



SOLICITATION SIGNATURE PAGE

(Please attach to Goal Setting Worksheet and API Recommendation Form)

Presented at GSC Meeting: May 1, 2024

Department/Division Parks & Recreation / Aquatics Division

Project Name/Number Aquatic Deck Furniture

Contract Manager Nicki Murphy / Kamar Williams

Phone/ E-mail nmurphy@pbc.gov / kcwilliams@pbc.gov

Estimated Date of Advertising _____ Estimated Dollar Value of Project \$170,000

Type of Solicitation IFB

DEPARTMENT/DIVISION/OFFICE

SIGNATURE AND DATE

Originating Department/Division

Nicki Murphy 4/19/24

Department/Division Director

Jennifer Cicillo 4/22/24

OEBO

D. Dodge

Goal Setting Committee Chairperson

GOAL SETTING

Project Summary Worksheet

Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: **Parks & Recreation**

DATE: **April 19, 2024**

SOLICITATION NAME: **Aquatics Deck Furniture**

PROJECT No.

TYPE OF SOLICITATION: **IFB**

CATEGORY: **GOODS & OTHER SERVICES**

SCOPE OF PROJECT:

Aquatic Deck Furniture for Calypso Bay & Coconut Cove Waterparks - new strap deck furniture to replace existing damaged/aging furniture at the aquatic facilities. The furniture is required to be Mi-lor Casual Biscayne collection or equivalent and of aluminum frame (powder coated) construction with replaceable straps.

COMMODITY CODE	PRIMARY DISCIPLINE/TRADE DESCRIPTION	ESTIMATED COST	PERCENTAGE OF PROJECT COST
42061	Lounge Furniture, Steel, Outdoor	\$ 170,000.00	100.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
		\$170,000.00	100.00%

AVAILABILITY

COMMODITY	RACE/ETHNICITY							Total S/M/WBE	NON-S/M/WBE	TOTAL FIRM	PERCENT OF WORK
	SBE	WBE	M/WBE	AABE	NABE	HABE	ABE				
42061		1	1					1	13	14	100.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
Total	0	1	1	0	0	0	0	1	13	14	100.00%

COMMODITY AVAILABILITY

COMMODITY	SBE	WBE	M/WBE	AABE	NABE	HABE	ABE	Total S/M/WBE	NON-SMWBE	WEIGHT	
42061	0.00000	0.07143	0.07143	0.00000	0.00000	0.00000	0.00000	0.07143	0.92857		1.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000		0.000
TOTAL	0.00000	0.07143	0.07143	0.00000	0.00000	0.00000	0.00000	0.07143	0.92857		
X 1	0.00%	7.14%	7.14%	0.00%	0.00%	0.00%	0.00%	7.14%	92.86%		

YTD UTILIZATION:

SBE	MBE	WBE	AABE	NABE	HABE	ABE

GOAL SETTING
Project Summary Worksheet
Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: Parks & Recreation

DATE: April 19, 2024

SOLICITATION NAME: Aquatics Deck Furniture

PROJECT No.

TYPE OF SOLICITATION: IFB

CATEGORY: GOODS & OTHER SERVICES

AVAILABLE APIs:

SBE Price Preference

DEPARTMENT RECOMMENDED API:

SBE Price Preference

Nicki Murphy

4/19/2024

DEPARTMENT REPRESENTATIVE NAME

DEPARTMENT REPRESENTATIVE SIGNATURE

OEBO RECOMMENDED API:

OEBO REVIEWER NAME

OEBO REVIEWER SIGNATURE

GOAL SETTING COMMITTEE DETERMINATION

Ordinance Reference: _____

GOAL SETTING COMMITTEE CHAIRPERSON NAME

GSC DATE: _____

GOAL SETTING COMMITTEE CHAIRPERSON SIGNATURE

Deck Furniture for Calypso Bay & Coconut Cove

CC: 42061

1 Everglades Trading & Office Supply, LLC S/WBE White Female

SBE	TOTAL FIRMS
1	31
SWBE	



Palm Beach County Vendor Search

Search Criteria

Vendor ID:

City/Zip:

Company / DBA / Vendor Name:

Zip Code(s):

Commodity / Services:

Email Address:

Phone Number:

EBO Vendors:

Certification Type: SBE S/WBE S/MBE & S/M/WBE

Business Owner:

Gender: Female Male

Business Class:

Races:

Search Results

Page 1 of 1 (1 vendors) Page Size: 15 Keyword Search:

Vendor ID	Company Name	Alias / DBA Name	Address	Contact Name	Emails	Phone No	View
V50C00033667	Everglades Trading & Office Supply, LLC	kathy Cross	1510 W. Avenue A, Belle Glade 33430 1510 W. Avenue A, Belle Glade 33430 1510 W. Avenue A, Belle Glade 33430	KATHY B. CONTACT, KATHY CROSS	kathy@evergladestrading.com	561-996-1212, 5619140000	<input type="button" value="View"/>

PROCUREMENT CHECKLIST FOR EITHER AN INVITATION FOR BID (IFB) OR REQUEST FOR QUOTATION (RFQ)

FOR PURCHASING DEPARTMENT SOLICITATION OF NON-CONSTRUCTION RELATED GOODS AND SERVICES

PROJECT NAME: Aquatics Deck Chair Replacement	
PROJECT NUMBER:	
ESTIMATED AMOUNT: \$170,000.00	DEPARTMENT: Parks and Recreation
PREPARED BY: (Print) Kamar Williams	
AUTHORIZED SIGNATURE:	DATE: 11/15/2023

CONFIRM THAT YOU HAVE DONE THE FOLLOWING BY COMPLETING THIS FORM AND CHECKING THE BOXES BELOW. SUBMIT THIS FORM TO THE PURCHASING DEPARTMENT. YOUR PROCUREMENT REQUEST SHALL NOT BE PROCESSED UNTIL THE FULLY COMPLETED FORM IS RECEIVED.

A. Identify the Need	Task Required and Completed	
• The good or service required has been clearly defined	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The source of funding for the good or service has been determined	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Ad valorem funds – review PPM CW-L-008	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Federal funds – review PPM CW-L-049	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• The estimated cost of the good or service has been verified to be <u>less than \$100,000</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• The estimated cost of the good or service has been verified to be <u>equal to or greater than \$100,000</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The award shall be determined solely on lowest price	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The division of the good or service needs has been considered for SBE business opportunities	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

B. Specifications	Task Required and Completed	
• Minimum, salient requirements or specifications have been described in a clear and concise manner	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Specifications/requirements are based upon a justifiable County need – not on preference or bias	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Specifications will be submitted to the Purchasing Department within five (5) business days of entering the requisition. Failure to do so will result in cancellation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

C. Requisition Process=Advantage Financial System ("Advantage"), or Form K (when no renewals remain, department/vendor chose not to renew)	Task Required and Completed	
• Enter/Provide detailed description for good or service needed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Enter/Provide estimated budget for the good or service	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Enter/Provide quantity of goods needed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Enter/Provide delivery requirements	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Enter correct commodity code(s) utilizing <i>NIGP Commodity Codes</i> found on Purchasing's intranet site as well as on the <i>Commodity Table</i> in Advantage. Correct commodity codes are necessary for:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
✓ Resource Manager approval, when applicable; and		
✓ To ensure that Vendors who are registered for specific commodities in Vendor Self Service ("VSS") receive notification of solicitations for said commodities		

	Task Required and Completed	
• If applicable, verify that the requisition has been routed to Resource Manager and that it has been approved	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Enter correct Procurement Type Code (and CMA or KMA number, <i>when applicable</i>) found on Purchasing's intranet site as well as on the <i>Procurement Type</i> page in Advantage. The value and type of document will dictate which of the following is to be entered <ul style="list-style-type: none"> • If need is repetitive = Term Contract = CRQM • If need is one (1) time only = Purchase Order = CRQS 	Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>
• List complete, correct and updated manufacturer information, including part numbers when applicable	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• List the correct unit of measure - specifications must be able to be "measured" for compliance	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• List correct and necessary insurance requirements, when applicable – <i>I have consulted with Risk Management</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• List correct and necessary license requirements, when applicable – <i>I have consulted with Contractor Certification Division with all questions</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• List bond requirements, when applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Include any attachments, certifications, etc. that are required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I have reviewed all specifications and hereby certify they are accurate and correct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

D. Additional Solicitation Requirements	Task Required and Completed	
Pre-Bid Conference		
• Determine if necessary <ul style="list-style-type: none"> • Non-mandatory Pre-Bid Conference = provide opportunity for vendor input and clarification • Mandatory Pre-Bid Conference = ensures vendor understanding of project and attendance is mandatory. If a vendor (or representative of vendor) does not attend, their response will not be considered. 	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Site Inspection		
• Determine if necessary <ul style="list-style-type: none"> • Non-mandatory Site Inspection – knowledge of the project site is not crucial • Mandatory Site Inspection – certain elements relating to the specifications or project site must be seen and further explained and attendance is mandatory. If a vendor (or representative of vendor) does not attend, the vendor cannot submit a response. • Provide/contract for transportation of interested vendors 	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Advertising:		
• Provide Purchasing with names and contacts of any specialty publication(s), if applicable	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Contact all known potential vendors with regard to advertised solicitation(s). Be inclusive – do not be selective.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

E. Evaluation Responsibilities	Department Agrees to:	
User Department agrees:		
• to provide technical evaluation of responses to solicitation	Yes <input checked="" type="checkbox"/>	
• to verify all references submitted with responses to solicitation	Yes <input checked="" type="checkbox"/>	
• to provide detailed justification if found non-responsible: <ul style="list-style-type: none"> ✓ Establish that the response deviated from specifications ✓ Bidder is not competent or is unreliable ✓ For the good of the County, clear and compelling reason exists to deem bidder as non-responsible ✓ Detailed justification is required for the record and in case a protest is submitted by an aggrieved bidder 	Yes <input checked="" type="checkbox"/>	

 11-15-23



Mi-Lor Casual

1254 NW 21st Street
 Pompano Beach, FL 33069
 Ph: 954-755-0290; Fx: 954-753-4555
 E-Mail: maldrich@milorcasual.com

Quote

Date	Quote #
10/30/2023	13125

Name / Address
Board of County Commission Palm Beach County Finance Dept. P.O. BOX 4036 West Palm Beach, FL 33402-4036

Ship To
Palm Beach County Parks & Rec. 2700 6th Ave South Lake Worth Beach, FL 33461 Kamar Williams Ph: 561-966-6632

Terms	Rep	FOB	Due Date Requested
Net 30	MSA	Coral Springs	11/29/2023

Item	Description	Qty	U/M	Cost	Total
00204201	Welded Powder Coat Stack Lounge - #201 Sky White Frame w/ 2" Double Wrap Vinyl	622	ea	215.75	134,196.50
00208201	Welded Powder Coat Stack Chair - #201 Sky White Frame w/ 2" Double Wrap Vinyl	188	ea	100.75	18,941.00
00215201	Welded Powder Coat Stacking Sand Chair - #201 Sky White Frame w/ 2" Double Wrap Vinyl	150	ea	91.25	13,687.50
00210201	Welded Powder Coat Bar Stool - #201 Sky White Frame w/ 2" Double Wrap Vinyl Strap: Solid #217 Navy Blue	18	ea	108.25	1,948.50
Del. Charge	Delivery Charge	1		250.00	250.00

Looking forward to doing business with you!

Subtotal \$169,023.50

Sales Tax (0.0%) \$0.00

Total \$169,023.50



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 TOUGH™**

Signature _____

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**PBC
Parks &
Recreation
Department**
INTERNAL REQUISITION

TYPE OF REQUISITION (SELECT ONE)

CRQS, Centralized Purchase Request

EMERGENCY PURCHASE? YES

PR

ISSUER ID:

MOD. PR:

Calculate Total Cost

DATE	REQUISITION UNIT	REQUESTED FOR	DOCUMENT ID
11/15/2023	5237	Waterpark	CRQS-112023-39
.NAME OF DELIVERY LOCATION	CODE	DELIVERY DATE	RESPONSIBLE PERSON OR REQUESTOR ID
Calypto Bay and Coconut Cove Waterpark	5831/5814		Kamar Williams
PHONE		561-966-6632	
<input type="checkbox"/> DO NOT PRINT TO VENDOR	MA#	WORK ORDER #/TASK #	<input type="checkbox"/> CONFIRMING ORDER

SUGGESTED VENDOR	COMMENTS
VENDOR CODE:	
NAME:	
ADDRESS:	
	INT. Page <i>AKA</i>

ACCOUNTING DATA

LINE	FUND	DEPT	UNIT/SUB	ACTV	OBJ/SUB	PROG	TOTAL COST
01	3600	581	P913		6401-5111		\$ 141,567.45
02	3600	581	P901		5111		\$ 27,455.85
03							
04							

COMMODITY DATA

LINE	QTY	UNIT	COMM CODE/STOCK #	AG LN#	AC LN #	LIST COST	UNIT COST	TOTAL COST
001	622	EA	65066		1	\$	\$	\$
DESCRIPTION:						MANUFACTURER'S NAME/#		
Chaise Lounges, 77 x 23.5 x 14 in								
002	188		65066					
DESCRIPTION:						MANUFACTURER'S NAME/#		
Stackable Chairs, 28.5 x 22 x 35 in								
003	150		65066					
DESCRIPTION:						MANUFACTURER'S NAME/#		
Stackable Sand Chairs, 31 x 22 x 26.5 in								
004	18		65066					
DESCRIPTION:						MANUFACTURER'S NAME/#		
Bar stool, 24 x 16.5 x 43 in								
005								
DESCRIPTION:						MANUFACTURER'S NAME/#		

REQUESTOR NAME:	Kamar Williams	Signature	Kamar Williams C.	DATE:	
SUPERVISOR NAME:		Signature	<i>Russ D Connell</i>	DATE:	11/20/23
DIVISION DIRECTOR NAME:	Jimmy Davis	Signature	<i>Jimmy Davis</i>	DATE:	11-15-23
DEPARTMENT DIRECTOR NAME:	Jennifer Cirillo	Signature		DATE:	



**Palm Beach County
Parks and Recreation Department
Aquatics Division**

DATE: November 15, 2023

TO: Purchasing Department

THRU: Jennifer Cirillo, Director
Parks & Recreation Department

THRU: Paul Connell, Assistant Director *Paul D Connell*
Parks & Recreation Department

THRU: James Davis, Director *[Signature]*
Aquatics Division

FROM: Kamar Williams, Aquatic Supervisor
Aquatic Division

RE: Aquatics Deck Furniture CRQS-112023-39

The Aquatics Division is requesting an IFB solicitation to procure new strap deck furniture to replace the existing damaged and aging deck furniture at the aquatic facilities. The furniture is required to be Mi-lor Casual Biscayne collection or equivalent and of aluminum frame (powder coated) construction with replaceable straps. Delivery locations are specified below and colors will be selected at the time of the award.

Deck Furniture Requested:

Quantity	Description	Dimensions
622	Chaise Lounges	77 × 23.5 × 14 in
188	Stackable Chairs	28.5 × 22 × 35 in
150	Stackable Sand Chairs	31 × 22 × 26.5 in
18	Bar stool	24 × 16.5 × 43 in

Delivery Locations:

Calypso Bay Water Park
151 Lamstein Lane
Royal Palm Beach, FL 33411

Coconut Cove Waterpark
20130 Regional Park Drive
Boca Raton, FL 33498

County Acceptance:

Payment shall be rendered **only** upon the County's acceptance of said service or product.

Acceptance is defined as:

- Delivery of the unit(s) to the owner does not constitute acceptance for purpose of payment. Final acceptance and authorization of payment shall be given only after a thorough inspection indicates that the unit(s) meets contract specifications.

CC. Jeanine Levine

