



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title: Bid #BLD2123540P1 - Building Automation Systems Services - County Facilities

Reference for: Climax/Mechanical Air
Organization/Firm Name providing reference: Florida Memorial University - Main Campus - Miami Gardens
Contact Name: David Jaccarino Title: Facilities Director Reference date: 3/4/2022
Contact Email: david.jaccarino@fmuniv.edu Contact Phone: (305) 815-8039
Name of Referenced Project: Florida Memorial University Controls Upgrade
Contract No. Date Services Provided: 01/01/2020 Project Amount: 1,500,000.00

Vendor's role in Project: [X] Prime Vendor [] Subconsultant/Subcontractor
Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Upgrade and new installation of HVAC equipment and controls

Table with 5 columns: Please rate your experience with the referenced Vendor, Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness of, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed) Very professional organization with excellent follow-up.

THIS SECTION FOR COUNTY USE ONLY

Verified via: [X] EMAIL [] VERBAL Verified by: Janice Carter Division: FMD Date: 3/18/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

BLD2123540P1 - Building Automation System Services - County Facilities

Reference for: Climax Inc DBA Mechanical Air Concepts

Organization/Firm Name providing reference:

Baptist Health South Florida

Contact Name: Hernando Morales

Title: Manager Facilities Operations -Baptist

Reference date: 03-18-2022

Contact Email: HernandoM@baptisthealth.net

Contact Phone: (305)608-7876

Name of Referenced Project: Controls Service Agreement 24/7/365 Days/Year For 35 Properties

Contract No. 10000-0000960075 and 10000-0000948725

Date Services Provided: 2021-Present

Project Amount: \$212,000.00/Year

Vendor's role in Project: [x] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [x] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Remote and onsite support to maintain HVAC controls for 35 critical care facilities up and running and retro-commissioning services

Please rate your experience with the referenced Vendor:

Table with 5 columns: Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness of, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed)

In Other Construction Projects, Contractor Demonstrates Competency and Excellence, Including Doral Hospital, Baptist Pharmacy Warehouse, CDSC

THIS SECTION FOR COUNTY USE ONLY

Verified via: [X] EMAIL [] VERBAL Verified by: Janice Carter Division: FMD Date: 3/18/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title: BLD2123540P1 - Building Automation System Services - County Facilities

Reference for: Climax Inc DBA Mechanical Air Concepts

Organization/Firm Name providing reference: Colliers International

Contact Name: Duanne Jordan Title: Sr Property Mgr Reference date: 3-9-2022

Contact Email: duanne.jordan@colliers.com Contact Phone: (786) 486-3535

Name of Referenced Project: Burger King Headquarters 5505 Blue Lagoon Drive, Miami FL 33126

Contract No. Date Services Provided: Project Amount: Ongoing Construction and Maintenance Contract 03/06/2019 3,700,000.00

Vendor's role in Project: [X] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Retrofit, Installation and Service Of Pneumatic Control System And Trane Tracer Summit System Conversion To DDC

Table with 5 columns: Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness of, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed) MAC has provided single source solutions to Colliers since 2015. They Command many trades including controls, pneumatics, integration, mechanical and testing and balancing. They are a great partner at our facilities.

THIS SECTION FOR COUNTY USE ONLY

Verified via: [X] EMAIL [] VERBAL Verified by: Janice Carter Division: FMD Date: 3/18/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

Bid BLD2123540P1 Building Automation Systems Services - County Facilities

Reference for: Johnson Controls Inc.

Organization/Firm Name providing reference:

Florida International University

Contact Name: Danny Paán Title: Director Operation Reference date: 02/22/2022

Contact Email: paand@fiu.edu Contact Phone: (305) 348-4005

Name of Referenced Project: Controls Service

Contract No. Date Services Provided: Project Amount:
07/01/2021 147,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

[Empty box for description of services]

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Janice Carter Division: FMD Date: 3/18/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.

Vendor Reference Verification Form – RFPs, RLIs, RFQs
(Revised 1/22)



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

Bid BLD2123540P1 Building Automation Systems Services - County Facilities

Reference for: Johnson Controls Inc.

Organization/Firm Name providing reference:

Telemundo

Contact Name: Adrian Paez Title: Director Operation Reference date: 03/18/2022

Contact Email: adrian.paez@nbcuni.com Contact Phone: (786) 586-0168

Name of Referenced Project: Controls Service

Contract No.	Date Services Provided:	Project Amount:
	02/01/2022	121,879.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Provide all controls/mechanical services for all buildings and the chiller plant.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Janice Carter Division: FMD Date: 03/30/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

Bid BLD2123540P1 Building Automation Systems Services - County Facilities

Reference for: Johnson Controls Inc.

Organization/Firm Name providing reference:

Florida Atlantic University

Contact Name: Patrick Cheung Title: Director Operation Reference date: 03/18/2022

Contact Email: pcheung@fau.edu Contact Phone: (561) 289-6036

Name of Referenced Project: Controls Service

Contract No.	Date Services Provided:	Project Amount:
	08/01/2021	40,681.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Preventative Maintenance, Building automation controls. Update and recommission existing controls, graphics and point to

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Janice Carter Division: FMD Date: 03/21/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

BLD2123540P1 - Building Automation Systems Services - County Facilities

Reference for: Siemens Industry, Inc

Organization/Firm Name providing reference:

University of Miami

Contact Name: Jose Varona Title: BMS Reference date: 2/22/2022

Contact Email: j.varona@miami.edu Contact Phone: (305) 297-7413

Name of Referenced Project: Ongoing BMS Service Contract

Contract No.	Date Services Provided:	Project Amount:
Total Annual Value	ongoing since 2010	1,250,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Ongoing maintenance and repairs of multiple facilities.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Janice Carter Division: FMD Date: 3/22/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.

Vendor Reference Verification Form – RFPs, RLIs, RFQs
(Revised 1/22)



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

BLD2123540P1 - Building Automation Systems Services - County Facilities

Reference for: Siemens Industry, Inc

Organization/Firm Name providing reference:

Miami-Dade County

Contact Name: David Garcia Title: BMS Reference date:

Contact Email: dqarcia@miamidade.gov Contact Phone: (305) 375-4217

Name of Referenced Project: Ongoing BMS Service Contract

Contract No. Date Services Provided: Project Amount: N/A ongoing since 1992 2,000,000.00

Vendor's role in Project: [X] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Ongoing maintenance and repairs of multiple facilities.

Table with 5 columns: Please rate your experience with the referenced Vendor, Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness of, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: [X] EMAIL [] VERBAL Verified by: Janice Carter Division: FMD Date: 3/19/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.



Vendor Reference Verification Form for RFPs, RLIs and RFQs

Broward County Solicitation No. and Title:

BLD2123540P1 - Building Automation Systems Services - County Facilities

Reference for: Siemens Industry, Inc

Organization/Firm Name providing reference:

Joe DiMaggio Children's Hospital

Contact Name: Terry Reardon

Title: Facilities Director

Reference date:

Contact Email: TReardon@mhs.net

Contact Phone: (954) 265-0581

Name of Referenced Project: Ongoing BMS Service Contract

Contract No.

Date Services Provided:

Project Amount:

N/A

01/01/2022

150,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Ongoing maintenance and repairs of multiple facilities.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Janice Carter Division: FMD Date: 3/22/2022

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.

Vendor Reference Verification Form – RFPs, RLIs, RFQs
(Revised 1/22)

- ▼ **Contracts Central**
 - ▷ Fixed/Open Contracts
 - ▷ Work Auth
 - ▷ Projects
- ▼ **PURCHASING**
 - ▷ Procurement
 - ▷ FileRoom DashBoard
 - ▷ FileRoom Insert
 - ▷ Debarment Dashboard
- ▼ **Favorites**
 - ▷ Prime Vendor
 - ▷ Sub Vendor
 - ▷ Purchase Order
 - ▷ Evaluation
- ▷ Log Off

**Prime Vendor Dashboard - MECHANICAL AIR
CONCEPTSCLIMAX INC**

**NEW PS / 000005131 - MECHANICAL AIR
CONCEPTSCLIMAX INC Prime Vendor Summary**

1 OE: Open

Thres: PS: **\$201,805.60** Used: **\$3,911.40** Remain: **\$197,894.20**

1 OE: Expired

Thres: PS: **\$350,830.50** Used: **\$297,337.50** Remain: **\$53,493.00**

2 OE:

Total: Thres: **\$552,636.10** Used: **\$301,248.90** Remain: **\$251,387.20**

No Fixed Contracts

**2 Final/Completed/Renewal Eval Have Been Completed (5 Yrs)
For A Overall Average Of: 4.12**

From Begining Of Advantage: First PO Issued Date: **05/30/2019**

Purchase Orders: **30 POs With A Total Amt Of: \$301,248.90 Paid
To Dt: (\$123,062.50) Balance: \$178,186.40**

[Contracts](#)

[Purchase Orders](#)

[Documents](#)

[Finish](#)

Vendor Performance Evaluations

5yr Final/Complete/Renew (2) Avg: 4.12

- ▼ Contracts Central
 - ▷ Fixed/Open Contracts
 - ▷ Work Auth
 - ▷ Projects
- ▼ PURCHASING
 - ▷ Procurement
 - ▷ FileRoom DashBoard
 - ▷ FileRoom Insert
 - ▷ Debarment Dashboard
- ▼ Favorites
 - ▷ Prime Vendor
 - ▷ Sub Vendor
 - ▷ Purchase Order
 - ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard - **JOHNSON CONTROLS INC**

VC0000014521 / VC00014521 - JOHNSON CONTROLS INC Prime Vendor Summary

1 OE: Open Thres: PS: \$7,778,231.72 Used: \$1,950,694.64 Remain: \$5,827,537.08
11 OE: Expired
Thres: Adv: \$14,181,919.29 PS: \$12,372,352.77 Total: \$26,554,272.06 Used: \$34,250,909.34 Remain: (\$7,696,637.28)
12 OE: Total: Thres: \$34,332,503.78 Used: \$36,201,603.98 Remain: (\$1,869,100.20)
Fixed Contracts - Open: 0 Total \$0.00 Closed: 11 Total: \$12,335,468.70

5 Final/Completed/Renewal Eval Have Been Completed (5 Yrs) For A Overall Average Of: 3.97

From Begining Of Advantage: First PO Issued Date: **10/08/2004**

Purchase Orders: 1,816 POs With A Total Amt Of: \$43,089,676.50 Paid To Dt: (\$41,592,808.37) Balance: \$1,264,907.14

[Contracts](#) [Purchase Orders](#) [Sub Vendors](#) [Documents](#) [Finish](#)

Vendor Performance Evaluations

[5yr Final/Complete/Renew \(5\) Avg: 3.97](#) [Archived Final/Complete/Renew \(9\) Avg: 3.87](#) [Periodic \(2\) Avg: 4.5](#)
[Old - Manual \(11\)](#)

- ▼ Contracts Central
 - ▷ Fixed/Open Contracts
 - ▷ Work Auth
 - ▷ Projects
- ▼ PURCHASING
 - ▷ Procurement
 - ▷ FileRoom DashBoard
 - ▷ FileRoom Insert
 - ▷ Debarment Dashboard
- ▼ Favorites
 - ▷ Prime Vendor
 - ▷ Sub Vendor
 - ▷ Purchase Order
 - ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard - SIEMENS INDUSTRY INC

VC0000005476 / VC00005476 - SIEMENS INDUSTRY INC Prime Vendor Summary

5 OE: Open Thres: PS: \$26,014,551.79 Used: \$16,072,491.08 Remain: \$9,942,060.71
12 OE: Expired
Thres: Adv: \$2,296,988.51 PS: \$3,962,026.79 Total: \$6,259,015.30 Used: \$4,431,728.93 Remain: \$1,827,286.37
17 OE: Total: Thres: \$32,273,567.09 Used: \$20,504,220.01 Remain: \$11,769,347.08
Fixed Contracts - Open: 0 Total \$0.00 Closed: 1 Total: \$217,576.00

5 Final/Completed/Renewal Eval Have Been Completed (5 Yrs) For A Overall Average Of: 4.08

From Begining Of Advantage: First PO Issued Date: 10/11/2004

Purchase Orders: 759 POs With A Total Amt Of: \$21,068,722.08 Paid To Dt: (\$20,052,340.63) Balance: \$969,579.42

[Contracts](#) [Purchase Orders](#) [Documents](#) [Finish](#)

Vendor Performance Evaluations

[5yr Final/Complete/Renew \(5\) Avg: 4.08](#) [Archived Final/Complete/Renew \(15\) Avg: 4.23](#) [Periodic \(3\) Avg: 3.83](#)
[Old - Manual \(1\)](#)