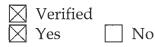
CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: American Cutting and Drilling Company, Inc. Type of Contractor: Concrete Placing & Finishing Comments:

\boxtimes	Application	\square	Resumes	
\boxtimes	Contractor License	\square	Certificate of Insurance	
\boxtimes	Cover letter	\square	References	
\boxtimes	Public Entity	\square	Corporate Filing	
	Audited Financial Statement, or	\boxtimes	Surety Letter/POA	
\boxtimes	Dun and Bradstreet Report, or,		Five (5) Credit References	

1. Applicant General Information

Legal Name: American Cutting and Drilling Company, Inc.
Type of Organization: Corporation
Qualifying Agent: Carl DeNunzio
License: 01-9959-CP-X (Broward County)
Qualifying Agent an Officer of the Company?:
Qualifying Agent's Title: President
Years Legal Entity has been in business: 19
Number of management staff: 2



2. Experience

A. Firm			
Previous Education facility?	🔀 Yes	🗌 No	
Previous SBBC projects?	🔀 Yes	🗌 No	
Number of similar projects completed in the past 5 years: 6			
Number of similar projects completed in past year: 2			
Number of similar current projects: 4			
Range of Construction Costs \$12,995 to \$358,087			
Comments:			
B. Staff			
Previous Education facility?	🔀 Yes	🗌 No	
Previous SBBC projects?	🔀 Yes	🗌 No	

B. Starf Previous Education facility? Previous SBBC projects? Number of similar projects in the past 5 years: 6 Range of Construction Costs \$12,995 to \$358,087 Years of similar experience: 37 Project management staff: 2 Comments:

3. Financial Data

Audited Financial Statement submitted. Letter of Intent from Surety Company submitted. Bonding Limits \$400,000 Per Project Limit/\$400,000 Agg Requested Limits \$500,000 Per Project Limit/\$1,000,000 Ag	0
Dun and Bradstreet Report – Summary Report (\$1,000,000 or less)	\boxtimes
Comprehensive Report (\$1,000,000 or greater)	
Financial Stress –	
Payment Risk -	
Suits -	
Insurance Certificate Limits Compliant?	🔀 Yes 🔝 No
Comments:	
Contractor submitted 5 credit references in lieu of a D&B rep	ort.
4. Litigation	
Litigation, action, claim in the last 5 years? Verified in Dun and Bradstreet Report?	☐ Yes
Comments:	

5. Past Performance

	ferences:		
1.	Name: James B. Rose		
	Title: President		
	Firm: Rose Engineering Contractors		— 1
	Verified Listed Project?:	🔀 Yes	🔲 No
	Project Completed On Time per		
	the original contract duration?:	🔀 Yes	No
	If No:		
	Time extension Approved?	Yes	🗌 No
	Liquidated Damages Assessed?	Yes	🗌 No
	Project Completed On Budget per the		
	Owner's original budget?:	X Yes	No No
	If No:		
	Change Orders Approved?	Yes	□ No
	If Yes list the percentage of dollar va		
	% Errors & Omissions	nuc attributu	bie to each eacegory.
	% Unforeseen		
	% Owner Request		
			٨
	Quality of Work:	—	Average
		Below A	Average
	Would reference hire the applicant again?	🛛 Yes	🗌 No
_		🛛 Yes	∐ No
2.	Name: Matt Griffin	🛛 Yes	∐ No
2.	Name: Matt Griffin Title: Project Manager	X Yes	L] No
2.	Name: Matt Griffin	Yes	∐ No
2.	Name: Matt Griffin Title: Project Manager	X Yes	No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction		
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?:		
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per	Yes	□ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?:	Yes	□ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved?	☑ Yes☑ Yes	□ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed?	✓ Yes✓ Yes✓ Yes✓ Yes	 No No No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the	 Yes Yes Yes Yes Yes 	□ No □ No □ No ⊠ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?:	✓ Yes✓ Yes✓ Yes✓ Yes	 No No No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No:	 Yes Yes Yes Yes Yes Yes 	□ No □ No □ No □ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved?	 Yes Yes Yes Yes Yes Yes Yes Yes Yes 	□ No □ No □ No □ No □ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar variables.	 Yes Yes Yes Yes Yes Yes Yes Yes Yes 	□ No □ No □ No □ No □ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>_91</u> % Errors & Omissions	 Yes Yes Yes Yes Yes Yes Yes Yes Yes 	□ No □ No □ No □ No □ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>91</u> % Errors & Omissions <u>%</u> Unforeseen	 Yes Yes Yes Yes Yes Yes Yes Yes Yes 	□ No □ No □ No □ No □ No □ No
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>91</u> % Errors & Omissions <u>%</u> Unforeseen <u>%</u> Owner Request	 Yes Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No No ble to each Category:
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>91</u> % Errors & Omissions <u>%</u> Unforeseen	 Yes Yes Yes Yes Yes Yes Yes Above A 	□ No □ No □ No □ No □ No □ No ble to each Category:
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>91</u> % Errors & Omissions <u>%</u> Unforeseen <u>%</u> Owner Request	 ✓ Yes ✓ Above A Average 	□ No □ No □ No □ No □ No □ No ble to each Category:
2.	Name: Matt Griffin Title: Project Manager Firm: Hubbard Construction Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>91</u> % Errors & Omissions <u>%</u> Unforeseen <u>%</u> Owner Request	 ✓ Yes ✓ Above A Average 	□ No □ No □ No □ No □ No □ No ble to each Category:

3.	Name: Eric Ambert			
	Title: Assistant Project Manager			
	Firm: Itasca Construction Associates, Inc.			
	Verified Listed Project?:	\boxtimes)	Yes	No No
	Project Completed On Time per			
	the original contract duration?:	\boxtimes)	Yes	No No
	If No:			
	Time extension Approved?	<u> </u>	Yes	No No
	Liquidated Damages Assessed?		Yes	🗌 No
	Project Completed On Budget per the			-1
	Owner's original budget?:	\square	Yes	No No
	If No:			
	Change Orders Approved?		Yes	🗌 No
	If Yes list the percentage of dollar va	lue at	tributab	le to each Category:
	% Errors & Omissions			
	% Unforeseen			
	% Owner Request			
	Quality of Marks		Above A	VATAGA
	Quality of Work:		Average	verage
			Below A	701000
	Would reference hire the applicant again?	N	Yes	No
	Would reference hire the applicant again?		105	

Certify?

🛛 Yes 🗌 No

Per Project Limit: \$400,000 Aggregate Limit: \$400,000

Type of Contracting: Concrete Placing & Finishing

Comments:

Deny requested limits due to Surety. Contractor requested \$500,000 per project and \$1,000,000 per aggregate.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Certify?

X	Yes	No
X	Yes	N

Per Project Limit: \$ 400,000 Aggregate Limit: \$ 400,000

Type of Contracting: Concrete Placing & Finishing

Comments:	
BY Committee Chair: _	Juora Roy

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY RENEWAL

Applicant: Bass United Fire & Security Systems, Inc. Type of Contractor: State Fire Alarm Contractor I

Comments:

Audited Financial Statement, or	Surety Letter/POA
Dun and Bradstreet Report, or,	Five (5) Credit References

1. Applicant General Information

Legal Name: Bass United Fire & Security Syste Type of Organization: Corporation Qualifying Agent: Brad Higdon License: EF0000084 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: President	Verified
Comments:	
2. Financial Data	
Audited Financial Statement submitted. Letter of Intent from Surety Company submitt Bonding Limits \$250,000 Per Project Limit Approved Limits \$250,000 Per Project Limit Requested Limits \$250,000 Per Project Limit Dun and Bradstreet Report Summary Report (\$1,000,000 or less) N/A Comprehensive Report (\$1,000,000 or greate Financial Stress - Payment Risk – Suits –	:/\$500,000 Aggregate Limit :/\$250,000 Aggregate Limit t/\$250,000 Aggregate Limit
Comments:	

Contractor submitted 5 credit references in lieu of a D&B report.

Applicant: Bass United Fire & Security Systems, Inc.

Re-Certify?

Yes 🗌 No

Per Project Limit: \$250,000 Aggregate Limit: \$250,000

Type of Contracting: State Fire Alarm Contractor I

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Re-Certify?

X	Yes		No
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Per Project Limit: \$ 250,000 Aggregate Limit: \$ 250,000

Type of Contracting: State Fire Alarm Contractor I

			-
BY Committee Chair:	fuores	Rouf	
	0	1	

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Bismark Electrical Services, Inc. Type of Contractor: State Electrical Comments:

\boxtimes	Application	Resi	ımes	
\boxtimes	Contractor License	Cert	ificate of Insurance	
	Cover letter	🛛 🖾 Refe	erences	
	Public Entity	Corj	porate Filing	
	Audited Financial Statement, or	Sure Sure	ety Letter/POA	
$\overline{\boxtimes}$	Dun and Bradstreet Report, or,	Five	e (5) Credit References	

1. Applicant General Information

Legal Name: Bismark Electrical Services, Inc.
Type of Organization: Corporation
Qualifying Agent: Lloyd C. Maxhimer
License: EC13005409
Qualifying Agent an Officer of the Company?:
Qualifying Agent's Title: President
Years Legal Entity has been in business: 12
Number of management staff: 1

\boxtimes	Verified	
\boxtimes	Yes	No

2. Experience

A. Firm Previous Education facility? Previous SBBC projects? Number of similar projects completed in the past 5 years: 5 Number of similar projects completed in past year: 2 Number of similar current projects: 5 Range of Construction Costs \$59,331 to \$205,317 Comments:	⊠ Yes ⊠ Yes	☐ No ☐ No
B. Staff Previous Education facility? Previous SBBC projects? Number of similar projects in the past 5 years: 5 Range of Construction Costs \$59,331 to \$205,317 Years of similar experience: 26 Project management staff: 3 Comments:	⊠ Yes ⊠ Yes	☐ No ☐ No

3. Financial Data

Audited Financial Statement submitted. Letter of Intent from Surety Company submitted. Bonding Limits \$350,000 Per Project Limit/\$350,000 A Requested Limits \$350,000 Per Project Limit/\$350,000 Dun and Bradstreet Report – Summary Report (\$1,000,000 or less) Comprehensive Report (\$1,000,000 or greater) Financial Stress – 3 Payment Risk - 2	
Suits - 0 Insurance Certificate Limits Compliant? Comments:	🛛 Yes 🗌 No
4. Litigation	
Litigation, action, claim in the last 5 years? Verified in Dun and Bradstreet Report? Comments:	☐ Yes

5. Past Performance

References:

Re	terences:		
1.	Name: Dennis Messerli		
	Title: Purchasing Agent		
	Firm: School District of Palm Beach County		
	Verified Listed Project?:	X Yes	No No
	Project Completed On Time per		
	the original contract duration?:	X Yes	□ No
	If No:		
	Time extension Approved?	Yes	
	Liquidated Damages Assessed?	[] Yes	No
	Project Completed On Budget per the	<u> </u>	_
	Owner's original budget?:	🔀 Yes	🔄 No
	If No:		
	Change Orders Approved?	Yes	🗌 No
	If Yes list the percentage of dollar va	lue attributal	ole to each Category:
	% Errors & Omissions		
	X% Unforeseen		
	X% Owner Request		
	Quality of Work:	Above A	Verage
	Quality of Work.		0
		Average	
		Below A	
	Would reference hire the applicant again?	🔀 Yes	No
_			
2.	Name: Tony Milici		
	Title: Supervisor of Maintenance		
	Firm: Palm Beach State College		
	Verified Listed Project?:	🔀 Yes	🗌 No
	Project Completed On Time per		
	the original contract duration?:	🔀 Yes	No No
	If No:		- To
	Time extension Approved?	Yes	No
	Liquidated Damages Assessed?	T Yes	No
	Project Completed On Budget per the		
	Owner's original budget?:	X Yes	□ No
	If No:		
	Change Orders Approved?	Yes	
	If Yes list the percentage of dollar va	alue attributal	ble to each Category:
	% Errors & Omissions		
	% Unforeseen		
	% Owner Request		
	Quality of Work:	\square Above A	Average
		Average	<u>e</u>
		Below A	verage
	Would reference hire the applicant again?	Xes	No No

3.	Name: Krista McNevin Title: Office Manager			
	Firm: Universal Cabling Systems, Inc.			2000 C
	Verified Listed Project?:	\boxtimes	Yes	No No
	Project Completed On Time per			
	the original contract duration?:	\boxtimes	Yes	No No
	If No:			
	Time extension Approved?		Yes	No No
	Liquidated Damages Assessed?		Yes	No No
	Project Completed On Budget per the			
	Owner's original budget?:		Yes	🛛 No
	If No:			
	Change Orders Approved?	\boxtimes	Yes	🗌 No
	If Yes list the percentage of dollar va	lue a	attributab	le to each Category:
	% Errors & Omissions			
	% Unforeseen			
	<u> </u>			
	Quality of Work:	\square	Above A	verage
			Average Below A	verage
	Would reference hire the applicant again?	\boxtimes	Yes	No No

Certifyr

🛛 Yes 🗌 No

Per Project Limit: \$350,000 Aggregate Limit: \$350,000

Type of Contracting: State Electrical

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date	of	Meeting:	6/1/16
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Certify?

X	Yes		No
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Per Project Limit: \$ 350,000 Aggregate Limit: \$ 350,000

Type of Contracting: State Electrical

BY Committee Chair:	June Row	
		_

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY RENEWAL

Applicant: Coltec Engineering, Inc. Type of Contractor: State Mechanical

Comments:

	Audited Financial Statement, or	Surety Letter/POA
\square	Dun and Bradstreet Report, or,	Five (5) Credit References

1. Applicant General Information

Legal Name: Coltec Engineering, Inc. Type of Organization: Corporation Qualifying Agent: Lorenzo Arturo Fernandez License: CMC1249845 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: President	⊠ Verified ⊠ Yes □ No
Comments:	
2. Financial Data	
Audited Financial Statement submitted. Letter of Intent from Surety Company submitt Bonding Limits \$15,000,000 Per Project Lin Approved Limits \$3,000,000 Per Project Lin Requested Limits \$3,000,000 Per Project Lin Dun and Bradstreet Report Summary Report (\$1,000,000 or less) N/A Comprehensive Report (\$1,000,000 or great Financial Stress - 4 Payment Risk - 4 Suits - 0	mit/\$40,000,000 Aggregate Limit nit/\$30,000,000 Aggregate Limit nit/\$30,000,000 Aggregate Limit
Comments:	

Applicant: Coltec Engineering, Inc.

3.	Staff	Recommen	dation
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Re-Certify?	🛛 Yes	🗌 No
Per Project Limit: \$3,000,000 Aggregate Limit: \$30,000,000		
Type of Contracting: State Mechanical		
Comments:		
Approve requested limits.		
Qualification Selection Evaluation Committee I	lecommena	lation
Date of Meeting: 6/1/16		
Re-Certify?	🔀 Yes	🗌 No
Per Project Limit: \$ 3,000,000 Aggregate Limit: \$ 30,000,000		
Type of Contracting: State Mechanical		
Comments:		
BY Committee Chair: from Roc	$ \neq $	

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Johnson Controls, Inc. Type of Contractor: State Building Comments:

Application	Resumes
Contractor License	Certificate of Insurance
Cover letter	References
Public Entity	🔀 Corporate Filing
Audited Financial Statement, or	Surety Letter/POA
Dun and Bradstreet Report, or,	Five (5) Credit References

1. Applicant General Information

Legal Name: Johnson Controls, Inc.	
Type of Organization: Corporation	
Qualifying Agent: Scott Forsyth	
License: CBC060103	
Qualifying Agent an Officer of the Company?:	
Qualifying Agent's Title:	
Years Legal Entity has been in business: 59	
Number of management staff: 4	

\boxtimes	Verified		
	Yes	\square	No

2. Experience

A. Firm Previous Education facility? Previous SBBC projects? Number of similar projects completed in the past 5 years: 9 Number of similar projects completed in past year: 1 Number of similar current projects: 6 Range of Construction Costs \$23,816 to \$19,675,000 Comments:	⊠ Yes ⊠ Yes	☐ No ☐ No
B. Staff Previous Education facility? Previous SBBC projects? Number of similar projects in the past 5 years: 9 Range of Construction Costs \$23,816 to \$19,675,000 Years of similar experience: 19 Project management staff: 4 Comments:	⊠ Yes ⊠ Yes	☐ No ☐ No

3. Financial Data

Audited Financial Statement submitted.				
Summary Report (\$1,000,000 or less)				
Comprehensive Report (\$1,000,000 or greater)	\bowtie			
Financial Stress – 3 Brown out Biele – 1				
Payment Risk - 1 Suits - 36				
Insurance Certificate Limits Compliant?	X Yes No			
Comments:				
4. Litigation				
Litigation, action, claim in the last 5 years? Verified in Dun and Bradstreet Report? Comments:	X Yes ☐ No X Yes ☐ No			

5. Past Performance

References:

Re	Terences.			
1.	Name: Danny Paan			
	Title: Director – Physical Plant			
	Firm: Florida International University	<u> </u>	_	
	Verified Listed Project?:	🔀 Yes	🗌 No	
	Project Completed On Time per			
	the original contract duration?: If No:	🛛 Yes	🔄 No	
	Time extension Approved?	Yes	No No	
	Liquidated Damages Assessed?	Yes	No	
	Project Completed On Budget per the			
	Owner's original budget?:	Yes	🕅 No	
	If No:			
	Change Orders Approved?	X Yes	No	
	If Yes list the percentage of dollar va	L	table to each Cate	gory:
	% Errors & Omissions			0
	% Unforeseen			
	<u>10</u> % Owner Request			
	Quality of Work:	🛛 Abov	e Average	
		Avera	0	
		Below	Average	
	Would reference hire the applicant again?	🕅 Yes	No No	
2.	Name: Shannon Kohn			
2.				
2.	Title: Director Facilities			
2.	Title: Director Facilities Firm: Indyne Inc.	Yes	□ No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?:	Yes	🗌 No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per		□ No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?:	⊠ Yes ⊠ Yes		
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No:			
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved?	Yes	D No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed?	Yes	☐ No ☐ No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the	Yes	☐ No ☐ No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed?	Yes Yes Yes	No No No No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No:	 Yes Yes Yes Yes Yes 	No No No No	
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved?	 Yes Yes Yes Yes Yes Yes 	☐ No ☐ No ☐ No ☐ No ☐ No	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar values	 Yes Yes Yes Yes Yes Yes 	☐ No ☐ No ☐ No ☐ No ☐ No	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions	 Yes Yes Yes Yes Yes Yes 	☐ No ☐ No ☐ No ☐ No ☐ No	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen	 Yes Yes Yes Yes Yes Yes 	☐ No ☐ No ☐ No ☐ No ☐ No	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request	 ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes Iue attribut 	☐ No ☐ No ☐ No ☐ No ☐ No table to each Cate	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen	 ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes Iue attribu ✓ Abov 	☐ No ☐ No ☐ No ☐ No ☐ No table to each Cate	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request	 ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes Iue attribu ✓ Abov ✓ Avera 	☐ No ☐ No ☐ No ☐ No ☐ No table to each Cate	gory:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request	 ✓ Yes ✓ Yes ✓ Yes ✓ Yes ✓ Yes Iue attribu ✓ Abov ✓ Avera 	☐ No ☐ No ☐ No ☐ No ☐ No table to each Cate	gory:

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3.	Name: Greg Washburn			
	Title: Maintenance Supervisor, FAU Housing			
	Firm: Florida Atlantic University Residence Halls			
	Verified Listed Project?:	\boxtimes	Yes	🗌 No
	Project Completed On Time per			
	the original contract duration?:	\boxtimes	Yes	🗌 No
	If No:			
	Time extension Approved?		Yes	🗌 No
	Liquidated Damages Assessed?		Yes	🗌 No
	Project Completed On Budget per the			Normal Control of Cont
	Owner's original budget?:	\boxtimes	Yes	🗌 No
	If No:			
	Change Orders Approved?		Yes	No No
	If Yes list the percentage of dollar va	lue a	ttributab	le to each Category:
	% Errors & Omissions			
	% Unforeseen			
	% Owner Request			
	Quality of Work:	\square	Above A	verage
			Average	
			Below A	verage
	Would reference hire the applicant again?	\boxtimes	Yes	No No

Certify?	🛛 Yes	🗌 No
Per Project Limit: \$1,000,000 Aggregate Limit: \$10,000,000		
Type of Contracting: State Building		
Comments:		
Approve requested limits.		
Qualification Selection Evaluation Committee Re	ecommend	lation
Date of Meeting: 6/1/16		
Certify?	🔀 Yes	🗌 No
Per Project Limit: \$1,000,000 Aggregate Limit: \$10,000,000		
Type of Contracting: State Building		
Comments:		
BY Committee Chair: Jua Row	P	

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Johnson Controls, Inc. Type of Contractor: State Mechanical Comments:

Application		Resumes	
Contractor Li	cense	Certificate of Insurance	
Cover letter		References	
Public Entity		Corporate Filing	
Audited Fina	ncial Statement, or	Surety Letter/POA	
Dun and Brad	lstreet Report, or,	Five (5) Credit References	

1. Applicant General Information

Legal Name: Johnson Controls, Inc.
Type of Organization: Corporation
Qualifying Agent: Loren R. West Jr.
License: CMC035453
Qualifying Agent an Officer of the Company?:
Qualifying Agent's Title:
Years Legal Entity has been in business: 59
Number of management staff: 4

\square	Verified		
	Yes	\boxtimes	No

2. Experience

A. Firm		
Previous Education facility?	🛛 Yes	🔄 No
Previous SBBC projects?	🔀 Yes	🗌 No
Number of similar projects completed in the past 5 years: 5		
Number of similar projects completed in past year: 1		
Number of similar current projects: 6		
Range of Construction Costs \$215,400 to \$812,083		
Comments:		
B. Staff		
Previous Education facility?	X Yes	∐ No
Previous SBBC projects?	🔀 Yes	l No
Number of similar projects in the past 5 years: 5		
Range of Construction Costs \$215,400 to \$812,083		
Years of similar experience: 19		
Project management staff: 4		
Comments:		

3. Financial Data

Audited Financial Statement submitted.				
Dun and Bradstreet Report – Summary Report (\$1,000,000 or less)				
Comprehensive Report (\$1,000,000 or greater)				
Financial Stress – 3				
Payment Risk - 1				
Suits - 36				
Insurance Certificate Limits Compliant?				
Comments:				
4. Litigation				
Litigation, action, claim in the last 5 years?XesNoVerified in Dun and Bradstreet Report?YesNoComments:				

5. Past Performance

Det

	ferences:			
1.	Name: Danny Paan			
	Title: Director – Physical Plant			
	Firm: Florida International University			
	Verified Listed Project?:	\boxtimes	Yes	🗌 No
	Project Completed On Time per			
	the original contract duration?: If No:	\square	Yes	🗌 No
	Time extension Approved?		Yes	No
	Liquidated Damages Assessed?	H	Yes	No No
	Project Completed On Budget per the	السبا	100	
	Owner's original budget?:		Yes	🖂 No
	If No:		105	
	Change Orders Approved?	\square	Yes	🗌 No
	If Yes list the percentage of dollar va			
	% Errors & Omissions	iiue a	attiioutab	le to each Category
	% Unforeseen			
	<u> </u>			
			A 1	
	Quality of Work:	A	Above A	0
		님	Average	
			Below A	
	Would reference hire the applicant again?	\bowtie	Yes	🗌 No
2.	Name: Shannon Kohn			
2.	Name: Shannon Kohn Title: Director Facilities			
2.				
2.	Title: Director Facilities	\boxtimes	Yes	🗌 No
2.	Title: Director Facilities Firm: Indyne Inc.	\boxtimes	Yes	🗌 No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per		Yes Yes	No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?:			_
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No:			_
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved?		Yes	□ No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed?		Yes Yes	□ No □ No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the		Yes Yes Yes	□ No □ No □ No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?:		Yes Yes	□ No □ No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No:		Yes Yes Yes Yes	 No No No No No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved?		Yes Yes Yes Yes	 No No No No No No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar var		Yes Yes Yes Yes	 No No No No No No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions		Yes Yes Yes Yes	 No No No No No No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen		Yes Yes Yes Yes	 No No No No No No
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request		Yes Yes Yes Yes Attributab	 No No No No No No le to each Category:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen		Yes Yes Yes Yes Attributab	 No No No No No No le to each Category:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request		Yes Yes Yes Yes Attributab Above A Average	 No No No No No No le to each Category:
2.	Title: Director Facilities Firm: Indyne Inc. Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va % Errors & Omissions % Unforeseen % Owner Request		Yes Yes Yes Yes Attributab	 No No No No No No le to each Category:

3.	Name: Greg Washburn			
	Title: Maintenance Supervisor, FAU Housing			
	Firm: Florida Atlantic University Residence Halls			
	Verified Listed Project?:	🔀 Yes	🗌 No	
	Project Completed On Time per			
	the original contract duration?:	🔀 Yes	🗌 No	
	If No:			
	Time extension Approved?	2 Yes	No No	
	Liquidated Damages Assessed?	Yes	No No	
	Project Completed On Budget per the			
	Owner's original budget?:	🔀 Yes	🗌 No	
	If No:			
	Change Orders Approved?	Yes	🔄 No	
	If Yes list the percentage of dollar va	lue attribu	Itable to each Category:	
	% Errors & Omissions			
	% Unforeseen			
	% Owner Request			
	Quality of Work:	🛛 Abov	ve Average	
		Aver:	age	
		Belov	v Average	
	Would reference hire the applicant again?	X Yes	No	

Certify?

🛛 Yes 🗌 No

Per Project Limit: \$1,624,166 Aggregate Limit: \$3,248,332

Type of Contracting: State Mechanical

Comments

Deny requested limits due to two times the largest project. Contractor requested \$1,000,000 per project and \$10,000,000 per aggregate.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Certify?

K	Yes		No
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b

Juana Rol

Per Project Limit: 1,624,166Aggregate Limit: 3,248,333

Type of Contracting: State Mechanical

Comments:

BY Committee Chair:

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY RENEWAL

Applicant: Koldaire, Inc. Type of Contractor: State Class A Air Conditioning

Comments:

Audited Financial Statement, or	Surety Letter/POA
Dun and Bradstreet Report, or,	Five (5) Credit References

1. Applicant General Information

Legal Name: Koldaire, Inc. Type of Organization: Corporation Qualifying Agent: Frank O. Monti Jr. License: CAC1814948 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: President	⊠ Verified ⊠ Yes □ No
Comments:	
2. Financial Data	
Audited Financial Statement submitted. Letter of Intent from Surety Company submitte Bonding Limits \$4,000,000 Per Project Lime Approved Limits \$3,276,000 Per Project Lime Requested Limits \$3,276,000 Per Project Lime Dun and Bradstreet Report Summary Report (\$1,000,000 or less) N/A Comprehensive Report (\$1,000,000 or greate Financial Stress - Payment Risk – Suits –	it/\$8,000,000 Aggregate Limit it/\$6,552,000 Aggregate Limit it/\$6,552,000 Aggregate Limit
Comments:	

Contractor submitted 9 credit references in lieu of a D&B report.

Applicant: Koldaire, Inc.

Yes No

🕅 Yes 🗌 No

Per Project Limit: \$3,276,000 Aggregate Limit: \$6,552,000

Type of Contracting: State Class A Air Conditioning

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Re-Certify?

Per Project Limit: 3, 276,000Aggregate Limit: 6,552,000

Type of Contracting: State Class A Air Conditioning

	0 0 0	1
BY Committee Chair:	Juana Louf	

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY RENEWAL

Applicant: MRSE LLC dba Roth Southeast Type of Contractor: State Mechanical

Comments:

Audited Financial Statem	nent, or	\boxtimes	Surety Letter/POA	
Dun and Bradstreet Repo	ort, or,	\boxtimes	Five (5) Credit References	

1. Applicant General Information

Legal Name: MRSE LLC dba Roth Southeast Type of Organization: Limited Liability Comp Qualifying Agent: Murray Jesse Maurer License: CMC1250259 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: Vice President	any Verified Yes INO		
Comments:			
2. Financial Data			
Audited Financial Statement submitted. Image: Company submitted. Image: Company submitted. Letter of Intent from Surety Company submitted. Image: Company submitted. Image: Company submitted. Bonding Limits \$5,000,000 Per Project Limit/\$15,000,000 Aggregate Limit Approved Limits \$1,180,000 Per Project Limit/\$3,540,000 Aggregate Limit Requested Limits \$1,180,000 Per Project Limit/\$3,540,000 Aggregate Limit Dun and Bradstreet Report Image: Comprehensive Report (\$1,000,000 or greater) N/A Financial Stress - Prior: Payment Risk - Prior: Suits - Prior:			

Comments:

Contractor submitted 7 credit references in lieu of a D&B report.

Applicant: MRSE LLC dba Roth Southeast

Rc-Certify?

🛛 Yes 🗌 No

Yes 🗌 No

Per Project Limit: \$1,180,000 Aggregate Limit: \$3,540,000

Type of Contracting: State Mechanical

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Re-Certify?

Per Project Limit:	\$ 1	180,000
Aggregate Limit:	\$	3,540,000

Type of Contracting: State Mechanical

BY Committee Chair:	Juana Rong	

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Siemens Industry, Inc. Type of Contractor: State Mechanical Comments:

		15-2		_
\bowtie	Application		Resumes	
\boxtimes	Contractor License	\boxtimes	Certificate of Insurance	
\boxtimes	Cover letter	\boxtimes	References	
\boxtimes	Public Entity	\boxtimes	Corporate Filing	
	Audited Financial Statement, or	\boxtimes	Surety Letter/POA	
\square	Dun and Bradstreet Report, or,		Five (5) Credit References	

1. Applicant General Information

Legal Name: Siemens Industry, Inc. Type of Organization: Corporation Qualifying Agent: Edward Lanzillo License: CMC056249 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: Sr. Account Executive Years Legal Entity has been in business: 43 Number of management staff: 4

Verified Yes No

2. Experience

A. Firm		
Previous Education facility?	\bowtie Yes	🔄 No
Previous SBBC projects?	🔀 Yes	🔲 No
Number of similar projects completed in the past 5 years: 3		
Number of similar projects completed in past year: 2		
Number of similar current projects: 5		
Range of Construction Costs \$100,000 to \$3,000,000		
Comments:		
B. Staff	_	
Previous Education facility?	\boxtimes Yes	L No
Previous SBBC projects?	\boxtimes Yes	🔲 No
Number of similar projects in the past 5 years: 3		
Range of Construction Costs \$100,000 to \$3,000,000		
Years of similar experience: 37		
Project management staff: 2		
Comments:		

3. Financial Data

Audited Financial Statement submitted. Letter of Intent from Surety Company submitted. Bonding Limits \$1,600,000 Per Project Limit/\$8, Requested Limits \$3,000,000 Per Project Limit/\$2 Dun and Bradstreet Report –				
Summary Report (\$0,000,000 or less)	N/A			
Comprehensive Report (\$1,000,000 or greater)	\bowtie			
Financial Stress - 4				
Payment Risk - 3				
Suits - 7				
Insurance Certificate Limits Compliant?	🔀 Yes 📋 No			
Comments:				
4. Litigation				
Litigation, action, claim in the last 5 years?	🛛 Yes 🗌 No			
Verified in Dun and Bradstreet Report?	🛛 Yes 🔲 No			
Comments:				
Seven (7) suits in D&B report in last 5 years. None in Florida.				

5. Past Performance

	ferences:			
1.	Name: Barry Allen			
	Title: Chief of Building Automation			
	Firm: Broward County FMD Division	\bigvee Var		
	Verified Listed Project?:	\boxtimes Yes	🗌 No	
	Project Completed On Time per			
	the original contract duration?:	🔀 Yes	🔄 No	
	If No:			
	Time extension Approved?	[] Yes	No No	
	Liquidated Damages Assessed?	Yes	No	
	Project Completed On Budget per the			
	Owner's original budget?:	🔀 Yes	No No	
	If No:			
	Change Orders Approved?	Yes	🗌 No	
	If Yes list the percentage of dollar va	alue attributa	able to each C	ategory:
	% Errors & Omissions			0.1
	% Unforeseen			
	% Owner Request			
	Quality of Work:	Above	Average	
	Quality of Work.	Average		
			,e Average	
	Would reference him the applicant again?	Yes	No No	
	Would reference hire the applicant again?	A 163		
2	Name Devid Carola			
2.				
	Title: BITS Superintendent			
	Firm: Miami Dade County FL			
	Verified Listed Project?:	🔀 Yes	📙 No	
	Project Completed On Time per			
	the original contract duration?:	🛛 Yes	L No	
	If No:	3		
	Time extension Approved?	Yes	∐ No	
	Liquidated Damages Assessed?	Yes	🔀 No	
	Project Completed On Budget per the			
	Owner's original budget?:	🛛 Yes	🗌 No	
	If No:			
	Change Orders Approved?	Yes	🗌 No	
	If Yes list the percentage of dollar va	alue attributa	able to each C	ategory:
	% Errors & Omissions			0 1
	% Unforeseen			
	% Owner Request			
		Above	Average	
	Quality of Work:	Averag	•	
			Average	
	Would reference hire the applicant again?	🔀 Yes	🔄 No	

3.	Name: Mike Richmond Title: Sr. Ops. Manager		
	Firm: AT&T	<u> </u>	
	Verified Listed Project?:	🔀 Yes	∐ No
	Project Completed On Time per		
	the original contract duration?:	🔀 Yes	l No
	If No:		
	Time extension Approved?	Yes	🗌 No
	Liquidated Damages Assessed?	🗌 Yes	🗌 No
	Project Completed On Budget per the		
	Owner's original budget?:	X Yes	🗌 No
	If No:		
	Change Orders Approved?	Yes	🗌 No
	If Yes list the percentage of dollar va	lue attributal	ole to each Category:
	% Errors & Omissions		
	% Unforeseen		
	% Owner Request		
	1		
	Quality of Work:	Above A	Average
		Average	2
		Below A	verage
	Would reference hire the applicant again?	🛛 Yes	🗌 No

6. Staff Recommendation

Certify?

🛛 Yes 🗌 No

Per Project Limit: \$1,600,000 Aggregate Limit: \$8,500,000

Type of Contracting: State Mechanical

Comments:

Deny requested limits due to surety bond limits. Contractor requested \$3,000,000 per project and \$20,000,000 per aggregate.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Certify?

X	Yes		No
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Per Project Limit: \$ 1, 600,000 Aggregate Limit: \$ 8,500,000

Type of Contracting: State Mechanical

Juona Rouf BY Committee Chair:

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Sierra Commercial Construction, Inc. Type of Contractor: State General Comments:

\boxtimes	Application		Resumes	
$\overline{\boxtimes}$	Contractor License	\square	Certificate of Insurance	
\square	Cover letter	\square	References	
	Public Entity	\square	Corporate Filing	
	Audited Financial Statement, or	\square	Surety Letter/POA	
	Dun and Bradstreet Report, or,		Five (5) Credit References	

1. Applicant General Information

Qualifying Agent: Raul de la Sierra License: CGC1520147 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: Vice President Years Legal Entity has been in business: 7.5	Legal Name: Sierra Commercial Construction, Inc
License: CGC1520147 Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: Vice President Years Legal Entity has been in business: 7.5	Type of Organization: Corporation
Qualifying Agent an Officer of the Company?: Qualifying Agent's Title: Vice President Years Legal Entity has been in business: 7.5	Qualifying Agent: Raul de la Sierra
Qualifying Agent's Title: Vice President Years Legal Entity has been in business: 7.5	License: CGC1520147
Years Legal Entity has been in business: 7.5	Qualifying Agent an Officer of the Company?:
0	Qualifying Agent's Title: Vice President
Number of management staff: 4	Years Legal Entity has been in business: 7.5
0	Number of management staff: 4



2. Experience

A. Firm		
Previous Education facility?	🔀 Yes	No No
Previous SBBC projects?	Yes	🖂 No
Number of similar projects completed in the past 5 years: 10		
Number of similar projects completed in past year: 4		
Number of similar current projects: 9		
Range of Construction Costs \$8,360 to \$796,859		
Comments:		
B. Staff	5-2	—
Previous Education facility?	🛛 Yes	
Previous SBBC projects?	∐ Yes	🔀 No
Range of Construction Costs \$8,360 to \$796,859		
Years of similar experience: 7		
Project management staff: 2		
Comments:		
B. Staff Previous Education facility? Previous SBBC projects? Number of similar projects in the past 5 years: 10 Range of Construction Costs \$8,360 to \$796,859 Years of similar experience: 7 Project management staff: 2		□ No ⊠ No

3. Financial Data

Audited Financial Statement submitted. Letter of Intent from Surety Company submitted. Bonding Limits \$1,000,000 Per Project Limit/\$2,000,000 Requested Limits \$1,000,000 Per Project Limit/\$1,000,000	00 0
Dun and Bradstreet Report –	00 0
Summary Report (\$1,000,000 or less) N/A	
Comprehensive Report (\$1,000,000 or greater) N/A	
Financial Stress –	
Payment Risk -	
Suits -	
Insurance Certificate Limits Compliant?	🛛 Yes 🔄 No
Comments:	
Contractor submitted nine (9) credit references in lieu of the	e D&B Report.
4. Litigation	
Litigation, action, claim in the last 5 years? Verified in Dun and Bradstreet Report?	☐ Yes No □ Yes
Comments:	

5. Past Performance

Re	ferences:		
1.	Name: Carlos Curbelo		
	Title: Facilities Manager		
	Firm: Comcast	_	
	Verified Listed Project?:	🔀 Yes	🔲 No
	Project Completed On Time per		—
	the original contract duration?:	\ge Yes	∐ No
	If No:	—	· · ·
	Time extension Approved?	Yes	∐ No
	Liquidated Damages Assessed?	Yes	l No
	Project Completed On Budget per the		
	Owner's original budget?:	🔀 Yes	∐ No
	If No:		
	Change Orders Approved?	Yes	∐ No
	If Yes list the percentage of dollar va	alue attributat	ole to each Category:
	% Errors & Omissions		
	<u> </u>		
	<u> </u>		
	*		
	Quality of Work:	\square Above A	Ū.
		Average	
		Below A	
	Would reference hire the applicant again?	🔀 Yes	No
2	Nome I. Cuscom Compodue		
۷.	Name: J. Gregory Sampedro		
	Title: Facility Manager		
	Firm: Merck/Jones Lang LaSalle	X Yes	🗌 No
	Verified Listed Project?:		
	Project Completed On Time per the original contract duration?:	X Yes	🗌 No
	If No:		
	Time extension Approved?	Yes	No
	Liquidated Damages Assessed?	Yes	
	Project Completed On Budget per the	105	
	Owner's original budget?:	X Yes	🗌 No
	If No:	105	
	Change Orders Approved?	X Yes	🗌 No
	If Yes list the percentage of dollar va		
	% Errors & Omissions	inde attilio atta	one to cater category
	% Unforeseen		
	<u></u> % Owner Request		
	Quality of Work:	Above A	Average
		Average	0
		Below A	
	Would reference hire the applicant again?	Yes	No
	mound reference fine the applicate again.		

Name: Joe Agri			
Firm: Nipro Diagnostics, Inc.			
Verified Listed Project?:	\boxtimes	Yes	No No
Project Completed On Time per			
the original contract duration?:	\boxtimes	Yes	🗌 No
If No:			
Time extension Approved?		Yes	🗌 No
Liquidated Damages Assessed?		Yes	🗌 No
Project Completed On Budget per the			
Owner's original budget?:	\boxtimes	Yes	🗌 No
If No:			
Change Orders Approved?	\boxtimes	Yes	🗌 No
If Yes list the percentage of dollar va	lue a	ttributab	le to each Category:
% Errors & Omissions			
<u> 20</u> % Unforeseen			
<u>_80</u> % Owner Request			
Quality of Work:	\boxtimes	Above A	verage
	Ħ		
	Ħ	0	verage
Would reference hire the applicant again?	\boxtimes	Yes	□ No
	Verified Listed Project?: Project Completed On Time per the original contract duration?: If No: Time extension Approved? Liquidated Damages Assessed? Project Completed On Budget per the Owner's original budget?: If No: Change Orders Approved? If Yes list the percentage of dollar va <u>%</u> Errors & Omissions <u>20</u> % Unforeseen	Title: Senior Facilities Manager Firm: Nipro Diagnostics, Inc. Verified Listed Project?:	Title: Senior Facilities Manager Firm: Nipro Diagnostics, Inc. Verified Listed Project?: Yes Project Completed On Time per the original contract duration?: Yes If No: Time extension Approved? Yes Project Completed On Budget per the Owner's original budget?: Yes If No: Change Orders Approved? Yes If Yes list the percentage of dollar value attributaby <u>20</u> % Unforeseen <u>80</u> % Owner Request Quality of Work: Above A Average Below Average

6. Staff Recommendation

Certify?

🛛 Yes 🗌 No

🔀 Yes 🗌 No

Per Project Limit: \$1,000,000 Aggregate Limit: \$1,000,000

Type of Contracting: State General

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Certify?

Per Project Limit:	\$1,000,000
Aggregate Limit:	\$ 1,000,000

Type of Contracting: State General

BY Committee Chair:	Juana Ron

CONTRACTOR PREQUALIFICATION STAFF APPLICATION REVIEW EXECUTIVE SUMMARY NEW CERTIFICATE

Applicant: Trane US Inc. Type of Contractor: State Mechanical Comments:

Application	Resumes
Contractor License	Certificate of Insurance
Cover letter	☑ References
Public Entity	🔀 Corporate Filing
Audited Financial Statement, or	Surety Letter/POA
Dun and Bradstreet Report, or,	Five (5) Credit References

1. Applicant General Information

Legal Name: Trane US Inc.
Type of Organization: Corporation
Qualifying Agent: Jack Walsh
License: CMC1249843
Qualifying Agent an Officer of the Company?:
Qualifying Agent's Title:
Years Legal Entity has been in business: 87
Number of management staff: 3

\times	Verified		
	Yes	\boxtimes	No

2. Experience

A. Firm Previous Education facility? Previous SBBC projects? Number of similar projects completed in the past 5 years: 4 Number of similar projects completed in past year: 4 Number of similar current projects: 6 Range of Construction Costs \$175,000 to \$3,154,242 Comments:	X Yes X Yes	☐ No ☐ No
B. Staff Previous Education facility? Previous SBBC projects? Number of similar projects in the past 5 years: 4 Range of Construction Costs \$175,000 to \$3,154,242 Years of similar experience: 50 Project management staff: 4 Comments:	⊠ Yes ⊠ Yes	☐ No ☐ No

3. Financial Data

Audited Financial Statement submitted. Letter of Intent from Surety Company submitted. Bonding Limits \$000,000 Per Project Limit/\$000,000 Ag Requested Limits \$2,000,000 Per Project Limit/\$5,000,000 Dun and Bradstreet Report – Summary Report (\$1,000,000 or less) Comprehensive Report (\$1,000,000 or greater) Financial Stress – 4 Payment Risk - 3 Suits - 13			
		Vaa L	
Insurance Certificate Limits Compliant?	\bowtie	Yes 🗋] No
Comments:			
Contractor provided an Audited Financial Statement in lie	eu of the Sur	ety Lette	er and Power of
Attorney. Net quick assets total \$9,610,000,000.			
4. Litigation			
Litigation, action, claim in the last 5 years? Verified in Dun and Bradstreet Report? Comments:	☐ Yes ⊠ Yes	No No	-

5. Past Performance

References:

ĸe	ierences:			
1.	Name: Thomas Mitchell			
	Title: Administrative Supervisor			
	Firm: Broward Sheriff's Office	F 3		
	Verified Listed Project?:	🔀 Yes	☐ No	
	Project Completed On Time per	_		
	the original contract duration?: If No:	🛛 Yes	🗌 No	
	Time extension Approved?	Yes	🗌 No	
	Liquidated Damages Assessed?	Yes	🗌 No	
	Project Completed On Budget per the			
	Owner's original budget?:	🛛 Yes	🗌 No	
	If No:			
	Change Orders Approved?	Yes	🔀 No	
	If Yes list the percentage of dollar va	alue attributa	able to each Category	7:
	% Errors & Omissions			
	% Unforeseen			
	% Owner Request			
	Quality of Work:	🛛 Above	Average	
		Averag	ge	
		Below	Average	
	Would reference hire the applicant again?	🛛 Yes	🗌 No	
2.	Name: Jouvens Adrien			
	Title: Construction Project Manager			
	Firm: Broward County Port Everglades			
	Verified Listed Project?:	🔀 Yes	🗌 No	
	Project Completed On Time per			
	the original contract duration?:	🔀 Yes	🗌 No	
	If No:			
	Time extension Approved?	2 Yes	🗌 No	
	Liquidated Damages Assessed?	Yes	🗌 No	
	Project Completed On Budget per the			
	Owner's original budget?:	🔀 Yes	🔲 No	
	If No:			
	Change Orders Approved?	🗌 Yes	🛛 No	
	If Yes list the percentage of dollar va	alue attribut	able to each Category	y:
	% Errors & Omissions			
	% Unforeseen			
	% Owner Request			
	Quality of Work:	🛛 Above	Average	
	2			
		Averag	ge	
			ge Av <u>er</u> age	
	Would reference hire the applicant again?		<i>.</i>	

Â.

3.	Name: Dan Hughes		
	Title: Facilities Director		
	Firm: Palm Beach County School District		
	Verified Listed Project?:	🛛 Yes	🗌 No
	Project Completed On Time per	_	
	the original contract duration?:	🔀 Yes	No
	If No:		
	Time extension Approved?	Yes	🔄 No
	Liquidated Damages Assessed?	🗌 Yes	🗌 No
	Project Completed On Budget per the		
	Owner's original budget?:	🔀 Yes	🗌 No
	If No:		
	Change Orders Approved?	🗌 Yes	🗌 No
	If Yes list the percentage of dollar va	lue attributal	ole to each Category:
	% Errors & Omissions		
	% Unforeseen		
	% Owner Request		
	I		
	Quality of Work:	\square Above A	Average
		Average	9
		Below A	verage
	Would reference hire the applicant again?	🛛 Yes	🗌 No

6. Staff Recommendation

Certify?

🛛 Yes 🗌 No

Per Project Limit: \$2,000,000 Aggregate Limit: \$5,000,000

Type of Contracting: State Mechanical

Comments:

Approve requested limits.

Qualification Selection Evaluation Committee Recommendation

Date of Meeting: 6/1/16

Certify?

Per Project Limit:	\$ 2,000,000
Aggregate Limit:	\$5,000,000

Type of Contracting: State Mechanical

Comments:

	Quero De D	
BY Committee Chair: _	guana tong	

X Yes

No No