

TO: Robert Gleason **Purchasing Division** FROM: Mark Darmanin, Director Water and Wastewater Operations Division **SUBJECT:** Solicitation No.: OPN2130129Q1 Solicitation Title: Continental Blower Parts, Maintenance, Repairs Recommended Vendor: Continental Blower, LLC Recommended Group(s)/Line Item(s): All Initial Award Amount: \$ 168.531.00 Potential Total Amount: \$842,655.00 Initial Contract Term: One Year Contract Term, including Renewals: Five Years **CONCURRENCE:** |X| 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) X 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)** X 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: |X| 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. \square 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. TITLE: Construction Project Management Sugs TYPED NAME OF SIGNER: Carlos Garcia (Individual authorized to administer the contract.) SIGNATURE: Carlos Garcia, PE Digitally signed by Carlos Garcia, PE Date: 2025.09.22 12:02:53 -04'00'

DATE: 9/22/25

Page 2 of 2

Concurrence: Solicitation No.: OPN2130129Q1, Continental Blower Parts, Mainte

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

Mark Darmanin Digitally signed by Mark Darmanin Date: 2025.09.22 12:30:13 -04'00'

DATE:

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. (Individual authorized to administer the contract.) TITLE: Director, Water and Wastewater Service

SIGNATURE: Digitally signed by Alan Garcia Date: 2025.09.22 12:54:45 -04'00'

DATE: September 22, 2025



Vendor Reference Verification Form for Bids and Quotes

Would you use this vendor again?	Name of Referenced Project: SC845 Patapsco BAF Facility Contract No. N/A Date Services Provided: 2019-current (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: Blower Maintenance and Repair Services Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Organization/Firm Name providing reference	Baltimore City			<u> </u>
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Contract No. N/A Date Services Provided: 2019-current (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: Blower Maintenance and Repair Services Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Contract No. N/A Date Services Provided: 2019-current (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: Blower Maintenance and Repair Services Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Contact Email: charles.oliver@baltimorecity.go	v	Contact P	hone: ₍₄₄₃₎ 32	4-6530
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Continental provided blowers (5) for our BAF cells. As part of the SC845 Capital Improvement Project. City of Baltimore also entered into a 3-yr preventive maintenance agreement. They would do quarterly inspections	Ballimore also entered into a 3-yr preventive maintenance agreement. They would do quarterly inspections	b. Deliverables Additional Comments: (provide on additional sheet Continental provided blowers (5) for our BAF Baltimore also entered into a 3-yr preventive	t if needed) cells. As part of the S maintenance agreem	SC845 Capital II	mprovement P	roject. City of
and provide a report for the City to review and address repairs. They were timely and responsive		References Checked By				
	References Checked By			Title: Cor	ntract Grant Adı	ministrator
References Checked By Name: Yolanda McGee Title: Contract Grant Administrator		Tolanda Micoee				

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



Vendor Reference Verification Form for Bids and Quotes

Company of the Compan		tilicital blower i	arts, Maintena	nce, Repairs
Reference for (Name of Firm): Continental B	Blower, LLC			
Organization/Firm Name providing reference	ce: Lower Lackawanna	Valley Sanitary	Authority	
Contact Name: Frank Pero		Title: Assis	tant Executive	Director
Contact Email: Frankp@llvsa.com		Contact Pl	none: ₍₅₇₀₎ 65	5-1665
Name of Referenced Project: N/A				
Contract No. N/A		Contract A	mount:	
Date Services Provided: over 20 years				
(list date	range or date service	es began until "	current")	
Vendor's role in Project: ☑ Prime Vendor	☐ Subconsultant/S	Subcontractor		
Would you use this vendor again? ☑ Yes			n Additional C	omments (below)
	lor			
Description of services provided by Vend Blower Maintenance and Repairs Services	ior.			
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
referenced Vendor:	Improvement			Applicable
Vendor's Quality of Service			☑	
a. Responsiveb. Accuracy			V	
c. Deliverables			☑	
2. Vendor's Organization:			Ø	
a. Staff expertiseb. Professionalism		П	<u> </u>	
c. Turnover		Ц	Ľ	
			☑	
3. Timeliness of:			☑	
a. Projectb. Deliverables	- 0	П	Ø	
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Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: Ol		tinental Blower F	Parts, Maintena	nce, Repairs
Reference for (Name of Firm): Continental Blow				
Organization/Firm Name providing reference:	Rhode Island Reso			
Contact Name: Peter Connell		Title: _{Mana}	iger	
Contact Email: pconnell@rirrc.org		Contact P	hone: ₍₄₀₁₎ 22	8-3140
Name of Referenced Project: _{N/A}				
Contract No. _{N/A}		Contract A	mount:	
Date Services Provided: 2015-current	3-11			- 1
(list date ra	nge or date servic	es began until "	current")	
Vendor's role in Project: ☑ Prime Vendor ☐ Would you use this vendor again? ☑ Yes	Subconsultant/S □ No If No, p		n Additional C	omments (below)
Description of services provided by Vendor	:			
Blower Maintenance and Repair Services				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			Ø	
a. Responsive b. Accuracy			☑	
c. Deliverables			Ø	
2. Vendor's Organization:			☑	
a. Staff expertise b. Professionalism			V	
c. Turnover	_	_	_	
Timeliness of: a. Project			☑	
b. Deliverables			✓	
Additional Comments: (provide on additional sheet if no signed agreement, I guess you would cour equipment and we purchase parts fron	all it a service ag		have a unit,	they service
References Checked By Name: Yolanda McGee		Title: Cor	ntract Grant Adı	ministrator
Division/Department: Water and Wastewater Ope	erations Div	Date of Ve	erification: 09/2	22/2025

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)