



TO: Angela Brown, Purchasing Agent
Purchasing Division
FROM: Dan West, Director
Parks and Recreation Division
SUBJECT: Solicitation No.: OPN2116616B1
Solicitation Title: Uniforms

Recommended Vendor: The Player's Connection of Florida, LLC
Recommended Group(s)/Line Item(s): 1 - 143
Initial Award Amount: \$174,701.55 Potential Total Amount: \$524,104.65
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 for this solicitation

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: Dan West TITLE: Director of Parks and Recreation
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: August 22, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116616B1, Uniforms
 Reference for: (Name of Firm) The Player's Connection of Florida, LLC.
 Organization/Firm Name providing reference: Miami Dade County
 Contact Name/Title: Abe Rodriguez / Contracting Officer
 Contact E-mail: abelin.rodriguez@miamidade.gov
 Contact Phone: 305-375-4744
 Name of Referenced Project: Tee Shirts
 Contract No. FB 00151
 Contract Amount: N/A
 Date Services Provided: 2016 - 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:
 Vendor provides various styles of t-shirts with silk screening.

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)
 Vendor has been awarded the style of t-shirts used by Miami-Dade for its Summer Camp Program. This requires the ordering of large numbers of both children's and adult t-shirts, imprinting of various images, and delivery in a short period of time, usually three (3) weeks notice. This process has been executed for 2017 and 2018 without delay or problem.

References Checked By
 Name: Kelton P. Harvey Title: Administrative Specialist
 Division/Department: Parks and Recreation Date of Verification: August 22, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116616B1, Uniforms
 Reference for: (Name of Firm) The Player's Connection of Florida, LLC.
 Organization/Firm Name providing reference: City of Pompano Beach
 Contact Name/Title: Audrey Suttle / Administrative Specialist
 Contact E-mail: audrey.suttle@copbfl.com
 Contact Phone: 954-786-4629
 Name of Referenced Project: Uniforms
 Contract No. N/A
 Contract Amount: About \$61,000
 Date Services Provided: 2014-2017

(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 uniform pants and monogrammed uniform shirts for inspectors.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 At the time I worked with this vendor, there was only one problem with the pants manufacturer with regard to pant sizes running smaller. I believe that to be, to a degree, out of the control of vendor who worked with us to get us what we needed. However, it did affect the quality and wait time of that order. However, their timeliness is one of their best qualities and they are very accommodating.

References Checked By
 Name: Kelton P. Harvey Title: Administrative Specialist
 Division/Department: Parks and Recreation Date of Verification: August 22, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116616B1, Uniforms
 Reference for: (Name of Firm) The Player's Connection of Florida, LLC.
 Organization/Firm Name providing reference: Seminole Tribe
 Contact Name/Title: Dessie Thomas
 Contact E-mail: dessiethomas@semtribe.com
 Contact Phone: 863-983-9659
 Name of Referenced Project: Uniforms
 Contract No. N/A
 Contract Amount: N/A
 Date Services Provided: 2005 - 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:
 Provides t-shirts and sports team uniforms.

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)
 This vendor always provides our orders in a timely manner. Most of the orders placed are large or complicated, and the turnaround is great. This vendor goes above and beyond. Also, their customer service is the very best.

References Checked By
 Name: Kelton P. Harvey Title: Administrative Specialist
 Division/Department: Parks and Recreation Date of Verification: August 22, 2018