

EVALUATION MATRIX

RFP-4423-14-RD DEBT COLLECTION SERVICES FOR PAST DUE FEES AND FINES

| | | | |
|--|--------------------|---|----------------------------------|
| PROPOSERS: <u>EVALUATION</u> <u>COMMITTEE</u> <u>MEMBERS:</u> | Penn Credit | Teja Bookkeeping Service (NON- RESPONSIVE) | Tri-State Adjustments |
| JAMES JEFFERS | 95 | (NON- RESPONSIVE) | 85 |
| RENEE RICHARDS | 81 | (NON- RESPONSIVE) | 76 |
| ROSANNE REGAN | 94 | (NON- RESPONSIVE) | 89 |
| SCORES: | 270 | (NON- RESPONSIVE) | 250 |
| RANKINGS: | 1 | (NON- RESPONSIVE) | 2 |



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Solicitation Request Form (Use for bids, RFPs, RLI's, RFQs)

CITY OF HOLLYWOOD
PROCUREMENT SERVICES
DIVISION
2014 MAY 14 AM 9:49

Date 04/16/14

Department/Office Financial Services

Division/Area Treasury

Contact Person Shawn Burgess

Title City Treasurer

Phone (954)921-3232

Email sburgess@hollywoodfl.org

1. Product/Service being requested (be specific.) Collection Agency Services

2. Detailed description of the products/services function and purpose. _____

Are there alternative products/services capable of performing the required function? _____

3. Has this product/service previously been formally solicited by the City of Hollywood?

☐ Yes ☐ No ☒ Unsure

If yes, please provide previous solicitation number. _____

4. Has this product/service previously been formally solicited by another government agency?

☒ Yes ☐ No ☐ Unsure

If yes, please provide details and copy if available. _____

5. Total estimated cost of the requested product/service? \$12,000 excluding add-ons

Has this cost been approved in your budget? ☒ Yes ☐ No

If yes, provide Account Number (s.) _____

Procurement Service Division use only

Requisition # R _____

Purchase Order # P _____

Blanket Purchase Order # _____

BPO _____

(As Applicable)

(As Applicable)

(As Applicable)

(Revised 9/2013)

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 14 Days

7. Is a pre-bid meeting required? ☐ Yes ☒ No

If yes, are you requesting it to be mandatory? ☐ Yes ☐ No

8. Project location? _____

9. Completion Time: Final completion of this project shall be in _____ calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

☐ Yes ☒ No

11. Please list any special licenses or certification require to bid. Florida Office of Financial Regulation
Commercial Collection Agency License

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

☐ Yes ☒ No

If yes, please provide the information:

Entity _____ Contact Person _____

Phone _____ Email _____

13. Are there attachments associated with this request? ☒ Yes ☐ No

14. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

☐ Yes ☒ No

If yes, please describe the related products/services and estimated cost(s.)

15. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

☐ Yes ☒ No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.)

16. Is this a grant related purchase? ☐ Yes ☒ No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) _____

Procurement Service Division use only

Requisition # R _____
BPO _____

(As Applicable)

Purchase Order # P _____

(As Applicable)

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(As Applicable)

Will this require matching funds? ☐ Yes ☐ No

What is the grant source? _____

What is the grant (dollar) amount? _____

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office? ☒ Yes ☐ No

If yes, please provide details on Department/Office and how. The general collection agency services sought by this solicitation are on behalf of the Department of Financial Services and will be made available across all departments.

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

Signature

Department/Office

Signature

Department/Office

18. Please provide the names of suggested evaluations committee member:
(NOTE: Committee members should not be direct reports.)

Rosanne Regan

Renee Richards

Jim Jeffers

Michael Cox

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.
Penn Credit Corporation, NCSPlus, Inc. and any other collection agency that has expressed an interest in providing collection agency services to the City of Hollywood.

To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at www.sam.gov.

Date of Advanced Search _____

Company Name(s) Searched

Search Results

Procurement Service Division use only

Requisition # R _____

Purchase Order # P _____

Blanket Purchase Order # _____

BPO _____

(As Applicable)

(As Applicable)

(As Applicable)



(Revised 9/2013)


Contact Person's Signature

Supervisor's Signature

Director's Signature

5/12/14
Date
5/12/14
Date
5/12/14
Date

| APPROVAL (Procurement Service Division Use Only) | | | |
|--|---|------|----------------|
| Verified By: |  | Date | <u>9/17/14</u> |
| Approved By: |  | Date | <u>9/22/14</u> |

Procurement Service Division use only

Requisition # R
BPO
(As Applicable)

Purchase Order # P
(As Applicable)

Blanket Purchase Order #
(As Applicable)