



TO: Alex Jurado
Purchasing Division
FROM: Alicia Dunne, Director
Water and Wastewater Engineering Division
SUBJECT: Solicitation No.: PNC2130230B1
Multi-District Inflow and Infiltration Reduction Program

Recommended Vendor: BLD Services, LLC
Recommended Group(s)/Line Item(s): Item 1 through Item 54
Initial Award Amount: \$ 13,589,200 Potential Total Amount: \$ 22,648,667
Initial Contract Term: Three 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: Alicia Dunne, PE, PMP
(Individual authorized to administer the contract.)

TITLE: Director, WWED

SIGNATURE: Alicia Dunne

Digitally signed by Alicia Dunne
Date: 2025.11.10 10:34:16 -05'00'

DATE: 11/10/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130230B1 - Multi-District Inflow and Infiltration Reduction Program

Reference for (Name of Firm): BLD Services, LLC

Organization/Firm Name providing reference: City of Tamarac

Contact Name: Jerry Robinson

Title: Waste Water Superintendent

Contact Email: jerry.robinson@tamarac.org

Contact Phone: (954) 597-3753

Name of Referenced Project: Various Basin Lining FY25 Lateral Lining

Contract No. Not provided

Contract Amount: 500,000.00

Date Services Provided: 10/15/2024-06/15/2025

(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:

Basin Lining; Lateral Lining

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: David Campbell

Title: Project Manager

Division/Department: WWED

Date of Verification: 09/26/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130230B1 - Multi-District Inflow and Infiltration Reduction Program

Reference for (Name of Firm): BLD Services, LLC

Organization/Firm Name providing reference: City of Pembroke Pines

Contact Name: Armondo Godoy

Title: Utilities Project Manager

Contact Email: agodoy@ppines.com

Contact Phone: (954) 518-9070

Name of Referenced Project: IFB #PSUT-20-08 Infiltration Removal Lateral and Mainline Lining Program

Contract No. Not Provided

Contract Amount: 8,009,282.70

Date Services Provided: 1/09/2021-10/9/2024 (no contract was renewed in 2025 at the City of Pembroke Pines)

(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:

Prime Contractor for infiltration abatement by lining gravity mains, lining laterals, rehab manholes, and points of repairs.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Project	<input checked="" type="checkbox"/>	<input 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)

The timeliness of the project was affected by the work on the backyard easement and coordination with subcontractors.

References Checked By

Name: David Campbell

Title: Project Manager

Division/Department: WWED

Date of Verification: 09/26/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130230B1 - Multi-District Inflow and Infiltration Reduction Program

Reference for (Name of Firm): BLD Services, LLC

Organization/Firm Name providing reference: City of Plantation

Contact Name: Dan Pollio

Title: Director of Utilities

Contact Email: dpollio@plantation.org

Contact Phone: (954) 797-2159

Name of Referenced Project: 070-21, City Wide Rehabilitation of Sewer Lateral Pipe Lining

Contract No. Not Provided

Contract Amount: 750,000.00

Date Services Provided: 12/15/2024 - 9/30/2024 (contract was renewed for 2025)

(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:

Lateral Lining Contractor

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)

BLD has had Plantation's lateral lining contract for many years. They have also been successful when bidding new multi-year contracts. They stand behind their work and are responsive when called.

References Checked By

Name: David Campbell

Title: Project Manager

Division/Department: WWED

Date of Verification: 09/26/2025