



TO: Sean O'Donnell, Purchasing Agent
Purchasing Division
FROM: Ariadna Musarra, Director/County Architect
Construction Management Division
SUBJECT: Solicitation No.: PNC2120874C1
GCE Annex Re-Roof HVAC

Recommended Vendor: A. C. T. Services, Inc.
Recommended Group(s)/Line Item(s): 1 - 2
Initial Award Amount: \$ \$1,623,843.70 Potential Total Amount: \$ \$1,623,843.70
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in ContractsCentral.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Ariadna Musarra TITLE: Construction Management Div. Director
(Individual authorized to administer the contract.)

SIGNATURE: ARIADNA MUSARRA Digitally signed by ARIADNA MUSARRA Date: 2021.03.30 09:58:30 -04'00' DATE: 3/30/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120874C1 / GC East Annex Re-Roof and HVAC Improvement

Reference for: (Name of Firm) A. C. T. Services, Inc.

Organization/Firm Name providing reference: Miami-Dade Water & Sewer Department

Contact Name/Title: Augustin Durand, Construction Supervisor

Contact E-mail: AIDURA@miamidade.gov

Contact Phone: 786-552-4411 / 786-236-2250

Name of Referenced Project: Radiator Replacement For Generators No. 1, 2 and 3 (John E. Preston WTP)

Contract No. T-1887

Contract Amount: \$1,946,466.51

Date Services Provided: 10/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
The Contractor was tasked to furnish and install radiators for 3 existing generators at the John E Preston Water Treatment Plant. The work also included demolition, installation of plumbing, electrical and as well as mechanical.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
The project was delayed; however, the Contractor was not responsible for the delay. The delay was the result of change orders work.

References Checked By

Name: Silvia Javier

Title: Construction Manager

Division/Department: Construction Management Division

Date of Verification: 3/08/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120874C1 / GC East Annex Re-Roof and HVAC Improvement
 Reference for: (Name of Firm) A. C. T. Services, Inc.
 Organization/Firm Name providing reference: Miami-Dade County - Aviation Department
 Contact Name/Title: Ultimo De Olivera
 Contact E-mail: UDeOliveira@miami-airport.com
 Contact Phone: 305-876-8312
 Name of Referenced Project: MIA Bldg. 707 Cooling Tower Replacement
 Contract No. MDAD U022A
 Contract Amount: \$791,177.39
 Date Services Provided: 10/2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 See attached evaluation/references from Miami Dade County Aviation Department which has been checked/verified/confirmed by Construction Management Division and deemed satisfactory.

References Checked By *Silvia Javier*
 Name: Silvia Javier Title: Construction Project Manager
 Division/Department: Construction Management Division Date of Verification: 03/09/2021

Evaluation Refreshers: [Do's and Don'ts](#) [Process and Procedures](#) [Q & A's](#) [Help](#)



MIAMI-DADE COUNTY, FLORIDA

Capital Improvements Information System

Aviation

Contractor Evaluation

MCC Contract: AV MDAD U022A

Contractor: ACT SERVICES INC

Department Contact: Disodado J. Fernandez (305) 876-7334

Evaluation Type: Standard Evaluation

FEIN: 592561674

Award Amount: \$754,000.00

Site Project Name:

Site Location:

Evaluator ID: ferrej

Date:

Period:

	Rating *					Criteria
	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>N/A</u>	
1-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Schedule - Quality of schedule & adherence to schedule resulting in timeliness and minimizing delay to the owner and community.
2-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cost effectiveness & efficiency - Budget compliance & value of work.
3-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vision - Design - Concepts or adherence to criteria.
4-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cooperation - Teamwork & relationship with owner, subs and suppliers.
5-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coordination - Ability to organize, schedule and complete tasks in adherence to the schedule.
6-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Accuracy & Technical Skills - Cost estimating, scheduling, shop and other drawings, plans, manuals, project documentation and conflict resolution.
7-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Completeness - Compliance with contract documents, permits, Codes & standards.
8-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Responsiveness - Timely, clear & concise responses to owner comments and correspondence.
9-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Commitment - Intangibles & contribution to project success.
10-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personnel - Quality and dedication of project staff.
11-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management - Leadership ability.
12-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Quality - Work performed correctly the first time.

Overall Performance Average:

Documentation that supports this evaluation and Contractor's/Consultant's comments can be obtained by contacting:

at phone#

Evaluation Reviewed by: Supervisor Division Chief Assistant Director Director

Reviewer Name: Reviewer Signature: _____

The method of delivery of this evaluation to contractor/consultant: Certified Mail EMail Fax
Hand

(Unresponsive Performance by contractor/consultant requires 2 delivery methods, one MUST be Certified Mail.)

Evaluation delivered to:

* Rating Key

- 4 Superior performance - Exemplary quality, no intervention required - project completed on time or early at or below budget with no change orders or amendments other than owner requested changes.
 - 3 Satisfactory performance - Minor errors noted, addressed with timely corrective action. No serious errors noted or corrective action needed.
 - 2 Guarded performance Errors and Omissions documented in writing with timely corrective action.
 - 1 Unresponsive performance documented in writing without timely corrective action.
- N/A. No Information



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120874C1 / GC East Annex Re-Roof and HVAC Improvement

Reference for: (Name of Firm) A. C. T. Services, Inc.

Organization/Firm Name providing reference: Miami-Dade Water & Sewer Department

Contact Name/Title: Kevin Keane

Contact E-mail: kkeane@miamidade-psip.com

Contact Phone: 786-236-3503

Name of Referenced Project: Upgrade Of Sewage Pump Station No. 1067

Contract No. T2198

Contract Amount: \$1,190,915.00

Date Services Provided: 9/2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

ACT Services completed the construction of WASD Sanitary Sewage Pump Station 1067. This included the construction of a new wet well, valve vault, piping, new pumps, new control and electrical systems, and discharge force main.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By *Silvia Javier*
Name: Silvia Javier

Title: Construction Project Manager

Division/Department: Construction Management Division Date of Verification: 03/03/2021