



TO: Jeannette Ferrell
Purchasing Division
FROM: Jorge Hernandez, Division Director
PE Business Administration Division
SUBJECT: Solicitation No.: X2112977B1
Pressure Washing Services

Recommended Vendor: Lightning Commercial Cleaning Service LLC

Recommended Group(s)/Line Item(s): Items 1-15

Initial Award Amount: \$215,595.00

Potential Total Amount: \$646,785.00

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 ≥ 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: Deborah Kraft
(Individual authorized to administer the contract.)

TITLE: Project/Program Coordinator

DEBORAH KRAFT
SIGNATURE:

Digitally signed by DEBORAH KRAFT
DN: dc=clty, dc=broward, dc=bc, ou=Organization,
ou=PEV, ou=Users, cn=DEBORAH KRAFT
Date: 2017.04.18 08:50:28 -04'00'

DATE: April 18, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2112977B1, Pressure Washing Services

Reference for: (Name of Firm) Lightning Commercial Cleaning Service, LLC.

Organization/Firm Name providing reference: Walmart

Contact Name/Title: Neera Ramnanan, Assistant Manager

Contact E-mail: neeraramnanan@gmail.com

Contact Phone: 954-513-8984

Name of Referenced Project: Walmart Sidewalk

Contract No. na

Contract Amount: \$13,780.03

Date Services Provided: 11/11/16 to 11/13/16

(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:

Exterior Building Pressure Cleaning and Loading Docks, Curbs, Parking Stumps and Walkways
121,350 sq. ft.

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)

Attached email

References Checked By

Name: Deborah Kraft

Title: Project/Program Coordinator

Division/Department: PEV Business Admin

Date of Verification: April 17, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2112977B1, Pressure Washing Services

Reference for: (Name of Firm) Lightning Commercial Cleaning Service, LLC.

Organization/Firm Name providing reference: Alorica Inc.

Contact Name/Title: Dana Mercer, Maintenance Manager

Contact E-mail: dana.mercer1016@gmail.com

Contact Phone: 239-600-0680

Name of Referenced Project: Walmart Sidewalk

Contract No. na

Contract Amount: \$7,500.50

Date Services Provided: 02/06 to 02/07/17

(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:

Pressure washing of front entrance pavers, sidewalks, parking stops and curbs.
35,000 sq. ft.

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)

Attached email

References Checked By

Name: Deborah Kraft

Title: Project/Program Coordinator

Division/Department: PEV Business Admin

Date of Verification: April 17, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: X2112977B1, Pressure Washing Services

Reference for: (Name of Firm) Lightning Commercial Cleaning Service, LLC.

Organization/Firm Name providing reference: Anyday Security

Contact Name/Title: Elicia Lang/Owner

Contact E-mail: eliciae@aol.com

Contact Phone: 407-433-6707

Name of Referenced Project: Building/Parking Lot Pressure Cleaning

Contract No. PO 2525620

Contract Amount: 17,550.00 (.13 sq ft x135,000)

Date Services Provided: 4/4-4/9/17

(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:

Lightning Commercial Cleaning Service provided pressure washing to the office building, parking lot, curb stumps.

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 owner of Lightning Cleaning Service is very courteous and professional. The service far exceeded our expectations. I would definitely recommend this company for any/all pressure washing services.

References Checked By

Name: Deborah Kraft

Title: Project/Program Coordinator

Division/Department: PEV Business Admin

Date of Verification: April 17, 2017