



TO: Yasmin Teja
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: W2112511B1
Insert Solicitation Title: Parking Lot Sealing and Striping Services

Recommended Vendor: FLG Services, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$441,743.45 Potential Total Amount: \$1,325,230.35
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: Scott Campbell
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE:

DATE:

11/30/16



Vendor Reference Verification Form

Broward County Solicitation No. and Title: W2112511B1, Parking Lot Sealing and Striping

Reference for: (Name of Firm) FLG Services, Inc.

Organization/Firm Name providing reference: Florida Contracting Services, Inc.

Contact Name/Title: Bao Dang

Contact E-mail: bao@flacontracting.com

Contact Phone: 954-856-4925

Name of Referenced Project: Fire Station #32 D Curb and Striping

Contract No. NA

Contract Amount: \$5,000

Date Services Provided: September 2016

(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:

D curb and striping

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

Additional Comments: (provide on additional sheet if needed)

Work was done correctly and on-time. We would use this vendor again.

References Checked By

Name: Robin Swanson

Title: Contract Administrator

Division/Department: Facilities Management Division

Date of Verification: October 21, 2016



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PW2112511B1, Parking Lot Sealing and Striping

Reference for: (Name of Firm) FLG Services, Inc.

Organization/Firm Name providing reference: DP Development of the Treasure Coast

Contact Name/Title: Steve Lawless, Project Manager

Contact E-mail: steve@dpdevelopment.net

Contact Phone: 561-584-4975

Name of Referenced Project: Sidewalk and ADA Repairs

Contract No. NA

Contract Amount: \$182,000

Date Services Provided: July 2016

(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:

Sidewalk and ADA 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)

This is our prime vendor for all flatwork projects. They have done numerous projects for us. Good contractor We still use them today

References Checked By

Name: Robin Swanson

Title: Contract Administrator

Division/Department: Facilities Management Division

Date of Verification: October 19, 2016



Vendor Reference Verification Form

Broward County Solicitation No. and Title: W2112511B1, Parking Lot Sealing and Striping

Reference for: (Name of Firm) FLG Services, Inc.

Organization/Firm Name providing reference: Rapid Milling and Paving

Contact Name/Title: Dominik Montes

Contact E-mail: dominik@rapidmp.com

Contact Phone: 954-650-5301

Name of Referenced Project: Wycliff in Wellington

Contract No. NA

Contract Amount: \$15,000

Date Services Provided: July 2016

(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:

Asphalt, sealcoat, and striping

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)

Great communication and always willing to go above and beyond, will do what is necessary to get the job done in a timely manner.

References Checked By

Name: Robin Swanson

Title: Contract Administrator

Division/Department: Facilities Management Division

Date of Verification: October 21, 2016