



TO: Darnell Kimbrew, Purchasing Agent
Purchasing Division
FROM: Sarah Townsend, Senior Program/Project Coordinator
Parks and Recreation Division
SUBJECT: Solicitation No.: GEN2116795B1
Softball Officiating Services

Recommended Vendor: Broward County Umpires Association
Recommended Group(s)/Line Item(s): 1-2
Initial Award Amount: \$124,100 Potential Total Amount: \$372,300
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: Sarah Townsend
(Individual authorized to administer the contract.)

TITLE: Senior Program/Project Coordinator

SIGNATURE:

DATE: September 6, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116795B1, Softball Officiating Services
 Reference for: (Name of Firm) Broward County Umpires Association
 Organization/Firm Name providing reference: City of Davie
 Contact Name/Title: Bryan Baucom
 Contact E-mail: bryan_baucom@davie-fl.gov
 Contact Phone: 954-327-3944
 Name of Referenced Project: Softball Umpiring
 Contract No. R-2017-311
 Contract Amount: As needed
 Date Services Provided: 2015,2016,2017

(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:
 They umpired adult softball for the Town of Davie

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)
 This group did a great job when we had adult softball.

References Checked By
 Name: Carlos Pantigoso Title: Accounting Specialist
 Division/Department: Parks and Recreation Date of Verification: 8/29/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116795B1, Softball Officiating Services
 Reference for: (Name of Firm) Broward County Umpires Association
 Organization/Firm Name providing reference: City of Plantation
 Contact Name/Title: Melvyn Johnson
 Contact E-mail: mjohnson@plantation.org
 Contact Phone: 786-266-3449
 Name of Referenced Project: Umpire Services
 Contract No. 020-17
 Contract Amount: N/A
 Date Services Provided: June, 2017 to June, 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:
Responsible to provide umpire services for all regularly scheduled Parks & Recreation Department Adult league softball games. Including all regular playoff and tournament games. Vendor provides qualified and accredited umpires from the ASA, NSA, ISA, and USSA Sport Associations.

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 Broward County Umpires Association has provided a great service to our programs. Their professionalism is class A service.

References Checked By
 Name: Carlos Pantigoso Title: Accounting Specialist
 Division/Department: Parks and Recreation Date of Verification: 8/29/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116795B1, Softball Officiating Services
 Reference for: (Name of Firm) Broward County Umpires Association
 Organization/Firm Name providing reference: City of Miramar
 Contact Name/Title: Josh Queen/ Recreation Leader 2
 Contact E-mail: jequeen@ci.miramar.fl.us
 Contact Phone: 954-602-4784
 Name of Referenced Project: Wednesday and Friday Corporate Co-Ed softball leagues
 Contract No. N/A
 Contract Amount: \$34.00 for 1 umpire per game
 Date Services Provided: Aug. 2010 to Jan 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:
BCUA was the sole umpiring vendor used to umpire the co-ed softball leagues on Wednesday and Friday nights.

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 checked="" type="checkbox"/>	<input 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)
Provide great service, if by chance there was any negative feed back BCUA fixed it right away.

References Checked By
 Name: Carlos Pantigoso Title: Accounting Specialist
 Division/Department: Parks and Recreation Date of Verification: 9/6/2018