



TO: Shamar Brissett
Purchasing Division
FROM: Alan Garcia, Director
Water and Wastewater Services
SUBJECT: Solicitation No.: OPN2128651B1
Ferric Chloride

Recommended Vendor: PVS Technologies, Inc.
Recommended Group(s)/Line Item(s): All Lines
Initial Award Amount: \$ 310,000.00 Potential Total Amount: \$ 1,642,850.00
Initial Contract Term: One Year Contract Term, including Renewals: Five Years

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 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 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: Jose M. Otero
(Individual authorized to administer the contract.)

TITLE: Utilities Superintendent

SIGNATURE: Jose Otero

Digitally signed by Jose Otero
Date: 2024.10.02 07:18:54 -04'00'

DATE: 10/2/24

TYPED NAME OF SIGNER: Mark Darmanin TITLE: Director, Water and Wastewater Operati

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin
Date: 2024.10.03 10:00:41 -04'00' DATE: _____

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. TITLE: Director, Water and Wastewater Service
(Individual authorized to administer the contract.)

SIGNATURE: **Alan Garcia** Digitally signed by Alan Garcia
Date: 2024.10.03 11:59:06 -04'00' DATE: 10/03/2024

VENDOR REFERENCE VERIFICATION FORM

Solicitation No. OPN2128651B1 + Ferric Chloride				
Reference For (hereinafter, "Vendor"):		PVS Technologies, Inc.		
Reference Date:		9/28/24		
Organization/Firm Providing Reference:		DC Water		
Contact Name:		Scott Kang		
Contract Title:		Category manager		
Contact Email:		Scott.Kang@dcwater.com		
Contact Phone:		202-787-7058		
Name of Referenced Project:		ferric chloride		
Contract Number:		10450		
Date Range of Services Provide:		Start Date: 8/1/24	End Date: 7/30/24	
Project Amount:		5.5M		
Vendor's Role in Project:		<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Please rate your experience with the referenced Vendor via checkbox:				
	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Yolanda McGee	Division:	WWS Operations Division	
		Date:	9/30/24	

VENDOR REFERENCE VERIFICATION FORM

Solicitation No. OPN2128651B1 + Ferric Chloride					
Reference For (hereinafter, "Vendor"):		PVS Technologies, Inc.			
Reference Date:		9/30/24			
Organization/Firm Providing Reference:		Metro Water Recovery			
Contact Name:		Jason Lee			
Contract Title:		Sr. Purchasing Manager			
Contact Email:		Jlee@MetroWaterRecovery.com>			
Contact Phone:		303-286-3276			
Name of Referenced Project:		Hite Liquid Ferric Chloride			
Contract Number:		PO# 142851			
Date Range of Services Provide:		Start Date: 11/1/19	End Date: 10/31/24		
Project Amount:		\$2,000,000			
Vendor's Role in Project:		<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)					
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)					
Primary vendor for Liquid Ferric Chloride deliveries via rail car to Robert W. Hite Treatment Facility in Denver, CO					
Please rate your experience with the referenced Vendor via checkbox:		Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:					
Responsive:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:					
Staff Expertise:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:					
Project:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:					
Your Firm:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				Date: 10/1/2024	

VENDOR REFERENCE VERIFICATION FORM

Solicitation No. OPN2128651B1 + Ferric Chloride					
Reference For (hereinafter, "Vendor"):		PVS Technologies, Inc.			
Reference Date:		9/25/2024			
Organization/Firm Providing Reference:		City of Monroe, NC			
Contact Name:		Monica C. Bulos			
Contract Title:		Purchasing Assistant I			
Contact Email:		mbulos@monroenc.org			
Contact Phone:		704-282-4603			
Name of Referenced Project:		Water Treatment Chemicals			
Contract Number:					
Date Range of Services Provide:		Start Date: Current	End Date: October 2024		
Project Amount:		190,000.00			
Vendor's Role in Project:		<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)					
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)					
Provide Ferric Chloride to the Water Treatment Plant					
Please rate your experience with the referenced Vendor via checkbox:		Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:					
Responsive:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:					
Staff Expertise:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:					
Project:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with:					
Your Firm:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				Date: 09-25-2024	