



**TO:** Princess Brown, Purchasing Agent, Senior  
Purchasing Division  
**FROM:** Barney McCoy, Transit Director  
Transportation Department  
**SUBJECT:** Solicitation No.: TRN2116644G1 / TRIPS-17-CA-CBS  
Standard Cutaway Chassis Type Transit Vehicles

Recommended Vendor: Creative Bus Sales, Inc.  
Recommended Group(s)/Line Item(s): N/A  
Initial Award Amount: \$2,183,030.00 Potential Total Amount: \$2,183,030.00  
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

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

**AND**

- Reference Verification Forms are attached.

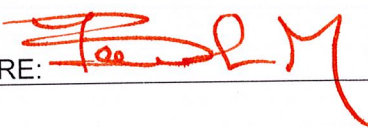
**OR**

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

**NON-CONCURRENCE:**

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

TYPED NAME OF SIGNER: **Barney L. McCoy** TITLE: **Director of Service and Capital Planning**  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: **4/26/18**



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN 2116644G1 / TRIPS-17-CA-CBS, Standard Cutaway Chassis Type Transit Vehicles

Reference for: (Name of Firm) Creative Bus Sales, Inc.

Organization/Firm Name providing reference: Lee County Transit

Contact Name/Title: Robert Southall/Maintenance Manager

Contact E-mail: rsouthall@leegov.com

Contact Phone: 239-533-0336

Name of Referenced Project: Purchase Standard Cutaway and MV1 Vans

Contract No. N/A

Contract Amount: 1,866,164.00

Date Services Provided: June 2013 through April 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:**

**Please rate your experience with the referenced Vendor:**

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

**Additional Comments: (provide on additional sheet if needed)**  
**Creative Bus Sales is very responsive to warranty and parts requests. Vehicles are delivered on time per contract.**

References Checked By	
Name: Jacque-Ann D. Isaacs	Title: Project Manager
Division/Department: Transit Division	Date of Verification: 04/23/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN 2116644G1 / TRIPS-17-CA-CBS, Standard Cutaway Chassis Type Transit Vehicles

Reference for: (Name of Firm) Creative Bus Sales, Inc.  
 Organization/Firm Name providing reference: Broward County Transit  
 Contact Name/Title: Paul Strobis/Paratransit Manager  
 Contact E-mail: pstrobis@broward.org  
 Contact Phone: 954-357-8321  
 Name of Referenced Project: Purchase of Propane Powered Cutaway Buses  
 Contract No. N/A  
 Contract Amount: \$11,718,546.00  
 Date Services Provided: June 2014 to Present

(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: Jacquie-Ann D. Isaacs Title: Project Manager  
 Division/Department: Transit Division Date of Verification: 04/23/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TRN 2116644G1 / TRIPS-17-CA-CBS, Standard Cutaway Chassis Type Transit Vehicles

Reference for: (Name of Firm) Creative Bus Sales, Inc.  
 Organization/Firm Name providing reference: City of Gainesville Regional Transit System  
 Contact Name/Title: Paul Starling, Transit Maintenance Manager  
 Contact E-mail: starlingpk@cityofgainesville.org  
 Contact Phone: (352) 393-7840  
 Name of Referenced Project: Purchase of One (1) Cutaway type vehicle  
 Contract No. TRIPS-17-CA-CBS  
 Contract Amount: \$69,822.00  
 Date Services Provided: 10/27/17 through 1/11/18

(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:**  
**Supplied vehicle per term of the TRIPS-17-CA-CBS contract.**

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: Jacquie-Ann D. Isaacs Title: Project Manager  
 Division/Department: Transit Division Date of Verification: 04/26/2018