AND NON WARRANTY WORK ON HYBRID TRANSMISSIONS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/9/2018



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: The Janek Corporation
Recommended Group(s)/Line Item(s): Line 1-9,13,15,20,22
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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option.

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: JAMES FOURCADE TITLE: DIRECTOR OF MAINTENANCE
(Individual authorized to administer the contract.)

JAMES
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.14 12:47:19 -05'00'

DATE: 2/14/2018



TRANSPORTATION
TRANSIT MAINTENANCE

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

USER CONCURRENCE – ADDITIONAL 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.



Vendor Reference Verification Form

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: SOUTHEASTERN PENNSYLVANIA TRANSIT AUTHORITY
 Contact Name/Title: BRYANT VADORS
 Contact E-mail: BVADORS@SEPTA.ORG
 Contact Phone: (215)580-7284
 Name of Referenced Project: ZF TRANS SHIFT SELECTORS REMAN
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: Not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
ZF TRANS SHIFT SELECTORS REMAN

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
GREAT COMPANY TO WORK WITH

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/13/2018



Vendor Reference Verification Form

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: DALLAS AREA TRANSIT
 Contact Name/Title: LUTHER TOLLIVER / LOGISTIC PLANNER
 Contact E-mail: LTOLLIVE@DART.ORG
 Contact Phone: (214)749-5209
 Name of Referenced Project: BUS PARTS AND MISCELLANEOUS PARTS
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: not provided
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
ORDERING OF BUS PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
ALWAYS AVAILABLE WHEN NEEDED

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/13/2018



Vendor Reference Verification Form

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
 Contact Name/Title: JODY SIBLEY
 Contact E-mail: JSIBLY@PSTA.NET
 Contact Phone: (727)540-1884
 Name of Referenced Project: REBUILD OF GFI AND ELECTRONIC MODULES
 Contract No. Not applicable
 Contract Amount: \$3,000
 Date Services Provided: 2007 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
REBUILD OF GFI AND ELECTRONIC MODULES FOR BUSES

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/13/2018



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: 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
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

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

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: James Fourcade TITLE: Director of Maintenance
(Individual authorized to administer the contract.)

JAMES
SIGNATURE: **FOURCADE**

Digitally signed by JAMES FOURCADE
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCTD, ou=Users, cn=JAMES FOURCADE
Date: 2018.02.15 12:14:04 -05'00'

DATE: 02/15/2018



Vendor Reference Verification Form

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: LOS ANGELES METROPOLITAN TRANSIT AUTHORITY
 Contact Name/Title: JOANNE CUMMINGS
 Contact E-mail: CUMMINGJ@METRO.NET
 Contact Phone: (213)922-1035
 Name of Referenced Project: OIL FILTERS
 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 Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF OIL FILTERS FOR BUSES

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/13/2018



Vendor Reference Verification Form

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: Central Florida Regional Transportation Authority - LYNX
 Contact Name/Title: DEAN BOSNAK
 Contact E-mail: DBOSNAK@GOLYNX.COM
 Contact Phone: (407)254-6234
 Name of Referenced Project: FILTERS AND SKF PARTS
 Contract No. Not provided
 Contract Amount: Not provided
 Date Services Provided: 4/1999 THRU CURRENT
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
FOR PURCHASE OF FILTERS AND SKF PARTS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 02/15/2018



Vendor Reference Verification Form

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: PORT AUTHORITY OF ALLEGHENY COUNTY
 Contact Name/Title: JOHN DEANGELIS
 Contact E-mail: JDEANGELIS@PORTAUTHORITY.ORG
 Contact Phone: (412)566-5481
 Name of Referenced Project: AIR, OIL AND FUEL FILTERS
 Contract No. B160873A-04
 Contract Amount: \$100,746
 Date Services Provided: 3/7/2017 THRU 3/6/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PURCHASE OF AIR, OIL, AND FUEL FILTERS

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Vendor's Organization | | | | |
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Timeliness of: | | | | |
| a. Project | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)
NEVER HAD ANY PROBLEMS, OUTSTANDING VENDOR TO WORK WITH

References Checked By
 Name: STEPHANIE HENDRICKSON Title: WAREHOUSE SUPERVISOR
 Division/Department: TRANSIT Date of Verification: 2/15/2018