



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Alan W. Garcia, P.E. Director
Water and Wastewater Services
SUBJECT: Solicitation No.: GEN2118022B1
Inspection, Maintenance & Repairs: Cranes, Hoist and Other Lifting Devices

Recommended Vendor: Material Handling Systems, Inc.
Recommended Group(s)/Line Item(s): Group 1 and Group 2
Initial Award Amount: \$51,575.00 Potential Total Amount: \$154,725
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: Carlos A. Garcia TITLE: Expansion Project Administrator

SIGNATURE: Carlos A. Garcia Digitally signed by Carlos A. Garcia
Date: 2019.01.03 11:46:51 -05'00' DATE: January 3, 2019

Concurrence: Inspection, Maintenance & Repairs: Cranes, Hoist and Other Lifting Devices

Director, Water & Wastewater

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Operations Division

SIGNATURE:



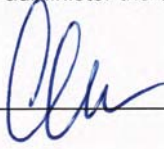
DATE:



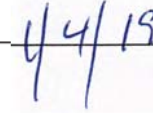
TYPED NAME OF SIGNER: Alan W. Garcia, P.E.
(Individual authorized to administer the contract.)

TITLE: Director, Water & Wastewater Services

SIGNATURE:



DATE:





Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118022B1-Inspection, Maintenance & Repairs: Cranes, Hoists and Other Lifting Devices

Reference for: (Name of Firm) Material Handling Systems, Inc
 Organization/Firm Name providing reference: Herzog
 Contact Name/Title: Ruben Espinosa
 Contact E-mail: respinosa@htsi.com
 Contact Phone: (954) 531-9116
 Name of Referenced Project: Lift Equipment Preventative Maintenance and Repairs
 Contract No. NA
 Contract Amount: \$6,000
 Date Services Provided: 7/2018

(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:
New crane installation, inspection and equipment repairs

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 work was performed on schedule with no change orders or claims. In addition, all work was performed satisfactory and Mr. Espinosa recommends Material Handling Systems for future work.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: Water & Wastewater Operations Division Date of Verification: September 25, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118022B1-Inspection, Maintenance & Repairs: Cranes, Hoists and Other Lifting Devices

Reference for: (Name of Firm) Material Handling Systems, Inc
 Organization/Firm Name providing reference: Hoerbiger
 Contact Name/Title: Michael Barone / Maintenance & Facilities Manager
 Contact E-mail: michael.barone@hoerbiger.com
 Contact Phone: (954) 972-5700 ext 2200
 Name of Referenced Project: Lift Equipment Preventative Maintenance and Repairs
 Contract No. NA
 Contract Amount: \$100,000
 Date Services Provided: 2/2018

(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:
New crane installation, inspection and equipment repairs

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
The work was performed on schedule with no change orders or claims. In addition, all work was performed satisfactory and Mr. Barone recommends Material Handling Systems for future work. Also Hoerboger have bought many crane systems from MHS. Installs have been done well, crane products are good. They have about 52 systems in 2 plants and MHS does all emergency repairs and yearly inspections.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: Water & Wastewater Operations Division Date of Verification: September 25, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118022B1-Inspection, Maintenance & Repairs: Cranes, Hoists and Other Lifting Devices

Reference for: (Name of Firm) Material Handling Systems, Inc
 Organization/Firm Name providing reference: Lockheed
 Contact Name/Title: Gregory Klann / Mult Func Facilities Mgr
 Contact E-mail: gregory.klann@lmco.com
 Contact Phone: (561) 494-2422
 Name of Referenced Project: Lift Equipment Preventative Maintenance and Repairs
 Contract No. NA
 Contract Amount: \$200,000
 Date Services Provided: 2007 - 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:
New crane installation, inspection and equipment repairs

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 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 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 work was performed on schedule with no change orders or claims. In addition, all work was performed satisfactory and Mr. Klann stated MHS has been providing Crane maintenance, installations and overhaul services at their site for the past two decades. They have always been responsive to their needs.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: Water & Wastewater Operations Division Date of Verification: September 25, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117422Q1-Inspection, Maintenance & Repairs: Cranes, Hoists and Other Lifting Devices

Reference for: (Name of Firm) Material Handling Systems
 Organization/Firm Name providing reference: AMERISTEEL
 Contact Name/Title: David D'Davignon / Shop Superintendent
 Contact E-mail: David.DAvignon@gerdau.com
 Contact Phone: (954) 921-2500 ext 230
 Name of Referenced Project: Lift Equipment Preventative Maintenance and Repairs
 Contract No. NA
 Contract Amount: \$10,000-\$15,000
 Date Services Provided: 2011 - 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:
New crane installation, inspection and equipment repairs

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)
The work was performed on schedule with no change orders or claims. In addition, all work was performed satisfactory and Mr. D'Davignon stated MHS has been providing Crane maintenance, installations and overhaul services at their site at least for the past seven years with zero claims. They have always been responsive to their needs.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: Water & Wastewater Operations Division Date of Verification: January 14, 2019