



TO: Kevin Cheerangie
Purchasing Division

FROM: Glenn Wiltshire, Deputy Director, Port Everglades Department

SUBJECT: Solicitation No.: OPN2116815Q1
Solicitation Title: Fire Rescue Pumper Truck

Recommended Vendor: Ten-8 Fire Equipment, Inc.
Recommended Group(s)/Line Item(s): Line item 1 (Single Line Solicitation)
Initial Award Amount: \$795,302. Potential Total Amount: \$795,302.
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 ≥ 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: Deborah Kraft
(Individual authorized to administer the contract.)

TITLE: Program / Project Coordinator

SIGNATURE: **DEBORAH KRAFT**
Digitally signed by DEBORAH KRAFT
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=PEV, ou=Users, cn=DEBORAH KRAFT
Date: 2018.09.07 08:33:42 -04'00'

DATE: 09/20/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116815Q1 Fire Rescue Pumper Truck
 Reference for: (Name of Firm) Ten-8 Fire Equipment Inc.
 Organization/Firm Name providing reference: Broward Sheriff Office
 Contact Name/Title: Victor Goizueta / Fleet Services Fire Rescue Fleet Coordinator
 Contact E-mail: Victor_goizueta@sheriff.org
 Contact Phone: 954-864-9431
 Name of Referenced Project: Industrial Foam Unit
 Contract No.
 Contract Amount: \$700,000.00
 Date Services Provided: 2014

(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:
Industrial Foam Unit

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: Deborah Kraft Title: Program/Project Coordinator
 Division/Department: Port Everglades Security Date of Verification: 09/07/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116815Q1 Fire Rescue Pumper Truck
 Reference for: (Name of Firm) TEN - 8 Fire Equipment Inc.
 Organization/Firm Name providing reference: Palm Beach Fire Rescue, Jimmy Duane
 Contact Name/Title: Assistant Chief
 Contact E-mail: jduane@townofpalmbeach.com
 Contact Phone: 561-227-6493
 Name of Referenced Project: FIRE FIGHTING EQUIPMENT
 Contract No.
 Contract Amount:
 Date Services Provided: 2001

(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:
 We have purchased Pierce Apparatus since 2001 from Ten -8. In addition, all our firefighting equipment that is carried by Ten-8 is either purchased from them or they bid to purchase.

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)
 Extremely satisfied with the vendor.

References Checked By
 Name: Deborah Kraft Title: Program/Project Coordinator
 Division/Department: PEV Business Administration Date of Verification: 09/20/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116815Q1 Fire Rescue Pumper Truck
 Reference for: (Name of Firm) TEN - 8 Fire Equipment Inc.
 Organization/Firm Name providing reference: Pompano Beach Fire Rescue
 Contact Name/Title: Michael Hohl, Assistant Fire Chief
 Contact E-mail: michael.hohl@copbfl.com
 Contact Phone: 954-786-4368
 Name of Referenced Project: FIRE FIGHTING EQUIPMENT
 Contract No. 180790
 Contract Amount: \$678,516.00
 Date Services Provided: 12/1/2017 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:
2018 Pierce Quantum Pumper with equipment

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 Ten-8 Sales Representative Mike Schneider is the consummate professional and is very responsive to our needs along with the entire Ten-8 staff. The Pierce Manufacturing plant and staff are exceptional and their product is of the highest quality. We at Pompano Beach Fire Rescue give our highest recommendation for this product and sales staff.

References Checked By
 Name: Deborah Kraft Title: Program/Project Coordinator
 Division/Department: PEV Business Administration Date of Verification: 09/20/2018