



**TO:** Darnell Kimbrew  
Purchasing Division  
**FROM:** Jack Feinberg, Division Director  
Broward Addiction Recovery Center Division  
**SUBJECT:** Solicitation No.: GEN2117240B1  
Urine Drug Tests and Supplies

Recommended Vendor: American Drug Screen Corporation  
Recommended Group(s)/Line Item(s): All Line Items  
Initial Award Amount: \$174,210 Potential Total Amount: \$522,630  
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: Anika Hamilton  
(Individual authorized to administer the contract.)

TITLE: Business Manager

SIGNATURE: Anika Hamilton Digitally signed by Anika Hamilton  
Date: 2019.03.22 10:28:47 -04'00' DATE: March 22, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2117240B1 - Urine Drug Screen  
 Reference for: (Name of Firm) American Drug Screen Corporation  
 Organization/Firm Name providing reference: Colusa County Probation Department  
 Contact Name/Title: Fanny Reynoso/Account Clerk II  
 Contact E-mail: freynoso@countyofcolusa.com  
 Contact Phone: 530 458-0693  
 Name of Referenced Project: Instant Urine Cups  
 Contract No. N/A  
 Contract Amount: \$7,400 per year  
 Date Services Provided: September 2015 - 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:**  
**We purchase 6-panel testing cups from ADS.**

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 type="checkbox"/>	<input checked="" 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)**  
**They are a great supplier and provide timely deliveries.**

References Checked By  
 Name: Deborah Marrero Title: Accountant  
 Division/Department: BARC/Finance Date of Verification: March 13, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2117240B1 - Urine Drug Screen  
 Reference for: (Name of Firm) American Drug Screen Corporation  
 Organization/Firm Name providing reference: Tarrant County (TX)  
 Contact Name/Title: Elaine Johnson, Senior Buyer  
 Contact E-mail: ekjohnson@tarrantcounty.com  
 Contact Phone: 817-212-7549  
 Name of Referenced Project: Annual Contract for Urine Drug Screening Supplies  
 Contract No. Bid 2017-171  
 Contract Amount: Approx. \$400,000  
 Date Services Provided: 9/17-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:**  
 This vendor supplies 7-panel Integrated Cup Style drug tests.

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

**Additional Comments: (provide on additional sheet if needed)**  
 Initially, the vendor had some difficulty keeping up with our high volume orders but remedied the situation with good communication and follow-through.

References Checked By  
 Name: Deborah Marrero Title: Accountant  
 Division/Department: BARC/Finance Date of Verification: March 6, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2117240B1 - Urine Drug Screen  
 Reference for: (Name of Firm) American Drug Screen Corporation  
 Organization/Firm Name providing reference: New Direction  
 Contact Name/Title: Mia Wilson Rehab Counselor 1  
 Contact E-mail: mia.wilson@miamidad.gov  
 Contact Phone: 786-878-6415  
 Name of Referenced Project: Alcohol and Drug Screen Products & Services  
 Contract No. FB-00306  
 Contract Amount: \$463,297.50  
 Date Services Provided: 11-1-2016 through 10-31-2021  
 (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 drug testing 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 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)**

References Checked By  
 Name: Deborah Marrero Title: Accountant  
 Division/Department: BARC/HSD Date of Verification: March 22, 2019