



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division

**FROM:** Chris Walton, Director   
Transit Division, Transportation Department

**SUBJECT:** Solicitation No.: TEC2117493B1  
Maintenance and Support Services - Motorola Voice & Data Communications System

Recommended Vendor: Econo-Comm, Inc. dba Mobile Communications  
Recommended Group(s)/Line Item(s): 1-2  
Initial Award Amount: \$196,800.00 Potential Total Amount: \$590,400.00  
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  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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: Tara Lewis TITLE: Program Project Coordinator  
(Individual authorized to administer the contract.)

SIGNATURE: **Lewis, Tara** Digitally signed by Lewis, Tara  
DN: dc=ty, dc=broward, dc=bc, ou=Organization,  
ou=BCTD, ou=IT, ou=Users, cn=Lewis, Tara  
Date: 2019.04.04 16:34:56 -0400 DATE: April 4, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TEC2117493B1: Maintenance and Support Services-Motorola  
Voice/Data Communications System

Reference for: (Name of Firm) Econocomm Inc. dba Mobile Communications

Organization/Firm Name providing reference: City of Sunrise Police Department

Contact Name/Title: Earl Deakins/Quartermaster

Contact E-mail: EDeakins@sunrisefl.gov

Contact Phone: (954) 746-3627

Name of Referenced Project: Citywide Communication Repair & Maintenance

Contract No. ACCT 2110-4613 / PO 19000162 & -163

Contract Amount: \$54,880 annually

Date Services Provided: at least 10 years to 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:**  
picks up and repairs our Motorola hand held and mobile radios including warrantee work

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 technicians are very knowable in the radio systems we use and we rely on them for support for all of our communication issues

References Checked By  
Name: Tara Lewis Title: Program/Project Coordinator  
Division/Department: Transportation/Transit Date of Verification: March 22, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TEC2117493B1: Maintenance and Support Services-Motorola  
Voice/Data Communications System

Reference for: (Name of Firm) Econocomm Inc. dba Mobile Communications  
 Organization/Firm Name providing reference: School Board of Broward County  
 Contact Name/Title: Robert Maloney  
 Contact E-mail: Robert.Maloney@browardschools.com  
 Contact Phone: (754) 321-4652  
 Name of Referenced Project: Maintenance Radio & Repair Service  
 Contract No. 19-028E  
 Contract Amount: \$272,958/year  
 Date Services Provided: 7/2014 to 6/2019

(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:**  
**Corrective maintenance radio and repair/warranty service.**

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

**Additional Comments: (provide on additional sheet if needed)**

References Checked By  
 Name: Tara Lewis Title: Program/Project Coordinator  
 Division/Department: Transportation/Transit Date of Verification: March 04, 2019





**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: TEC2117493B1: Maintenance and Support Services-Motorola Voice/Data Communications System

Reference for: (Name of Firm) Econocomm Inc. dba Mobile Communications  
 Organization/Firm Name providing reference: City of Tamarac  
 Contact Name/Title: James Twigger / Contract Service  
 Contact E-mail: james.twigger@tamarac.org  
 Contact Phone: (954) 597-3904  
 Name of Referenced Project: Communication Services - Maintenance, Installation, & Repair  
 Contract No.  
 Contract Amount:  
 Date Services Provided: 2008 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:**  
**Mobile Communications actively provides the City of Tamarac with installation, repair and maintenance services for multiple systems, including the following: Cambium Networks Canopy Wireless Systems; Motorola Radio Systems; USDD (Keylite) Fire Alerting Systems; Zetron Fire Alerting Systems.**

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 team at Mobile Communications has always been very responsive to our needs, and has provided exceptional (and timely) service.**

References Checked By  
 Name: Tara Lewis Title: Program/Project Coordinator  
 Division/Department: Transportation/Transit Date of Verification: