



**TO:** Robert Gleason, Director of Purchasing  
Purchasing Division

**FROM:** Alan W. Garcia, P.E., Director  
Water & Wastewater Services

**SUBJECT:** Solicitation No.: OPN2126696B1  
Gearbox, Pumps and Motors Repair, Fabrication and Rehabilitation Services

Recommended Vendor: CONDO ELECTRIC MOTOR REPAIR

Recommended Group(s)/Line Item(s): ALL

Initial Award Amount: \$ 228,705

Potential Total Amount: \$ 1,143,525

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  $\geq 2.59$  on all evaluations.
- ☐ No evaluations within the past three years contained any items rated a score of 2 or less.
- ☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- ☐ Vendor received a score of  $\leq 2$  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: Oscar Asgar  
(Individual authorized to administer the contract.)

TITLE: Construction Project Manager

SIGNATURE: Oscar Asgar

Digitally signed by Oscar Asgar  
Date: 2023.10.18 08:44:35 -04'00'

DATE: 10/18/23

Page 2 of 2  
Concurrence: OPN2126696B1  
Gearbox, Pumps and Motors Repair, Fabrication and Rehabilitation Services

TYPED NAME OF SIGNER: Mark Darmanin  
(Individual authorized to administer the contract.)

TITLE: Director, WWOD

SIGNATURE: Mark Darmanin  
Digitally signed by Mark Darmanin  
Date: 2023.10.18 16:38:18 -04'00'

DATE: 10/18/2023

TYPED NAME OF SIGNER: Alan W. Garcia, PE.  
(Individual authorized to administer the contract.)

TITLE: Director, WWS

SIGNATURE: Alan Garcia  
Digitally signed by Alan Garcia  
Date: 2023.10.19 11:33:38  
-04'00'

DATE: 10/19/23



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2126696B1,

Gearbox, Pumps, Motors, Repair, Fab, Rehab Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR

Organization/Firm Name providing reference: CITY OF HOMESTEAD

Contact Name/Title: ELIEZER THOMAS REYES / SUPERINTENDENT WATER TREATMENT PLANT

Contact E-mail: ETHOMAS-REYES@CITYOFHOMESTEAD.COM

Contact Phone: 305-224-4772

Name of Referenced Project: MOTORS, PUMPS AND GEARBOXES PURCHASING AND REPAIR

Contract No. 154619

Contract Amount: Open contract on as need bases

Date Services Provided: 3 YEAR CONTRACT,

(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:

**Motors, Generators, Pumps, and Gearboxes Purchasing, Services, and Repairs.**

#### 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)

**Contractor always goes above and beyond to help with the utilitie's needs.**

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWS/ WWOD

Date of Verification: October 13, 2023



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2126696B1,

Gearbox, Pumps, Motors, Repair, Fab, Rehab Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR

Organization/Firm Name providing reference: FLORIDA KEYS AQUEDUCT

Contact Name/Title: Peter Gomez/ CHIEF OPERATION PROCESSER.

Contact E-mail: P Gomez@fkaa.com

Contact Phone: 305-876-6441

Name of Referenced Project: GEARBOXES, MOTOR AND PUMP REPAIR

Contract No.

Contract Amount: Open contract on as need bases

Date Services Provided: 3 YEAR CONTRACT,

(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:

Condo Electric And Motor Repair has fixed,serviced,repared, rewound,and or rebuilt most of our motors generators,fixed our R.O. plants from Florida City to Key West. I value their expertise and professionalism.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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 Florida Keys Aqueduct has hired Condo for several projects and we are very pleased with them. They always meet their timeline and are very professional. I am the (COO) Chief Operations Officer and i have had many dealings with them and they have always keep their word. I assure you, you will not be disappointed with Condo Electric Motor and Repair.

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWS/ WWOD

Date of Verification: October 13, 2023



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2126696B1,

Gearbox, Pumps, Motors, Repair, Fab, Rehab Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR

Organization/Firm Name providing reference: CITY OF BOCA RATON

Contact Name/Title: RAMY MAHARAJ / UTILITY FACILITY MANAGER

Contact E-mail: RMAHARAJ@MYBOCA.US

Contact Phone: 561-239-4369

Name of Referenced Project: GEARBOXES, MOTOR AND PUMP REPAIR

Contract No. 030-22 City of Plantation Bid (Piggyback)

Contract Amount: Open contract on as need bases for three years

Date Services Provided: 3 YEAR CONTRACT,

(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:

Repairing various types of pumps, motors, generators and gearboxes up to 1000 HP and 4160V that are used in Water and Wastewater Plant Operations including raw water wells.

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

The City of Boca Raton, Utility Services Department has been using Condo Electric for the past 15 years piggybacking different bids from different Municipalities in South Florida for repairing various types of pumps, motors, generators and gearboxes up to 1000 HP and 4160V that are used in the City's Water and Wastewater Plant Operations including raw water wells and Liftstations.

#### References Checked By

Name: Oscar Asgar

Division/Department: WWS/ WWOD

Title: Construction Project Manager

Date of Verification: October 13, 2023