

**Broward Sheriff's Office**  
**Department of Fire Rescue**  
23085 B SW 42 Street  
Fort Lauderdale, FL 33312  
954.327-8715 [www.sheriff.org](http://www.sheriff.org)



September 21, 2016

City of Hollywood  
Procurement Services Division  
Attn: Janice English  
P.O. Box 229045  
Hollywood, FL 33022

Re: Purchasing from BSO Fire Rescue Regional Logistics

Ms. English,

This letter is in response to your correspondence dated September 2, 2016(see attached) requesting that BSO Fire Rescue Regional Logistics continue our current purchasing conditions with the City of Hollywood.

I can assure you the BSO Fire Rescue Regional Logistics has not changed its current purchasing or selling practices. We continue to follow standard procurement procedures and sell our items as a "pass through" without any mark up to our municipal partners.

I cannot guarantee the pricing of every item that we sell, as our contracts, quotes, and bids do change through the year, however I can confirm for you that the items will continue to be passed through to our customers without mark ups or handling fees.

I trust this letter will serve to address the concerns of your agency.

We look forward to continuing to serve you.

Regards

A handwritten signature in black ink, appearing to read "Vince Cinque", is written over a large, stylized flourish.

Vince Cinque  
Division Chief  
BSO- Regional Logistics & Special Services



# CITY OF HOLLYWOOD, FLORIDA

## Procurement Services Division

2600 Hollywood Blvd. • Room 303 • P. O. Box 229045 • Hollywood, Florida 33022-9045

Phone (954)921-3299 • Fax (954)921-3086

September 02, 2016

Broward Sheriff's Office  
Attn: Miriam Erdman, Deputy Chief  
2308B SW 42 Street  
Dania Beach, Florida 33312

Dear Ms. Erdman:

Our Agreement for Fire Rescue Medical Supplies and Janitorial Supplies based upon the Broward Sheriff's Contract and the City's Blanket Purchase Order B002338, expires on 10/18/16.

The Procurement Services Division would like to renew the agreement for a one (1) year renewal period under the terms and conditions utilizing Blanket Purchase Order B002338 (copy attached).

Please advise your interest in renewing this Agreement by marking the appropriate response, signing, and returning this correspondence.

If you are unable to renew this agreement, please explain reason(s) in a separate letter.

Thanks for your help with this matter and as always, please call me at 954-921-3345 if you have questions.

A response as soon as possible would be appreciated.

Sincerely,

Janice English, Procurement Contracts Officer  
Procurement Services Division

JE/jc

I agree: \_\_\_\_\_  
(Signature)

I disagree: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Typed or Printed)

Date: \_\_\_\_\_



**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**

**DATE:** August 31, 2016

**FILE:** PR-16-296

**TO:** Eric Busenbarrick, Fire Chief

**FROM:** Janice English, Procurement Contracts Officer

**SUBJECT:** Blanket Contract Renewal for Fire Rescue Medical Supplies & Janitorial Supplies – B002338 – Broward Sheriff's Office

**ISSUE:**

The current period of the above contract expires 10/18/16. The contract is renewable for a one (1) year period if it is determined to be in the City's best interest and the vendor agrees to the renewal in writing.

**EXPLANATION:**

Notification of Intent to Renew must be mailed to the vendor thirty (30) calendar days in advance of the contract expiration date. Accordingly, it is requested that you give this matter your immediate attention thereby providing a timely reply to preclude contract expiration.

If you do not want to renew this contract, please explain the reason(s) in a separate memo. Also note that this contract will expire on the date mentioned above and if a new contract is to be established, you must submit bid specifications.

**RECOMMENDATION:**

Please reply 9/12/16 by returning this memo appropriately filled out, signed and dated.

Date: 9/16/16

To: Janice English, Procurement Services

The Fire Chief recommends the following:

RENEW the contract under the same terms and conditions. The Budget Account Number to be charged is 01. 2151. 00000. 522. 005232 MEDICAL  
01. 2151. 00000. 522, 005231 JANITORIAL

DO NOT renew this contract. See attached memo explaining the reason(s).

DO NOT renew this contract. DO NOT prepare a replacement bid (items/services no longer needed).

Estimated annual usage/expenditure is 65,000<sup>00</sup>.

By: [Signature] C. PRATT

Title: DEPUTY CHIEF



**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**

Department/Office  
 Contract Renewal Evaluation

Date: 9-16-16	
Department/Office: FIRE	Division/Area: ADMIN
Contact Person: R. JURADO	Title: DIVISION CHIEF
Contact phone number: (9) 967-4248	Contact Email: RJurado@hollywoodfl.org
Purchase Order/Blanket Purchase Order #: BOO 2338	
Contract Expiration Date: 10-18-17	
Vendor: BROWARD SHERIFF OFFICE	Contact Person: M. ERDMAN
Contact phone number: (9) 327-8715	Contact Email: M.ERDMAN@sheriff.org
Good/Service: MEDICAL + JANITORIAL SUPPLIES	Solicitation #:

1. How would you rate the quality of goods/services?

Excellent       Good       Satisfactory       Poor

2. How would you rate the courteousness vendor's personnel?

Excellent       Good       Satisfactory       Poor

3. With regards to the goods or services provided, how satisfied are you with the following items?  
 (Please check one per category)

	Excellent	Good	Satisfactory	Poor
Overall Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are all goods/services on the contract being performed at the agreed upon time and manner?

Yes       No

If no, please explain?

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5. If you contacted the vendor, were all your questions or any issues resolved to your complete satisfaction?

Yes       No       Did not need to contact

If no, please explain?

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**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**

**Department/Office**  
**Contract Renewal Evaluation**

6. Has the invoicing been timely, accurate and in accordance with the contract?

Yes  No

If no, please explain?

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7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

Yes  No

If no, please explain?

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8. Please state any additional comments about your experience with this vendor and the goods/services provided:

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Department/Office Director's Name: C. PRATT DEPUTY DIRECTOR

Department/Office Director's Signature: 