**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:**
☒ 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 Supe
(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

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

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

SIGNATURE: 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. TITLE: Director, Water and Wastewater Servic
(Individual authorized to administer the contract.)

SIGNATURE: Alan Garcia 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

Broward County Solicitation No. and Title: OPN2130129B1, Continental Blower Parts, Maintenance, Repairs

Reference for (Name of Firm): Continental Blower, LLC

Organization/Firm Name providing reference: Baltimore City

Contact Name: Charles Oliver | Title: Construction Manager

Contact Email: charles.oliver@baltimorecity.gov | Contact Phone: (443) 324-6530

Name of Referenced Project: SC845 Patapsco BAF Facility

Contract No. N/A | Contract Amount:

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:** | **Needs Improvement** | **Satisfactory** | **Excellent** | **Not Applicable** |
|---|---|---|---|---|
| 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 | ☐ | ☐ | ☑ | ☐ |

**Additional Comments: (provide on additional sheet if needed)**

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 and provide a report for the City to review and address repairs. They were timely and responsive

References Checked By

Name: Yolanda McGee | Title: Contract Grant Administrator

Division/Department: Water and Wastewater Operations Division | Date of Verification: 09/22/2025

## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130129B1, Continental Blower Parts, Maintenance, Repairs

Reference for (Name of Firm): Continental Blower, LLC

Organization/Firm Name providing reference: Lower Lackawanna Valley Sanitary Authority

Contact Name: Frank Pero | Title: Assistant Executive Director

Contact Email: Frankp@llvsa.com | Contact Phone: (570) 655-1665

Name of Referenced Project: N/A

Contract No. N/A | Contract Amount:

Date Services Provided: over 20 years

(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 Repairs Services

| **Please rate your experience with the referenced Vendor:** | **Needs Improvement** | **Satisfactory** | **Excellent** | **Not Applicable** |
|---|---|---|---|---|
| 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 | ☐ | ☐ | ☑ | ☐ |

**Additional Comments: (provide on additional sheet if needed)**

Excellent blowers. Company used as needed to service and refurbish blowers and keep up the maintenance on them. No contract, vendor is called on an as needed basis. Excellent company and very responsive

References Checked By

Name: Yolanda McGee | Title: Contract Grant Administrator

Division/Department: Water & WasteWater Operations Div | Date of Verification: 09/19/2025

## Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130129B1, Continental Blower Parts, Maintenance, Repairs

Reference for (Name of Firm): Continental Blower, LLC

Organization/Firm Name providing reference: Rhode Island Resource Recovery

Contact Name: Peter Connell | Title: Manager

Contact Email: pconnell@rirrc.org | Contact Phone: (401) 228-3140

Name of Referenced Project: N/A

Contract No. N/A | Contract Amount:

Date Services Provided: 2015-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:** | **Needs Improvement** | **Satisfactory** | **Excellent** | **Not Applicable** |
|---|---|---|---|---|
| 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 | ☐ | ☐ | ☑ | ☐ |

**Additional Comments: (provide on additional sheet if needed)**

no signed agreement, I guess you would call it a service agreement. We have a unit, they service our equipment and we purchase parts from them for our equipment

References Checked By

Name: Yolanda McGee | Title: Contract Grant Administrator

Division/Department: Water and Wastewater Operations Div | Date of Verification: 09/22/2025