



TO: Felicia McRae, Purchasing Agent
Purchasing Division
FROM: Scott Brunner, P.E., Director
Traffic Engineering Division
SUBJECT: Solicitation No.: OPN2116215B1
Bike Lane Symbols and Arrows

SB 5-4-2018

Recommended Vendor: Roberts Traffic Marking Corp.
Recommended Group(s)/Line Item(s): All Items (1 thru 5)
Initial Award Amount: \$213,885.00 Potential Total Amount: \$641,655.00
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 Payment will be made upon receipt of goods.

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: Scott Brunner TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE: *Scott Brunner* DATE: 5/4/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116215B1 - Bike Lane Symbols and Arrows
 Reference for: (Name of Firm) Roberts Traffic Marking Corp.
 Organization/Firm Name providing reference: Miami Dade County
 Contact Name/Title: Franklyn Stirrup
 Contact E-mail: N/A
 Contact Phone: 305-876-7922
 Name of Referenced Project: MIA Runway 12-30 Pavement Rehab
 Contract No. N/A
 Contract Amount: 844,060.38
 Date Services Provided: 03-30-16

(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:
 Pavement Marking material for the airport's runway.

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"/>

SP
5-4-18

Additional Comments: (provide on additional sheet if needed)
 Vendor has always complied within the contract terms and requirements.

References Checked By
 Name: Jay Basail Title: Contract Grants Administrator, Sr.
 Division/Department: Traffic Engineering/ Public Works Date of Verification: May 01, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116215B1 - Bike Lane Symbols and Arrows
 Reference for: (Name of Firm) Roberts Traffic Marking Corp.
 Organization/Firm Name providing reference: Broward College
 Contact Name/Title: Vanceta Chambers
 Contact E-mail: vchambers@broward.edu
 Contact Phone: 954-201-8262
 Name of Referenced Project: Broward College Wheel Stops
 Contract No. N/A
 Contract Amount: 11,715.00
 Date Services Provided: 02-13-18

(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:
 The vendor provided pavement marking services and installed wheel stops.

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"/>

SP
5-4-18

Additional Comments: (provide on additional sheet if needed)
 N/A

References Checked By
 Name: Jay Basail Title: Contract Grants Administrator, Sr
 Division/Department: Traffic Engineering/ Public Works Date of Verification: May 01, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116215B1 - Bike Lane Symbols and Arrows

Reference for: (Name of Firm) Roberts Traffic Marking Corp.

Organization/Firm Name providing reference: Homestead Air Reserve

Contact Name/Title: Dick Campbell

Contact E-mail: dick.campbell@tepa.com

Contact Phone: 478-273-2252

Name of Referenced Project: HARB Transient Ramp Fuel Pits

Contract No. n/a

Contract Amount: 430,898.00

Date Services Provided: 01-16-16

(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:

Pavement markings for airstrip.

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"/>

EB
5-4-18

Additional Comments: (provide on additional sheet if needed)

Vendor did an excellent job on the project.

References Checked By

Name: Jay Basail

Title: Contract Grants Administrator, Sr.

Division/Department: Traffic Engineering/ Public Works

Date of Verification: April 30, 2018