



**TO:** Paul A. Davidson, Purchasing Agent, Sr.  
Purchasing Division  
**FROM:** Gasser Douge, Contract Administrator/Engineering Unit Supervisor  
Broward County Aviation Department  
**SUBJECT:** Solicitation No.: PNC2127807C1  
Fort Lauderdale-Hollywood International Airport-Exit Roadway Improvements

Recommended Vendor: MCM  
Recommended Group(s)/Line Item(s): PNC2127807-01-01 through PNC2127807-01-2019 plus bid all  
Initial Award Amount: \$ 11,600,000.00 Potential Total Amount: \$ 11,600,000.00  
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

**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: Gasser Douge  
(Individual authorized to administer the contract.)

TITLE: Engineering Unit Supervisor

SIGNATURE:  Digitally signed by Gasser Douge  
Date: 2024.09.20 11:48:48 -04'00'  
DATE:

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

Broward County Solicitation No. and Title: PNC2127807C1-FLL Exit Roadway Improvements

---

Reference for (Name of Firm): MCM

---

Organization/Firm Name providing reference: Florida Department of Transportation

---

Contact Name: William Garcia Title: Sr. Project Engineer

---

Contact Email: wgarcia@bcceng.com Contact Phone: (305) 218-3737

---

Name of Referenced Project: HEFT Widening from SW 72 Street (Sunset Dr.) to SW 40 Street (Bird Rd.)

---

Contract No. Contract Amount: 54,991,730.00

---

Date Services Provided: 2014-2021

(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:**

Construction of 2 express lanes and 3 general purpose lanes (north and south); widening of NB & SB bridges; replacement of

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

References Checked By  
 Name: Fernando Blanco *Fernando Blanco* Title: Construction Project Manager

---

Division/Department: BCAD/Airport Development Date of Verification: 06/17/2024

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

Broward County Solicitation No. and Title: PNC2127807C1-FLL Exit Roadway Improvements

---

Reference for (Name of Firm): MCM

---

Organization/Firm Name providing reference: Florida Department of Transportation

---

Contact Name: William Garcia Title: Sr. Project Engineer

---

Contact Email: wgarcia@bcceng.com Contact Phone: (305) 218-3737

---

Name of Referenced Project: HEFT Widening from SW 40th St. (Bird Rd.) to SR 836 (Dolphin Expressway)

---

Contract No. Contract Amount: 816,493.00

---

Date Services Provided: 2009-2012

(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:**

Construction of 5 sign supports; removal of 3-60" diameter columns located in canal; and installation of 4 sheet pile coffer

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

References Checked By  
 Name: Fernando Blanco *Fernando Blanco* Title: Construction Project Manager

---

Division/Department: BCAD/Airport Development Date of Verification: 06/17/2024

### Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2127807C1-FLL Exit Roadway Improvements

Reference for (Name of Firm): MCM

Organization/Firm Name providing reference: City of Deerfield Beach

Contact Name: Mark DiMascio

Title: CRA Capital Project Manager

Contact Email: mdimascasio@deerfield-beach.com

Contact Phone: (954) 952-0221

Name of Referenced Project: Island Mobility Improvements Project

Contract No. 22-14-JW

Contract Amount: 1,200,000.00

Date Services Provided: 06/22-05/23

(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:**

Demolition of existing roadway facilities; asphalt milling and paving; underground drainage improvements; new curbing;

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Fernando Blanco

*Fernando Blanco*

Title: Construction Project Manager

Division/Department: BCAD/Airport Development

Date of Verification: 06/14/2024