



TO: Randy Plunkett, Purchasing Agent
Purchasing Division
FROM: Robert Flint, Director of Operations *RF*
Port Everglades Department
SUBJECT: Solicitation No.: BLD2116389B1
Elevator and Escalator Maintenance and Repair - Port Everglades

Recommended Vendor: Oracle Elevator Company
Recommended Group(s)/Line Item(s): Items 1 thru 72
Initial Award Amount: \$1,913,800.00 Potential Total Amount: \$4,784,500.00
Initial Contract Term: Two Years Contract Term, including Renewals: Five 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: Jouvens Adrien TITLE: Construction Project Manager
(Individual authorized to administer the contract.)

SIGNATURE: JOUVENS ADRIEN Digitally signed by JOUVENS ADRIEN
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=PEV, ou=Users, cn=JOUVENS ADRIEN
Date: 2018.09.06 17:44:48 -0400 DATE: September 6, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: **ELEVATOR AND ESCALATOR MAINTENANCE AND REPAIR**

Reference for: (Name of Firm) **ORACLE ELEVATOR COMPANY**

Organization/Firm Name providing reference: **CITY OF SUNRISE**

Contact Name/Title: **HOLLY RAPHAELSON**

Contact E-mail: **HRAPHAELSON@SUNRISEFL.GOV**

Contact Phone: **954-888-6016**

Name of Referenced Project: **VARIOUS LOCATIONS**

Contract No.

Contract Amount: **20,000**

Date Services Provided: **2013 - 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:

MAINTENANCE OF ELEVATORS AT CITY BUILDINGS.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

NOT SATISFIED WITH SERVICE FROM THIS VENDOR. VENDOR NEEDS TO IMPROVE CONSISTANCY OF QUALITY SERVICE.

References Checked By

Name: **ROBERT CANTOR**

Title: **STOREKEEPER**

Division/Department: **PEV/Operations/Public Works**

Date of Verification: **09/06/2018**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: **ELEVATOR AND ESCALATOR MAINTENANCE AND REPAIR**

Reference for: (Name of Firm) **ORACLE ELEVATOR COMPANY**

Organization/Firm Name providing reference: **FLORIDA ATLANTIC UNIVERSITY**

Contact Name/Title: **DAN FITOIU / DIRECTOR**

Contact E-mail: **DFITOIU@FAU.EDU**

Contact Phone: **561-287-4930**

Name of Referenced Project: **FAU - BOCA RATON**

Contract No.

Contract Amount: **\$25,000.00**

Date Services Provided: **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:

MAINTENANCE OF ELEVATOR AND ESCALATORS AT ALL COLLEGE CAMPUS LOCATIONS.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

HAVE USED THIS FIRM SINCE 2015 AND WE ARE VERY SATISFIED WITH THEIR SERVICE.

References Checked By

Name: **ROBERT CANTOR**

Title: **STOREKEEPER**

Division/Department: **PEV/Operations/Public Works**

Date of Verification: **09/06/2018**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: ELEVATOR AND ESCALATOR MAINTENANCE AND REPAIR
 Reference for: (Name of Firm) ORACLE ELEVATOR COMPANY
 Organization/Firm Name providing reference: BROWARD HEALTH
 Contact Name/Title: SCOTT TORRES
 Contact E-mail: STORRES@BROWARDHEALTH.ORG
 Contact Phone: 954-275-0243
 Name of Referenced Project: REPAIRS
 Contract No. _____
 Contract Amount: \$250,000.00
 Date Services Provided: 2017 - 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:
ELEVATOR REPAIRS AT VARIOUS OFFICE LOCATIONS.

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)
HAVE USED THIS FIRM FOR OVER 5 YEARS AND WE ARE VERY SATISFIED WITH COMPANY, GREAT CUSTOMER SERVICE.

References Checked By
 Name: ROBERT CANTOR Title: STOREKEEPER
 Division/Department: PEV/Operations/Public Works Date of Verification: 09/06/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: ELEVATOR AND ESCALATOR MAINTENANCE AND REPAIR
 Reference for: (Name of Firm) ORACLE ELEVATOR COMPANY
 Organization/Firm Name providing reference: COUNTRY CLUB TOWERS
 Contact Name/Title: JERRY RUBIN
 Contact E-mail: ALRJGR@BELLSOUTH.NET
 Contact Phone: 781-929-7301
 Name of Referenced Project: COMPLETE RENOVATION
 Contract No. _____
 Contract Amount: \$495,000.00
 Date Services Provided: APRIL 2016 - MAY 2017

(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:
RECENTLY COMPLETED A MAJOR RENOVATION TO ALL BUILDING ELEVATORS.
JUST SIGNED A 5 YEAR MAINTENANCE AGREEMENT.

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)

VERY SATISFIED WITH COMPANY, GREAT ATTENTION TO DETAIL.
RESPONDS TO SERVICE CALLS QUICKLY, AT ALL HOURS.

References Checked By
 Name: ROBERT CANTOR Title: STOREKEEPER
 Division/Department: PEV/Operations/Public Works Date of Verification: 09/06/2018