

**DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Rev 1

New contract
 OTR
 CO
 SS
 BW
 Emergency
 Previous Contract/Project No. SS8423-1/12-1

Re-Bid
 Other (Government Access)
 LIVING WAGE APPLIES: YES NO

Requisition/Project No: RQAV1200042 TERM OF CONTRACT: 5 Months with 0 options-to-renew

Requisition/Project Title:- Matrix Security System

Description: The Miami-Dade Aviation Department (MDAD) require a term contract in place for ongoing software maintenance, technical support, parts, and repair services for the existing Matrix Security System (System). The System is in use throughout the airports managed by MDAD and is critical to daily operations. This short term bridge contract is being established as an emergency for continuity of services while the long term replacement contract is submitted for Board of County Commission approval. It is recommended that this contract be approved in the best interest of the County.

User Department(s): Miami-Dade Aviation Departments

Issuing Department: Procurement Management Contact Person: Melissa Adames Phone: (305) 375- 4029

Estimated Cost: \$600,000 Funding Source: Proprietary Funds REVENUE GENERATING: No

ANALYSIS

Commodity/Service No: <u>91828, 93673, 91828, 91829, 92045</u>		SIC: _____	
Trade/Commodity/Service Opportunities			
Contract/Project History of Previous Purchases For Previous Three (3) Years Check Here <input type="checkbox"/> if this is a New Contract/Purchase with no Previous History			
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>
Contractor:	<u>Matrix Security</u>	<u>SAME</u>	<u>SAME</u>
Small Business Enterprise:	<u>No</u>		
Contract Value:	<u>\$1.8 million</u>		
Comments: <u>This is a proprietary System and can only be maintained by the proprietary vendor, Matrix Security.</u>			
Continued on another page (s): <input type="checkbox"/> Yes <input type="checkbox"/> No			

RECOMMENDATIONS

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%		
		%		
		%		
		%		

Basis of Recommendation:

Signed: Melissa Adames

Date to SBD: October 2, 2012

Date Returned to DPM: _____

RECEIVED
 DEPT. BUSINESS DEV.
 2012 OCT 2 PM 3:30



**SECTION #3
EMERGENCY PURCHASES**

NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (▶)

▶ REQUISITION #: RQAV1200042 P.O. #: _____ BCC DATE: _____

▶ ACQUISITION DATE (Date Order Is Placed): 10/01/2012

▶ TITLE:	<u>Matrix System Support</u>
▶ DESCRIPTION:	<u>Repair/parts/Upgrades and support services for the Matrix Security system at MIA and the GAA</u>
▶ PURPOSE :	<u>To establish a gap contract for the Repair/parts/Upgrades and support services for the Matrix Security system at MIA and the GAA for a maximum period of 5 months.</u>

▶ Department(s):	▶ Funding Source(s):	▶ Allocation(s):
Aviation	Revenue Funding	\$ 600,000.00
*		\$

▶ TERM OF CONTRACT:

One Two Three Four Five *Year(s)

5 Month(s)

Contract Period From _____ to _____

Upon Completion * From _____ to _____

Upon Delivery * _____ Days A.R.O. (after Receipt of Order)

Special Conditions:

Insurance Type _____

Performance/Payment Bond

Certificate of Competency

Living Wage Applies

SBE Measures:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Set Aside	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise	Review Committee Date: _____
	<input type="checkbox"/> Bid Preference	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise	Item #: _____	
	<input type="checkbox"/> Goal	<input type="checkbox"/> SBE	<input type="checkbox"/> Micro Enterprise		

▶ Number of Price Quotation(s): Requested: _____ Received: _____

Awarded To Low Bidder: * YES NO, If "NO", provide explanation in the Comments section

Vendor: <u>Matrix Systems, Inc</u>	Vendor: _____
Vendor: _____	Vendor: _____

Contract Value: \$600,000.00

Did Local Preference affect the outcome of the Award?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO, if "YES", provide detailed explanation in the "Comments" section
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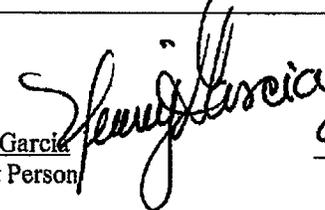
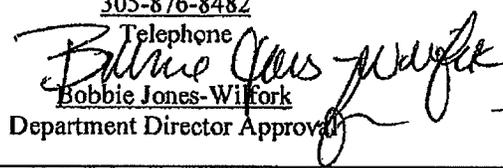
UAP Included: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<ul style="list-style-type: none"> • Will CITT Funds be used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • Will Federal Funds be used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO • If UAP is not included, Attach written approval to waive UAP and provide an explanation in the "Comments" section
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**SECTION #3
EMERGENCY PURCHASES**

REQUISITION # RQAV1200042
TITLE Matrix Security System Support

► **Justification and Comments:** The existing Sole Source contract with Matrix Systems, Inc for the purchase of software and equipment maintenance support services, installation, integration, repair, upgrades, and replacement parts for the existing Matrix Security System currently installed throughout the Miami International Airport and General Aviation (GA) airports located at Kendall-Tamiami Executive Airport, Opa-locka Airport, Homestead General Aviation Airport, and Dade-Collier Training and Transition Airport will expire on September 30, 2012. MDAD and ISD/PMD have been working for months with the vendor in order to finalize a new long term contract. The negotiations have taken much longer than expected and were only recently finalized. The final long term contract must now be scheduled to go to Committee and BCC for final approval. In order to have uninterrupted continuous support until the final long term contract is approved, for this critical MIA security system, MDAD is requesting an emergency gap contract based on the newly negotiated terms and pricing. We are requesting a contract for a maximum period of 5 months or whenever the long term contract is approved and finalized.

Background/Need to Know: _____
Potential Issues: _____

► **Signature(s):**  9/28/12
Neivy Garcia /Date
 Contact Person
305-876-8482
 Telephone
 10-1-12
Bobbie Jones-Wilfork /Date
 Department Director Approval

Department of Procurement Management Use Only

Signatures(s):

_____	_____
Procurement Agent	Date
_____	_____
Procurement Supervisor	Date
_____	_____
Procurement Manager	Date
_____	_____
Division Director	Date

SECTION #3
EMERGENCY PURCHASES

Director

Date

Vendor Assistance Section

Date

Attach: 1. Explanation of the emergency situation. 2. Written price quotation(s) including terms and conditions. 3. Vendor(s) Certificate of Insurance. 4. Copy of invoice(s).



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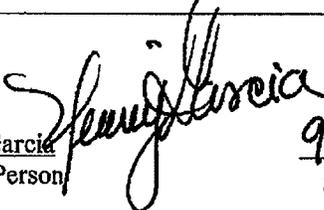
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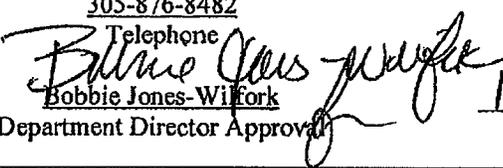
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