



SOLICITATION SIGNATURE PAGE

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

Presented at GSC Meeting: April 17, 2024

Department/Division Parks & Recreation / Aquatics Division

Project Name/Number Pool 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 4/4/24

Department/Division Director

Jennifer O'Connell 4/5/2024

OEBO

DeDige

Goal Setting Committee Chairperson

GOAL SETTING
Project Summary Worksheet
 Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: **Parks & Recreation**

DATE: **March 25, 2024**

SOLICITATION NAME: **Aquatics Deck Furniture**

PROJECT No. _____

TYPE OF SOLICITATION: **REQUEST FOR WAIVER**

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	\$ 169,024.00	100.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
		\$169,024.00	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			0					0	14	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	0	0	0	0	0	0	0	14	14	100.00%

COMMODITY AVAILABILITY

COMMODITY	SBE	WBE	M/WBE	AABE	NABE	HABE	ABE	Total S/M/WBE	NON-SMWB	WEIGHT
42061	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	1.00000	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
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
TOTAL	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	1.00000	
X 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	

YTD UTILIZATION:

SBE	MBE	WBE	AABE	NABE	HABE	ABE

GOAL SETTING
Project Summary Worksheet
Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: Parks & Recreation

DATE: March 25, 2024

SOLICITATION NAME: Aquatics Deck Furniture

PROJECT No.

TYPE OF SOLICITATION: REQUEST FOR WAIVER

CATEGORY: GOODS & OTHER SERVICES

AVAILABLE APIS:

SBE Price Preference

DEPARTMENT RECOMMENDED API:

SBE Price Preference

Nicki Murphy

3/25/2024

DEPARTMENT REPRESENTATIVE NAME

Nicki Murphy

3-25-24

DEPARTMENT REPRESENTATIVE SIGNATURE

OEBO RECOMMENDED API:

OEBO REVIEWER NAME

[Signature]

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: <input type="text" value="Complete Vendor ID"/>	City(ies): <input type="text" value="Select a City"/>
Company / DBA / Vendor Name: <input type="text" value="128 Business or Aerial Survey Business #1 in Vendor: ABC"/>	Zip Code(s): <input type="text" value="Select a Zip Code"/>
Commodity / Services: <input type="text" value="(42061) Lounge Furniture, Steel, Outdoor"/>	Email Address: <input type="text" value="Email Address"/>
Phone Number: <input type="text" value="Phone Registration Number"/>	

EEO Vendors: <input checked="" type="checkbox"/>	Certification Type: <input type="checkbox"/> SBE <input type="checkbox"/> S/WBE <input type="checkbox"/> S/MBE & S/WBE	Business Owner: <input type="text" value="Firstname Lastname (e.g.): John Smith"/>
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Business Class: <input type="text" value="Select a Business Class"/>
		Race(s): <input type="text" value="Select a Race"/>

Search Results

Page 1 of 1 (1 vendors) Page Size: 25 Keyword Search:

Vendor ID	Company Name	Alias / DBA Name	Address	Contact Name	Emails	Phone No	View
V5000003567	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, 561-9140000	<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) Karmar 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</u> than \$100,000	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</u> than \$100,000	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		

 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
--	--------------	--------------



**POWDER
 COATED
 TOUGH™**

Signature _____

Visit Us at www.milorcasual.com



**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
Parks & Recreation Department *Paul D Connell*
THRU: James Davis, Director
Aquatics Division *[Signature]*
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