



**TO:** Robert Gleason, Director of Purchasing  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: OPN2127828Q1  
Ovivo Repair, Installation and Rehabilitation Services

Recommended Vendor: Ovivo USA, LLC  
Recommended Group(s)/Line Item(s): All Line Items  
Initial Award Amount: \$ 2,094,001.98 Potential Total Amount: \$ 10,470,009.90  
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 TITLE: Construction Project Manager  
(Individual authorized to administer the contract.)

SIGNATURE: Oscar Asgar Digitally signed by Oscar Asgar Date: 2024.05.17 08:06:51 -04'00' DATE: 5/17/24

Page 2 of 2  
Concurrence: OPN2127828Q1  
Ovivo Repair, Installation and Rehabilitation Services

TYPED NAME OF SIGNER: John Kay  
(Individual authorized to administer the contract.)

TITLE: Asst, Director, WWQI

SIGNATURE: John Kay Digitally signed by John Kay  
Date: 2024.05.17 15:11:34  
-04'00'

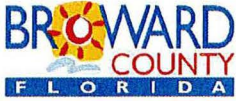
DATE: \_\_\_\_\_

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

TITLE: Director, WWS

SIGNATURE: Alan Garcia Digitally signed by Alan Garcia  
Date: 2024.05.20 15:50:46  
-04'00'

DATE: 05/20/24



**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: OPN2127828Q1 Ovivo Repair, Installation and Rehabilitation Services

Reference for (Name of Firm): Ovivo USA, LLC

Organization/Firm Name providing reference: City of Fort Lauderdale

Contact Name: Justin Murray

Title: Wastewater Facilities Mgr

Contact Email: jmurray@fortlauderdale.gov

Contact Phone: (954) 828-4122

Name of Referenced Project: Clarifier rehabilitation

Contract No.

Contract Amount: 207,687.00

Date Services Provided: 10/19/2022 thru 3/13/2023

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

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWS/ WWOD

Date of Verification: 04/22/2024



**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: OPN2127828Q1 Ovivo Repair, Installation and Rehabilitation Services

Reference for (Name of Firm): Ovivo USA, LLC

Organization/Firm Name providing reference: Hillsborough County

Contact Name: Dean DelGrosso

Title: Assistant Section Manager

Contact Email: delgrossod@HCFLGov.net

Contact Phone: (813) 663-3200

Name of Referenced Project: Jeta drive head

Contract No. 222214932

Contract Amount: 132,440.00

Date Services Provided: 07/2022 thru 02/2023

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

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Ovivo has been responsive and we will continue to use them and keep a contract with them as they provide a service and parts for all of our equipment for Wastewater treatment.

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWS/ WWOD

Date of Verification: 04/22/2024



**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: OPN2127828Q1 Ovivo Repair, Installation and Rehabilitation Services

Reference for (Name of Firm): Ovivo USA, LLC

Organization/Firm Name providing reference: SCA Pinellas Utilities

Contact Name: Bryan Schmalz

Title: Utility Director

Contact Email: bryan\_schmatz@blccdd.com

Contact Phone: (352) 427-1291

Name of Referenced Project: Clarifier rehabilitation

Contract No.

Contract Amount: 74,665.00

Date Services Provided: 10/2022 thru 03/2023

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

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

Replace clarifier drive assembly, drive torque control, and skimmer wipes.

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

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Exceptional quality - highly recommend.

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWS/ WWOD

Date of Verification: 04/22/2024