

Broward Sheriff's Office
Department of Fire Rescue
23085 B SW 42 Street
Fort Lauderdale, FL 33312
954.327-8715 .www.sheriff.org



Sheriff Scott Israel

October 19, 2017

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 August 28, 2017 (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



Miriam K Erdman R-EMTP, BPM
Deputy Chief
Fire Rescue Administration

Broward Sheriff Fire Rescue
miriam_erdman@sheriff.org



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

August 28, 2017

Broward Sheriff's Office
Attn: Vince Cinque, Division Chief
23085 B SW 42 Street
Fort Lauderdale, Florida 33312

Dear Mr. Cinque:

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 10/18/17.

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 24, 2017

FILE: PR-17-273

TO: Christopher Pratt, Fire Chief

FROM: Janice English, Procurement Contracts Officer

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

ISSUE:

The current period of the above contract expires 10/18/17. 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 as soon as possible by returning this memo appropriately filled out, signed and dated.

Date: 8-29-2017 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.

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 \$ 150,000.

By: [Signature]

Title: Fire Chief



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

**Department/Office
Contract Renewal Evaluation**

Date: 08-29-2017	
Department/Office: Fire Rescue	Division/Area: Administration
Contact Person: Alex Poli	Title: Division Chief
Contact phone number: (954) 967-4248	Contact Email: Apoli@hollywoodfl.org
Purchase Order/Blanket Purchase Order #: B002338	
Contract Expiration Date: 10-18-2018	
Vendor: Broward Sheriff Office	Contact Person: M. Erdman
Contact phone number: (954) 327-8715	Contact Email: M.Erdman@sheriff.org
Good/Service: Medical/Janitorial Supplies, & Fire Equipment	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?

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?



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?

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?

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

N/A

Department/Office Director's Name:

 CHRISTOPHER PRATT

Department/Office Director's Signature:

