



TO: Kevin Cheerangie
Purchasing Division

FROM: Robert Flint, Enterprise Director of Operations 
Port Everglades Department

SUBJECT: Solicitation No.: OPN2114584B1
Solicitation Title: Roofing Services

Recommended Vendor: Advanced Roofing, Inc.
 Recommended Group(s)/Line Item(s): All Lines
 Initial Award Amount: \$2,422,875. Potential Total Amount: \$7,268,625.
 Initial Contract Term: One Year Contract Term, including Renewals: Four 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: Jouvens Adrien TITLE: Construction Project Manager
 (Individual authorized to administer the contract.)

JOUVENS ADRIEN
 SIGNATURE: Digitally signed by JOUVENS ADRIEN
 DN: dc=cty, dc=broward, dc=bc, ou=Organization,
 ou=PEV, ou=Users, cn=JOUVENS ADRIEN
 Date: 2018.04.09 09:56:25 -04'00' DATE: April 9, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2114584B1 Roofing Services
 Reference for: (Name of Firm) Advanced Roofing, Inc.
 Organization/Firm Name providing reference: Pratt & Whitney
 Contact Name/Title: Bill Booth / Facilities Sr. Project Manager
 Contact E-mail: William.Booth@pw.utc.com
 Contact Phone: 561-796-5052
 Name of Referenced Project: Roof Replacement
 Contract No.
 Contract Amount: \$1,599,200.00
 Date Services Provided: 02/2016

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

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

Description of services provided by Vendor:
Re-roofing of Manufacturing Bldg Fan Room #2

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)
Very satisfied with workmanship and expertise.

References Checked By
 Name: Robert cantor Title: Storekeeper
 Division/Department: Operations/Public Works Date of Verification: 04/04/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2114584B1 Roofing Services
 Reference for: (Name of Firm) Advanced Roofing, Inc.
 Organization/Firm Name providing reference: Broward County School Board
 Contact Name/Title: Bob Crawford / Supervisor I, Roofing
 Contact E-mail: Robert.Crawford@BrowardSchools.org
 Contact Phone: 754-321-4638
 Name of Referenced Project: SBBC-Parkway Middle School - Bldg. 22 & 24
 Contract No.
 Contract Amount: \$279,135.00
 Date Services Provided: 07/2015

(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:
Re-roofing of Bldg. 22-24

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)
Company provided excellent service, will use again in the future.

References Checked By
 Name: Robert Cantor Title: Storekeeper
 Division/Department: Operations / Public Works Date of Verification: 04/04/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2114584B1 Roofing Services
 Reference for: (Name of Firm) Advanced Roofing, Inc.
 Organization/Firm Name providing reference: City of Ft. Lauderdale
 Contact Name/Title: David Smith - Facilities Maintenance
 Contact E-mail: DSmith@FortLauderdale.gov
 Contact Phone: 954-828-6560
 Name of Referenced Project: Roof Replacement - City of Ft. Lauderdale - City Hall
 Contract No.
 Contract Amount: \$386,048.00
 Date Services Provided: 05/2015

(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:
Re-roofing of City Hall

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)
Have used this company in the past and will in the future.

References Checked By
 Name: Robert Cantor Title: Storekeeper
 Division/Department: Operations / Public Works Date of Verification: 04/04/2018