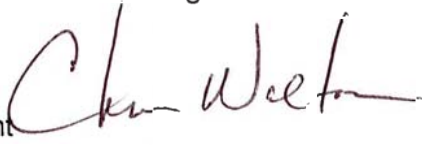


TO: Brenda Billingsley, Director of Purchasing
Purchasing Division

FROM: Chris Walton, Director 
Transportation Department

SUBJECT: Solicitation No.: TRN2115996B1
Propane Conversion Kits and Fuel Quick Release Nozzles

Recommended Vendor: Icom North America, LLC
 Recommended Group(s)/Line Item(s): Group 1
 Initial Award Amount: \$871,500 Potential Total Amount: \$2,614,500
 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.

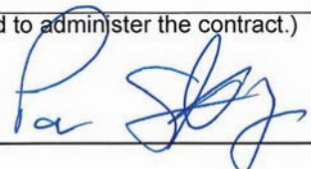
OR

- 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.

PAUL STROBIS TITLE: PARATRANSIT MANAGER
 (Individual authorized to administer the contract.)

SIGNATURE:  DATE: 05/22/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115996B1 -Propane Conversion Kits and Fuel Quick Release Nozzles

Reference for: (Name of Firm) ICOM North America
 Organization/Firm Name providing reference: City of Boston
 Contact Name/Title: Bill Coughlin / Director of Central Fleet Management
 Contact E-mail: william.coughlin@boston.gov
 Contact Phone: 617-635-1281
 Name of Referenced Project: Propane Autogas Conversions
 Contract No. : 675699
 Contract Amount: \$150,000
 Date Services Provided: 7-25 & 26 -2016 training - in house installs began 11-17-16 - 5-21-18
 (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:
ICOM provided bi-fuel conversion kits as well as training for my staff to complete the conversion in house

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)
The ICOM team have been extremely helpful in setting up my in house install team. Of the 30+ units installed we had a hiccup with just one.

References Checked By
 Name: Moji Oderinde Title: Senior Contracts / Grants Administrator
 Division/Department: Transit / Transportation Date of Verification: May 21, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115996B1 -Propane Conversion Kits and Fuel Quick Release Nozzles

Reference for: (Name of Firm) ICOM North America
 Organization/Firm Name providing reference: City of Springfield IL
 Contact Name/Title: William McCarty II / Director of Budgeting
 Contact E-mail: william.mccarty@springfield.il.us
 Contact Phone: 217-789-2191
 Name of Referenced Project: Propane Autogas Conversions
 Contract No. : N/A
 Contract Amount: \$375,000
 Date Services 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:
 Provided propane conversion kits for city vehicles and did conversions on site.

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)
 We will continue to use this vendor in the future as we purchase new vehicles and convert them to propane systems.

References Checked By
 Name: Moji Oderinde Title: Senior Contracts / Grants Administrator
 Division/Department: Transit / Transportation Date of Verification: May 04, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2115996B1 -Propane Conversion Kits and Fuel Quick Release Nozzles

Reference for: (Name of Firm) ICOM North America

Organization/Firm Name providing reference: Inter-County Public Transportation Authority - ICPTA

Contact Name/Title: Herb Mullen / Director

Contact E-mail: hmullen@arhs-nc.org

Contact Phone: 252-338-4477

Name of Referenced Project: State of North Carolina

Contract No. : Bid #201400344

Contract Amount: \$Contract did not have a specific amount. It was for all of North Carolina

Date Services Provided: January 2015 - over three (3) years.
(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:
Bi-Fuel Propane Conversion Kits for Transit Vehicles, NC Contract 557B

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 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 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)
 I do not recommend the Quick Release Nozzle. We have had several issues with it. I would recommend the screw on nozzle.

There will be a learning curve for your mechanics to learn how to diagnose propane issues and preform repairs, but the overall savings makes it worth it in the end.

Reference Verification: TRN2115996B1 -Propane Conversion Kits and Fuel Quick Release Nozzles

References Checked By

Name: Moji Oderinde

Title: Senior Contracts / Grants Administrator

Division/Department: Transit / Transportation

Date of Verification: May 04, 2018