



SECTION # 1
AWARD OF COMPETITIVE CONTRACTS

CONTRACT #: 9013-1/19

AGENT/OFFICER: Vearnetta Rivers	DATE: May 12, 2009
TITLE: Office Trailers – Pre-Qualification	
DESCRIPTION: Vendor(s) are required to furnish and install office trailers (various sizes) which are air conditioned, fully equipped for use as office facilities. Trailers shall meet all applicable requirements of Florida /DCA CODE inclusive of mechanical and electrical systems.	
PURPOSE: The purpose of this solicitation is to pre-qualify vendor(s) for future pricing competition. This initial solicitation provides for the submission of documents and forms intended to verify that the vendor meets or exceeds the minimum criteria set forth elsewhere in this solicitation.	
CONSOLIDATION OF CONTRACTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, how many? (List on separate page)	

Department(s):	Allocation(s):	Funding Source	Project Manager
WASD	\$ 500,000 (u)	Operating	Gregory Hicks
*	\$		
*	\$		
*	\$		
*	\$		
*	\$		
*	\$		
*	\$		
*	\$		

Term of Contract :	Five (5) years
Option to Renew:	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES One (1) OTR(s) each having a term of Five (5) years Other OTR Terms:
Number of Solicitations Downloaded:	40
Number of Offers Received:	3

Special Conditions: <input checked="" type="checkbox"/> Insurance Type 1 <input type="checkbox"/> Performance/Payment Bond Living Wage: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Method of Award: <u>Pre-Qualification</u> <input type="checkbox"/> Other Method of Award:

SBE Measures: <input type="checkbox"/> None <input checked="" type="checkbox"/> Preference <input checked="" type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise <input type="checkbox"/> Set Aside <input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise <input type="checkbox"/> Goal <input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise <input type="checkbox"/> Selection Factor <input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise	Previous Award Based on Measure*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, specify type: * Not Applicable to RFP actions
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Did SBE Preference Affect the Outcome of the Award: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, provide detail in comments)
Did Local Preference Affect the Outcome of the Award: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, provide detail in comments)
Were any of the offers withdrawn, or determined to be non-responsive or non-responsible: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, provide a detailed explanation in the comments section
Awarded to Lowest Responsive and Responsible Vendor: <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, provide detail in comments)
Was the Incumbent(s) Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, provide detail in comments)
Can Additional Vendors Be Added During Contract Period: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
UAP Included: <input checked="" type="checkbox"/> YES <input 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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OFFICE TRAILERS - REGISTRATION

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Vendor: Advanced Modular Structures Inc. 651092574 01	Competency of Vendor Visit Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Filing Date: Meeting Date:
Vendor: McGrath Rent Corp / dba Mobile Modular 942579843 01	Competency of Vendor Visit Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Filing Date: Meeting Date:
Vendor: Modular Space Corp. 541375284 01	Competency of Vendor Visit Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Filing Date: Meeting Date:

Note: A Competency of Vendor Visit must be conducted on all local vendors doing business with the County for the first time

New Contract Value:	\$500,000.00 for 5 Year(s) * Month(s)
Previous Contract Value:	\$ for * Year(s) * Month(s)
Background/Need to Know:	
Potential Issues:	

Provide a detailed explanation in the "comments" section if:

- (1) Any of the responses received were withdrawn or determined to be non-responsive or non-responsible
- (2) Award was not made to the lowest priced responsive and responsible vendor
- (3) Fewer than four (4) responses were received
- (4) Ten (10%) percent or more difference from previous contract due to: TIME PRICING USAGE OTHER
- (5) The incumbent(s) was not notified
- (6) SBE preference affected outcome of award
- (7) Local Preference affected outcome of award. Include Best & Final information, if applicable.
- (8) UAP was not included

Comments: Prior to award of the request for quotes, user departments will conduct a site visit to confirm availability of inventory proposed on a needed basis.

Attach Award Recommendation – To Be Filed with Clerk of Board (over \$250K) or Posted with Vendor Assistance Unit (\$25K-\$250K)

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Milestone Tracker	Date
Solicitation Issued on the Web	04/14/09
Due Date for Vendor Responses	04/29/09
Selection Committee Memo Issued (Applies to RFP Process)	
Bid Evaluation Form Forwarded to Department	
Bid Evaluation Form Returned by Department	
Award Recommendation Issued by Agent for Management Approval	05/06/09
Award Recommendation approved by DPM Management	
Award Recommendation approved by CMO	
Award Recommendation Filed with the Clerk of the Board or Posted with Vendor Assistance	
BCC Committee Date (for contracts over \$1M)	
BCC Date (for contracts over \$1M)	
Award Compliance (Insurance, Registration, Bonds, AAP) Completed	
P.O. Issued	
Solicitation Canceled/ All Responses Rejected	

Contract Approval Record	
Contract #: 9013-1/19	
<u>Vesunetta Rivers</u> Procurement Agent/ Contracting Officer	5/12/09 Date
<u>Bernard R.</u> Procurement Supervisor/ Senior Contracting Officer	5/21/09 Date
Other Required Approvals (check applicable blocks)	
<input type="checkbox"/> Procurement Manager:	<u>[Signature]</u> Date: 5/29/09
<input type="checkbox"/> Division Director:	<u>[Signature]</u> Date: 5/29/09
<input type="checkbox"/> DPM Deputy Director:	Date: _____
<input checked="" type="checkbox"/> DPM Director:	<u>[Signature]</u> Date: 6/4/09
<input type="checkbox"/> County Manager Approval Date:	_____
(attach a copy of CMO approval document)	

Vendor Assistance Unit: [Signature] Date 6/25/09
 County Attorney (if required) _____ Date _____

Hold Bid Deposit for Vendor(s):
Comment Record From Award Approval Process, Contract # 9013-1/19:

Date	Initials	Comment

RECEIVED
 JUN 17 PM 2:32
 MIAMI-DADE COUNTY, FL

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