



TO: Netanya Hogu, Purchasing Agent
Purchasing Division
FROM: Trevor M. A. Fisher, P.E., Assistant General Manager, Broward County Transit
Transportation Department
SUBJECT: Solicitation No.: PNC2120688B1
Transit Shelter ADA Infrastructure Improvements

Recommended Vendor: Continental Construction USA, LLC
Recommended Group(s)/Line Item(s): All Line Items
Initial Award Amount: \$3,126,660 Potential Total Amount: \$6,253,320
Initial Contract Term: Two Years Contract Term, including Renewals: Four Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Provide explanation if choosing this option

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 Contracts Central 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 Contracts Central.

AND

Reference Verification Forms are attached.


OR

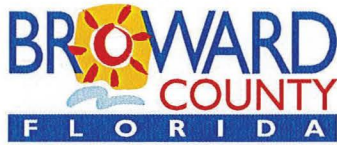
Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Trevor M. A. Fisher, P.E. TITLE: Assistant General Manager
(Individual authorized to administer the contract.)

SIGNATURE:  Digitally signed by TREVOR FISHER
Date: 2021.01.21 13:12:47 -05'00' DATE: January 21, 2021



Transportation Department

CAPITAL PROGRAMS DIVISION

1 N. University Drive, Suite 3100A • Plantation, Florida 33324 • 954-357-8300 • FAX 954-357-8305

Date: January 21, 2021

To: Netanya Hogu. Purchasing Agent Purchasing Division

From: Trevor M. A. Fisher, P.E., MBA, Assistant General Manager, Capital Programs
Broward County Transit  Digitally signed by TREVOR FISHER
Date: 2021.01.21 13:41:39 -05'00'

Subject: **NON-CONCURRENCE RECOMMENDATION FOR
CONTINENTAL CONSTRUCTION, USA, LLC.
TRANSIT SHELTER ADA INFRASTRUCTURE IMPROVEMENTS,
SOLICITATION NO: PNC2120688BI**

The following bulletized comments substantiates the reasons for a Non-Concurrence Recommendation:

- Contractor has 51 open Purchase Orders (PO's) with BCT in varies stages, (pending start of construction, under construction, final closeout), the oldest dates back to February 2018, demonstrating a failure to actively pursue work and closeout old PO's
- Multiple Notice of Violations and Notice to Cure from OESBD for DBE violations for Contracts V1419903B1, V2114813B1 and Y2112390B1
- Poor past vendor rating from multiple agencies, (BCT, BCWWS, OSESBD)
- Further review of the Dun and Bradstreet (D&B) report shows significant financial stress and payment behavior concerns.
- Vendor Reference from City of Miami Gardens less than satisfactory, concerns on scheduling, subcontractors, work efficiency and organization.

Please contact me if there are further questions.



TO: Netanya Hogu, Purchasing Agent
Purchasing Division
FROM: Trevor Fisher, Assistant General Manager of Transportation
Transit Division
SUBJECT: Solicitation No.: PNC2120688B1
Transit Shelter ADA Infrastructure Improvements

Recommended Vendor: C & I Construction and Design, Inc.
Recommended Group(s)/Line Item(s): All Line Items
Initial Award Amount: \$3,697,415 Potential Total Amount: \$7,394,830
Initial Contract Term: Two Year Contract Term, including Renewals: Four Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Provide explanation if choosing this option

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 Contracts Central 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 Contracts Central.

AND

Reference Verification Forms are attached.


OR

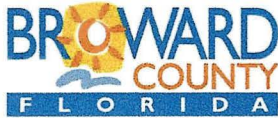
Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Trevor M. A. Fisher, P.E. **TITLE:** Assistant General Manager
(Individual authorized to administer the contract.)

SIGNATURE:  Digitally signed by TREVOR FISHER
Date: 2021.01.21 13:13:55 -05'00' **DATE:** January 21, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements

Reference for: (Name of Firm) C & I Construction and Design, Inc.

Organization/Firm Name providing reference: Public Works Department - Town of Miami Lakes

Contact Name/Title: Carlos

Contact E-mail:

Contact Phone: 305-364-6100

Name of Referenced Project: Shelter installation

Contract No. 20160305

Contract Amount: \$125,000

Date Services Provided: 2016

(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:
Contractor furnished and installed pre fab bus shelters by Columbia Equipment. work included site work, shelter foundation, sidewalk

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By: Name: Ralph Viola Title: Construction Project Manager
Division/Department: Capital Programs / Transportation Date of Verification: October 02, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements

Reference for: (Name of Firm) C & I Construction and Design, Inc

Organization/Firm Name providing reference: Public Works Department - Miami Dade County Public Works

Contact Name/Title: Javier Salmon

Contact E-mail:

Contact Phone: 305-375-3501

Name of Referenced Project: Bus Shelters for Cities of Homestead, North Miami, Miami Lakes

Contract No. CIP090A RPQ 193823

Contract Amount: \$147,000.00

Date Services Provided: 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:

Prefab shelter install in various cities work included shelter install, foundation and sidewalk

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" 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)

References Checked By

Name: Ralph Viola

Title: Construction Project Manager

Division/Department: Capital Programs / Transportation

Date of Verification: September 28, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements
 Refere for: Name of Firm C & I Construction and Design, Inc
 Organization/Firm Name providing reference: Public Works Department - City of Hallandale Beach
 Contact Name/Title: Joselaine Pateau - Engineer I
 Contact E-mail:
 Contact Phone: 954-457-1607
 Name of Referenced Project: A1A Bus Shelter improvements
 Contract No.
 Contract Amount: \$53,000.00
 Date Services Provided: June 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).

escription of services provided by Vendor:

Pre fab shelter installation. work includes site work. shelter foundation

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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)

References Checked By

Name: Ralph Viola

Title: Construction Project Manager

Division/Department: Capital Programs / Transportation

Date of Verification: September 24, 2020



TO: Netanya Hogu, Purchasing Agent
Purchasing Division
FROM: Trevor M. A. Fisher, P.E., Assistant General Manager, Broward County Transit
Transportation Department
SUBJECT: Solicitation No.: PNC2120688B1
Transit Shelter ADA Infrastructure Improvements

Recommended Vendor: Interstate Construction, LLC
Recommended Group(s)/Line Item(s): All Line Items
Initial Award Amount: \$3,945,700 Potential Total Amount: \$7,891,400
Initial Contract Term: Two Years Contract Term, including Renewals: Four Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Provide explanation if choosing this option

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 Contracts Central 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 Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Trevor M. A. Fisher, P.E. TITLE: Assistant General Manager
(Individual authorized to administer the contract.)

SIGNATURE:  Digitally signed by TREVOR FISHER
Date: 2021.01.21 13:13:19 -05'00' DATE: January 21, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements
 Reference for: (Name of Firm) Interstate Construction, LLC
 Organization/Firm Name providing reference: Florida Dept of Transportation
 Contact Name/Title: Richard McKenzie
 Contact E-mail: richard@generalasphalt.com
 Contact Phone: 305-592-3480
 Name of Referenced Project: University Drive Bus Shelters
 Contract No. T4478
 Contract Amount: \$83,797
 Date Services Provided: July 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:
 Transit Bus shelter installation on University Drive (FDOT Contract)

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 checked="" type="checkbox"/>	<input 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)

References Checked By
 Name: Ralph Viola Title: Construction Project Manager
 Division/Department: Capital programs / Transportation Date of Verification: September 24, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements
 Reference for: (Name of Firm) Interstate Construction, LLC
 Organization/Firm Name providing reference: City of Miramar
 Contact Name/Title: John Haws, CFO
 Contact E-mail:
 Contact Phone: 954-492-9191
 Name of Referenced Project: Fire Rescue Station #107
 Contract No.
 Contract Amount: \$505,642
 Date Services Provided: January 2017
 (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:
Construction of new fire station for City of Miramar

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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)
Contact listed in Bid Jason Smith) no longer with company

References Checked By
 Name: Ralph Viola Title: Construction Project Manager
 Division/Department: Capital programs / Transportation Date of Verification: September 24, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2120688B1 - Transit Shelter ADA Infrastructure Improvements
 Reference for: (Name of Firm) Interstate Construction, LLC
 Organization/Firm Name providing reference: Village of Royal Palm Beach
 Contact Name/Title: Tim Tack / Project Manager
 Contact E-mail: tack@royalpalmbeach.com
 Contact Phone: 561-790-0221
 Name of Referenced Project: Sparrow Pedestrian Bridge and Bike Path
 Contract No.
 Contract Amount: \$869,617
 Date Services Provided: September 2016

(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:
 Civil works for prefab pedestrian bridge and bike path, scope was increased to include adjacent water line replacement.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Ralph Viola Title: Construction Project Manager
 Division/Department: Capital programs / Transportation Date of Verification: September 28, 2020