



TO: Robert Gleason, Director
Purchasing Division
FROM: Alan Garcia, Director
Water and Wasterwater Services
SUBJECT: Solicitation No.: BLD2130613B1
Electrical Maintenance and Repair Services

Recommended Vendor: Mills Electric Service, Inc.
Recommended Group(s)/Line Item(s): Groups 1-3
Initial Award Amount: \$ 11,399,460 Potential Total Amount: \$ 28,498,650
Initial Contract Term: Two Years 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, PE TITLE: Construction Project Management Super
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia, PE Digitally signed by Carlos Garcia, PE Date: 2026.03.13 10:08:07 -04'00' DATE: 3/13/26

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

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin
Date: 2026.03.13 15:39:31 -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: 2026.03.17 13:34:44 -04'00' DATE: 03/17/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2130613B1, Electrical Maintenance and Repair Services

Reference for (Name of Firm): Mills Electric Service, Inc.

Organization/Firm Name providing reference: Duffey Construction

Contact Name: Steve Tally

Title: President

Contact Email: steve@duffeyconst.com

Contact Phone: (305) 325-0001

Name of Referenced Project: ATT Lauderhill

Contract No. N/A

Contract Amount: 3,094,940.00

Date Services Provided: 09/2024-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:

POP Generator replacement (480-4160 Voltage Equipment) replace 1500kw generators in ATT Lauderhill facility

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)

They're the subcontractor to myself, I have used them for about 40 years now between their predecessor and current owner. The ATT job is about 5 million cumulative. they do all our electrical and low voltage control work. Great company I wouldn't hesitate to refer them

References Checked By

Name: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: Water and Wastewater Svcs Operations Division

Date of Verification: 03/10/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2130613B1, Electrical Maintenance and Repair Services

Reference for (Name of Firm): Mills Electric Service, Inc.

Organization/Firm Name providing reference: Magnum Construction Management

Contact Name: Ariel Martinez

Title: Sr. PM

Contact Email: amartinez@mcm-us.com

Contact Phone: (305) 541-0000

Name of Referenced Project: Terminal 1 CBRA Room Improvements

Contract No. NA

Contract Amount: 1,222,825.00

Date Services Provided: 01/2024

(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:

FLL Terminal 1 CBRA Room Improvements

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)

Reliable electrical subcontractor; excellent field team.

References Checked By

Name: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: Water and Wastewater Svcs Operations Division

Date of Verification:



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: BLD2130613B1, Electrical Maintenance and Repair Services

Reference for (Name of Firm): Mills Electric Service, Inc.

Organization/Firm Name providing reference: City of Plantation

Contact Name: Brett Miller

Title: Plant Maint Super

Contact Email: bmiller@plantation.org

Contact Phone: (954) 326-7634

Name of Referenced Project: City of Plantation WTP

Contract No. N/A

Contract Amount: 1,438,320.00

Date Services Provided: 04/2024

(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:

Switchboard repl upgrades (Corrosive and Humid Environment)

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: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: Water and Wastewater Svcs Operations Division

Date of Verification: 03/11/2026