



TO: James Hepburn, Purchasing Agent
Purchasing Division
FROM: Kimm Campbell, Director *KC*
Human Services Department
SUBJECT: Solicitation No.: OPN2116029B1
Westcot Cots, Racks and Dust Covers

Recommended Vendor: Integrity Medical Solutions
Recommended Group(s)/Line Item(s): All Items (Lines 1-8)
Initial Award Amount: \$234,500.00 Potential Total Amount: \$703,500.00
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: KIMM CAMPBELL
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE: *Kimm Campbell*

DATE: April 18, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116029B1, Westcot Cots, Racks and Dust Covers

Reference for: (Name of Firm) Integrity Medical Solutions, Inc

Organization/Firm Name providing reference: Sarasota County Emergency Management

Contact Name/Title: Anne M. Miller / Emergency Operations Officer - Section Chief

Contact E-mail: amiller@scgov.net

Contact Phone: 941.861.5930

Name of Referenced Project: Bariatric Cots

Contract No. N/A

Contract Amount: \$100,000

Date Services Provided: Prior 10 years 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:

Integrity Medical Solutions is the manufacture of the Westcot product line. They offer a line of high quality functional and special needs cots typically used in emergency shelters, but often included in a variety of medical programs. IMS have been in business since 2004, and have the highest production capacity of any cot manufacturer in the USA. IMS offers Emergency Production Services, Emergency Dispatch Services, and can also coordinate delivery and set up of the Cots at the specified location.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Sarasota County have used Integrity Medical Solutions, Inc for many years. Ms Miller stated that they are very helpful to the point of assisting with securing other products they do not supply. Overall they are very satisfied with IMS's service.

References Checked By

Name: JOHN W. BECKFORD

Title: Administrative Officer, Senior

Division/Department: Human Services Dept / OAS

Date of Verification: April 11, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116029B1, Westcot Cots, Racks and Dust Covers
 Reference for: (Name of Firm) Integrity Medical Solutions, Inc
 Organization/Firm Name providing reference: Florida Department of Health, Jefferson County
 Contact Name/Title: Margaret Levings / Emergency Preparedness Planner
 Contact E-mail: Margaret.Levings@flhealth.gov
 Contact Phone: 850-342-0170 Ext. 2071
 Name of Referenced Project: Emergency Medical Cots - Bariatric
 Contract No. N/A
 Contract Amount: \$5,000.00
 Date Services Provided: First time purchase

(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:
Provide and deliver Emergency Medical Cots (Bariatric)

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)
Margaret Levings stated that she is very satisfied with the overall service of Integrity Medical Solutions, Inc. This is the first time that she is responsible for purchasing products through this vendor and is very impressed with their willingness to discuss the project. Her department previously purchased cots from IMS years ago, and she considers the cots very sturdy and of excellent quality.

References Checked By
 Name: JOHN W. BECKFORD Title: Administrative Officer, Senior
 Division/Department: OAS / Human Services Dept. Date of Verification: April 18, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116029B1, Westcot Cots, Racks and Dust Covers
 Reference for: (Name of Firm) Integrity Medical Solutions, Inc
 Organization/Firm Name providing reference: Florida Dept of Health, Division of Emergency Preparedness
 Contact Name/Title: SHERRY WATT / State Level Response Resources Unit Manager
 Contact E-mail: sherry.watt@flhealth.gov
 Contact Phone: (850) 251-2858
 Name of Referenced Project: Emergency Medical Cots
 Contract No. N/A
 Contract Amount: \$165,000
 Date Services Provided: 2016 Hurricane Season (IRMA)
 (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:
 Provide and deliver Emergency Medical Cots

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)
 Ms. Watt indicated that she is very satisfied with the service provided by Integrity Medical Solutions, Inc, and that it's a great company to work with.

References Checked By
 Name: JOHN W. BECKFORD Title: Administrative Officer, Senior
 Division/Department: Human Services / OAS Date of Verification: April 18, 2018