



**TO:** Randy Plunkett  
Purchasing Division  
**FROM:** Keith Wolf, Director  
ETS/ISG  
**SUBJECT:** Solicitation No.: BLD2114202B1  
Inside/Outside Plant Cabling

Recommended Vendor: ASE Telecom & Data, Inc.  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$849,562.50 Potential Total Amount: \$2,548,687.50  
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  $\geq 2.59$  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: Walter Ocampo TITLE: Information System Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **WALTER OCAMPO** Digitally signed by WALTER OCAMPO Date: 2018.09.05 14:35:06 -04'00' DATE: September 5, 2018

**From:** [Ocampo, Walter](#)  
**To:** [Plunkett, Randall](#)  
**Cc:** [Prieto, Dean](#); [Wolf, Keith](#)  
**Subject:** RE: Request for Vendor Award Concurrence Review, Bid No. BLD2114202B1-Inside Plant Cabling (Group 1)  
**Date:** Wednesday, September 05, 2018 3:34:17 PM  
**Attachments:** [image003.png](#)

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Randy,

Looking at the evaluations, where ASE received a lower score, it does not affect my decision for the concurrence.

See comments:

Vendor did not bring proper clean material to job site, but gave effort to clean area by hand---**Vendor did the clean and I will make them aware that this could not happen again.**

Technicians lacked knowledge of industry standards---**I will notify the internal agencies to call me whenever the industry standards are not followed properly**

ASE Telecom often over estimates labor charges.---**I will notify the internal agencies to call me whenever they think and extra cost is been charged.**

Best regards,



Walter Ocampo  
Information Systems Manager  
Broward County- Enterprise Technology Services  
1 N university Drive, Suite 4003A  
Plantation, FL 33324-2019  
(954) 357 8041 Cell (954) 632 8228  
[wocampo@broward.org](mailto:wocampo@broward.org)



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**From:** Ocampo, Walter  
**Sent:** Wednesday, September 5, 2018 2:43 PM  
**To:** Plunkett, Randall <RPLUNKETT@broward.org>  
**Cc:** Prieto, Dean <DPRIETO@broward.org>; Wolf, Keith <KAWOLF@broward.org>  
**Subject:** RE: Request for Vendor Award Concurrence Review, Bid No. BLD2114202B1-Inside Plant Cabling (Group 1)



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. BLD2114202B1-Inside/Outside Plant Cabling  
 Reference for: (Name of Firm) ASE Telecom & Data, Inc.  
 Organization/Firm Name providing reference: Town of Davie  
 Contact Name/Title: Nelson Martinez, IT Director  
 Contact E-mail: nmartinez@davie-fl.gov  
 Contact Phone: 954-797-1063  
 Name of Referenced Project: Cable installation & Service  
 Contract No. Town of Dave-#B-15-130  
 Contract Amount: \$ 70,000 per year  
 Date Services Provided: Ongoing since 2015  
 (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:**  
**Cable installation & Service**

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)**  
**Mr. Martinez mentioned that ASE is responsive and projects are completed on time and on budget. He recommended ASE for cabling projects.**

References Checked By  
 Name: Walter Ocampo Title: Information System Manager  
 Division/Department: FASD/ETS/ISG Date of Verification: 9/5/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. BLD2114202B1-Inside/Outside Plant Cabling  
 Reference for: (Name of Firm) ASE Telecom & Data, Inc.  
 Organization/Firm Name providing reference: Jackson Memorial Hospital  
 Contact Name/Title: Kevin Guhl, Sr. Procurement Specialist  
 Contact E-mail: Kevin.Guhl@jhsmiami.org  
 Contact Phone: 305-585-7829  
 Name of Referenced Project: Cable installation & Service  
 Contract No. JMH-Public Health Trust  
 Contract Amount: \$600k per year  
 Date Services Provided: Ongoing since 2002  
 (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:**  
**Network cabling installation and network services.**

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)**  
**ASE has done an excellent job. Highly recommended ASE for network cabling projects.**

References Checked By  
 Name: Walter Ocampo Title: Information System Manager  
 Division/Department: FASD/ETS/ISG Date of Verification: 9/5/2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. BLD2114202B1-Inside/Outside Plant Cabling  
 Reference for: (Name of Firm) ASE Telecom & Data, Inc.  
 Organization/Firm Name providing reference: AT&T/FPL  
 Contact Name/Title: Ray Perez, Project Manager  
 Contact E-mail: ray.perez@fpl.com  
 Contact Phone: 305-552-4529  
 Name of Referenced Project: FPL/AT&T Service  
 Contract No. 20150714072  
 Contract Amount: \$ 1 million/yr  
 Date Services Provided: Ongoing since 2004  
 (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:**  
**Fiber installation, termination. Outside plant projects.**

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)**  
**They recommend ASE for any type of fiber and network cabling projects.**

References Checked By  
 Name: Walter Ocampo Title: Information System Manager  
 Division/Department: FASD/ETS/ISG Date of Verification: 9/5/2018