



TO: Robert Gleason
Purchasing Division
FROM: Alan W. Garcia, P.E., Director
Water and Wastewater Services
SUBJECT: Solicitation No.: BLD2128387B1
Fire Hydrant Maintenance and Repair Services

Recommended Vendor: WSD Contracting, Inc.
Recommended Group(s)/Line Item(s): Group 2
Initial Award Amount: \$ 587,135.00 Potential Total Amount: \$ 2,935,675.00
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: Carlos Garcia TITLE: Construction Project Management Supervisor
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia Digitally signed by Carlos Garcia Date: 2024.08.26 13:29:07 -04'00' DATE: 8/26/24

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

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin
Date: 2024.08.26 15:27:37 -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: 2024.08.27 09:44:46 -04'00' DATE: 08/27/24

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): WSD Contracting, Inc.

Organization/Firm Name providing reference: BURKHARDT CONSTRUCTION

Contact Name: BRANDON RHODES

Title: Manager

Contact Email: brandon@burkhardtconstruction.com

Contact Phone: (561) 722-6725

Name of Referenced Project: NE 33RD STREET SCAPE IMPROVEMENTS

Contract No. NA

Contract Amount: 52,325.00

Date Services Provided: 3/25/2021

(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:

WATER AND DRAINAGE SYSTEMS

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

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)

Reference stated there are no complaints about WSD performance.

References Checked By

Name: Carlos Garcia

Title: Construction Project Management Supervisor

Division/Department: Water and Wastewater Services

Date of Verification: 08/22/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): WSD Contracting, Inc.

Organization/Firm Name providing reference: GULF BUILDING INC.

Contact Name: GEORGE CHEKURI / MATT SHOK

Title: Director of Preconstruction/Project Manager

Contact Email: georgec@gulfbuilding.com

Contact Phone: (954) 492-9191

Name of Referenced Project: RIZAI RESIDENCE

Contract No. NA

Contract Amount: 126,000.00

Date Services Provided: 03/25/2021 - Present

(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:

DRAINAGE SYSTEMS, UTILITIES INSTALLATIONS

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

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)

References Checked By

Name: Carlos Garcia

Title: Construction Project Management Supervisor

Division/Department: Water and Wastewater Services

Date of Verification: 08/22/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): WSD Contracting, Inc.

Organization/Firm Name providing reference: SHIFF CONSTRUCTION AND DEVELOPMENT

Contact Name: JUSTEN SHIFF

Title: President

Contact Email: jds@shiff.com

Contact Phone: (954) 524-2575

Name of Referenced Project: DC ALEXANDER PARK - CITY OF FORT LAUDERDALE

Contract No. NA

Contract Amount: 261,100.00

Date Services Provided: 2/26/2023

(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:

WATER , SEWER AND DRAINAGE SYSTEMS

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 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: Carlos Garcia

Title: Construction Project Management Supervisor

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