

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

| | | | | | | |
|--|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> <u>New contract</u> | <input type="checkbox"/> <u>OTR</u> | <input type="checkbox"/> <u>CO</u> | <input type="checkbox"/> <u>SS</u> | <input type="checkbox"/> <u>BW</u> | <input checked="" type="checkbox"/> <u>Emergency</u> | Previous Contract/Project No: SS1246-3/22-2 |
|--|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|--|

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|--|--|
| <input type="checkbox"/> <u>Re-Bid</u> | <input type="checkbox"/> <u>Other - Access</u> |
|--|--|

LIVING WAGE APPLIES: ___ YES X NO

Requisition/Project No: RQID1800029

TERM OF CONTRACT: 6 months

Requisition/Project Title: EMERGENCY FOR MAINTENANCE AND REPAIR ELEVATORS

Description: Emergency maintenance and repair services for elevators and escalators located at Miami-Dade County owned or leased buildings for various County Departments.

User Department(s): AV, ID, MT, SP, HD

Issuing Department: ISD

Estimated Cost: \$ 2,686,011.56

Contact Person: Nick Ortiz Phone: 305-375-3192

Funding Source: _____

ANALYSIS

| | | | |
|---|-----------------|--|--|
| Commodity/Service No: 295-70 | | | |
| <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">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</div> | | | |
| EXISTING 2ND YEAR 3RD YEAR | | | |
| Contractor: | | | |
| Small Business Enterprise: | | | |
| Contract Value: | \$26,860,115.60 | | |
| Comments: | | | |
| Continued on another page (s): ___ Yes <u>X</u> No | | | |

RECOMMENDATIONS

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

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| Basis of Recommendation: |
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Signed: *Lourdes Betancourt*

Date to SBD: 12/01/2017

Date Returned to DPM: _____