



TO: Princess Brown, Purchasing Agent
Purchasing Division
FROM: Chris Walton, Director
for Transportation Department
SUBJECT: Solicitation No.: TRN2115713B1
Magnetic Swipe Tickets

Recommended Vendor: Paragon Magnadata, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$133,488.04 Potential Total Amount: \$400,464.12
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: TIMOTHY S GARLING TITLE: Deputy Director
(Individual authorized to administer the contract.)

SIGNATURE: [Signature] DATE: 3/14/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115719B1 - MAGNETIC SWIPE TICKETS
 Reference for: (Name of Firm) PARAGON MAGNADATA INC.
 Organization/Firm Name providing reference: Walter McDaniel
 Contact Name/Title: Transit Facility Coordinator
 Contact E-mail: walter.mcdaniel@phoneix.gov
 Contact Phone: 480-437-4250
 Name of Referenced Project: N/A
 Contract No. 4701002891
 Contract Amount: \$575,000
 Date Services Provided: December 19, 2015 - current
 (list date range or date services began until "current")

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

Description of services provided by Vendor:

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Theresa M. Wilbar Title: Bus Pass Program Coordinator
 Division/Department: Transportation Department Date of Verification: February 22, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115719B1 - MAGNETIC SWIPE TICKETS
 Reference for: (Name of Firm) PARAGON MAGNADATA INC.
 Organization/Firm Name providing reference: Golden Gate Bridge, Highway, and Transportation District
 Contact Name/Title: Rick DiTullio/Electronic Revenue Collection Manager
 Contact E-mail: rditullio@goldengate.org
 Contact Phone: 415-923-2009
 Name of Referenced Project: Limited Use Mifare Ultralight Ticket Production
 Contract No. PO # P113966
 Contract Amount: \$98,000
 Date Services Provided: 2012-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:
Production and delivery of Mifare Ultralight limited use tickets for use in Golden Gate Ferry ticket vending machines.

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 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)
Magnadata has been very responsive and flexible with this organizations needs. They have demonstrated a focus on their customer as well as willingness to correct issues quickly.

References Checked By
 Name: THERESA M. WILBAR Title: BUS PASS PROGRAM COORDINATOR
 Division/Department: TRANSPORTATION Date of Verification: March 06, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115719B1 - MAGNETIC SWIPE TICKETS
 Reference for: (Name of Firm) PARAGON MAGNADATA INC.
 Organization/Firm Name providing reference: METROCARDS
 Contact Name/Title: RICHARD BATTISTA
 Contact E-mail: Richard.Battista@nyct.com
 Contact Phone: (646) 252-6240
 Name of Referenced Project: MetroCards - Various varieties
 Contract No. N/A
 Contract Amount: Varies per contract
 Date Services Provided: On-going
 (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:

Very satisfied with this 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)

If any problems occur at any time, they are addressed and corrected promptly.

References Checked By
 Name: Theresa M. Wilbar Title: Bus Pass Program Coordinator
 Division/Department: Transportation Department Date of Verification: February 09, 2018