



TO: Angela Brown, Purchasing Agent
Purchasing Division
FROM: A. Celina Saucedo, Aviation Chief Administrative Officer
Aviation Department
SUBJECT: Solicitation No.: OPN2116297B1
Cleaning Supplies & Fingerprint Pads - APC Kiosk Machine

Recommended Vendor: The Office Cart, LLC
Recommended Group(s)/Line Item(s): Group 2, line No. 5
Initial Award Amount: \$325,000.00 Potential Total Amount: \$975,000.00
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 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: Nicole Davis
(Individual authorized to administer the contract.)

TITLE: Office Manager

Nicole Davis
SIGNATURE:

Digitally signed by Nicole Davis
DN: dc=local, dc=fl-airport,
ou=FLLUSERS, cn=Nicole Davis
Date: 2018.09.13 10:24:02 -04'00'

DATE: 09/13/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116297B1, Cleaning Supplies & Fingerprint Pads -APC Kiosk
 Reference for: (Name of Firm) The Office Cart, LLC
 Organization/Firm Name providing reference: The School Board of Broward County (SBBC)
 Contact Name/Title: Mayra Tobar
 Contact E-mail: mayra.tobar@browardschools.com
 Contact Phone: 754-321-0554
 Name of Referenced Project: Classroom & Office Supplies and Equipment
 Contract No. ITB 17-050N
 Contract Amount: \$200,000
 Date Services Provided: 07/01/2017 - 06/30/2020

(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:
Classroom and Office Supplies

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)

References Checked By
 Name: Nicole Davis Title: Office Manager
 Division/Department: Aviation Department Date of Verification: 9/11/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2116297B1, Cleaning Supplies & Fingerprint Pads -APC Kiosk

Reference for: (Name of Firm) The Office Cart, LLC

Organization/Firm Name providing reference: City of Boynton Beach

Contact Name/Title: Michael Dauta / Manager of Materials and Distribution

Contact E-mail: dautam@bbfl.us

Contact Phone: 561-742-6324

Name of Referenced Project: Janitorial Supplies Bid

Contract No.

Contract Amount: Less than \$3,000

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:
 They were part of a multi-award bid. The service/delivery was adequate.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Nicole Davis Title: Office Manager
 Division/Department: Aviation Department Date of Verification: 09/11/2018