



TO: Jacqueline Chapman
Purchasing Division
FROM: Alan W. Garcia, P.E., Director
Water and Wastewater Services Division
SUBJECT: Solicitation No.: OPN2120216B1
Gearbox Fabrication and Rehabilitation Services

Recommended Vendor: Condo Electric Motor Repair Corp. Recommended Group(s)/Line Item(s): All

Initial Award Amount: \$ 159,679.00 Potential Total Amount: \$ 479,037.00
Initial Contract Term: One Year Contract Term, including Renewals: Three 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: Mirza Asgar (Oscar) TITLE: Construction Project Manager
(Individual authorized to administer the contract.)

SIGNATURE: Mirza Asgar

Digitally signed by Mirza Asgar
Date: 2020.05.12 14:17:05 -04'00'

DATE: 5/12/20

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Director, Water & Wastewater

MARK M.
SIGNATURE: DARMANIN

Digitally signed by MARK M.
DARMANIN
Date: 2020.05.13 10:06:46 -04'00'

DATE:

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director, Water & Wastewater

ALAN GARCIA
SIGNATURE:

Digitally signed by ALAN GARCIA
Date: 2020.05.13 10:33:31 -04'00'

DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2120216B1 Gearbox Fabrication and Rehabilitation Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR, CORP.
 Organization/Firm Name providing reference: CITY OF HOMESTEAD
 Contact Name/Title: EDUARDO GONZALEZ, ASST. DIRECTOR OF PUBLIC WORKS & ENGINEERING
 Contact E-mail: EGONZALEZ@CITYOFHOMESTEAD.COM
 Contact Phone: 786-367-5501
 Name of Referenced Project: EQUIPMENT MAINTENANCE & REPAIR
 Contract No. N/A
 Contract Amount: As Needed
 Date Services Provided: Ongoing
 (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:
 City of Homestead Public Works & Eng. has utilized the services of Condo Electric Motor Repair for the purchase, maintenance & repair of pumps & motors for nearly twenty (20) years. We have also utilized their services for aluminum catwalk & railings fabrication & installation. Condo Electric is both responsive & competitive with their quotes. We are pleased with the quality of their work & the quick turnaround they provide.

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)

References Checked By
 Name: Oscar Asgar Title: Construction Project Manager
 Division/Department: WWS / WWOD Date of Verification: April 06, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2120216B1 Gearbox Fabrication and Rehabilitation Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR, CORP.
 Organization/Firm Name providing reference: FLORIDA KEY AQUADUCT
 Contact Name/Title: ALEX DE LA ARENA/EL. SUPERVISOR
 Contact E-mail: ADELAARENA@FKAA.COM
 Contact Phone: 305 502-3289
 Name of Referenced Project: EQUIPMENT MAINTENANCE & REPAIR
 Contract No. N/A
 Contract Amount: As Needed
 Date Services Provided: ~~Open Contract - as needed~~ Open end Contract - as needed
 (list date range or date services began until "current")

Updated by Purchasing
Division to remove typo

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:
Rewind, service and repair electric motors low and medium voltage up to 800HP.
Rebuild and install pumps of all shapes and sizes.
Sales of VFDs, all kinds of motors and other products.
Fabrication of metals.

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)
Condo Electric has been one of our prime vendors for many years and they have always performed to the highest of our expectation and for that matter we will continue to use them.

References Checked By
 Name: Oscar Asgar Title: Construction Project Manager
 Division/Department: WWS / WWOD Date of Verification: April 06, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2120216B1 Gearbox Fabrication and Rehabilitation Services

Reference for: (Name of Firm) CONDO ELECTRIC MOTOR REPAIR, CORP.
 Organization/Firm Name providing reference: CITY OF BOCA RATON
 Contact Name/Title: RAMY MAHARAJ /UTILITY FACILITIES MANAGER
 Contact E-mail: RMAHARAJ@MYBOCA.US
 Contact Phone: 561 338-7316 CELL 561 239-4369
 Name of Referenced Project: GEARBOX MAINTENANCE & REPAIR
 Contract No. N/A
 Contract Amount: As Needed
 Date Services Provided: Ongoing
 (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:
Motor repairs, rewinding and installation. Pump removal, repairs, rebuilding and installation. Gearbox maintenance and repairs for water and wastewater systems.

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 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)
Vendor has consistently provided quality and dependable services to the City over the years.

References Checked By
 Name: Oscar Asgar Title: Construction Project Manager
 Division/Department: WWS / WWOD Date of Verification: April 06, 2020