



**TO:** Robert E. Gleason, Director  
Purchasing Division  
**FROM:** Dr. Jennifer Jurado  
Public Works and Environmental Services Department  
**SUBJECT:** Solicitation No.: PNC2130772C1  
Port Everglades Sand Bypass Project North Jetty Improvements

Recommended Vendor: Continental Heavy Civil Corp  
Recommended Group(s)/Line Item(s): Line Items 1-16  
Initial Award Amount: \$ 31,712,322.00 Potential Total Amount: \$ 31,712,322.00  
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

**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  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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: Dr. Jennifer Jurado TITLE: Chief Resilience Officer & Deputy Director  
(Individual authorized to administer the contract.)

SIGNATURE: JENNIFER JURADO Digitally signed by JENNIFER JURADO Date: 2026.03.02 11:28:56 -05'00' DATE: 3/2/26

**MEMORANDUM**

**TO:** Stephanie Roche Purchasing Agent  
**FROM:** Jennifer Brown County Attorney's Office

**Jennifer Brown**  
Digitally signed by Jennifer Brown  
Date: 2026.02.17 10:26:22 -05'00'  
Signature/ Initials

**DATE:** February 17, 2026

**RE: Litigation Review for Solicitation # PNC2130772C1**

We reviewed the litigation history between Broward County and the proposing vendors. [check one of the following two boxes below]

- No record of litigation during the last five (5) years between Broward County and any proposing vendor for this solicitation.
- Litigation history with Broward County exists with one or more proposing vendor for this solicitation in last five (5) years. See details below for more information.

In addition, we reviewed the litigation disclosure forms submitted by proposing vendors regarding material case history between vendors and third parties during the last three years. [check one of the following three boxes below]

- No record of material case history between vendors and third parties during the last three years.
- Material case history exists with one or more proposing vendor and third parties for this solicitation in last three (3) years. However, based on our analysis of the applicable litigation, we do not believe it presents a concern regarding responsibility.
- Material case history exists with one or more proposing vendor and third parties for this solicitation in last three (3) years. Based on our analysis, one or more of these disclosed cases presents a concern regarding responsibility that should be considered by the committee.

List vendor name, filing date, applicable court, asserted claims, and status of any applicable litigation:  
(continue on following page if necessary)

In March 2023, Veronica Lacayo filed suit against Continental alleging negligence during a seawall repair construction project at Biscayne National Park. The plaintiff slipped and fell on gravel near the construction site. The case settled at mediation and was dismissed.

In late 2022, Laura Lee Robbins sued Continental for property damage allegedly sustained while Continental was performing dune construction work and utilizing the property next to the plaintiff for staging and access purposes. The parties were engaged in discovery and scheduled to attend mediation. However, the plaintiff voluntarily dismissed the case in August 2023.

**VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)**

<b>Solicitation No. &amp; Title: PNC2130772C1 Port Everglades Sand Bypass Project North Jetty Improvements</b>				
Reference For (hereinafter, "Vendor"):	Continental Heavy Civil Corp.			
Reference Date:	Click or tap here to enter text.			
Organization/Firm Providing Reference:	FDOT			
Contact Name:	Toby Mazzoni			
Contact Title:	Area Manager			
Contact Email:	tmazzoni@superiorconstruction.com			
Contact Phone:	904-292-4240			
Name of Referenced Project:	Sanibel Causeway Reconstruction			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: 10/2022	End Date: 05/2025		
Project Amount:	\$65M			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Over 200,000 tons of stone placed, and over 200,000 SF of sheet/king pile seawalls installed via water-based operations.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service:</b>				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness of:</b>				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation with:</b>				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.</i>				
<b>***THE SECTION BELOW IS FOR COUNTY USE ONLY***</b>				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Delani Wood	Division: Resilience Unit		
		Date: 01/28/26		

**VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)**

<b>Solicitation No. &amp; Title: PNC2130772C1 Port Everglades Sand Bypass Project North Jetty Improvements</b>				
Reference For (hereinafter, "Vendor"):	Continental Heavy Civil Corp.			
Reference Date:	Click or tap here to enter text.			
Organization/Firm Providing Reference:	Gasparilla Island Bridge Authority			
Contact Name:	Kathy Banson			
Contact Title:	Executive Director			
Contact Email:	kathy@giba.us			
Contact Phone:	941-697-2271 ext. 2			
Name of Referenced Project:	Boca Grande Causeway Erosion Control			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: 08/25	End Date: 12/25		
Project Amount:	\$5M			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) 7,610 SY of marine mattress foundation and shoreline armoring protecting causeway bridge approaches.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service:</b>				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness of:</b>				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation with:</b>				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<b>***THE SECTION BELOW IS FOR COUNTY USE ONLY***</b>				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Delani Wood	Division: Resilience Unit		
		Date: 01/28/26		

**VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)**

<b>Solicitation No. &amp; Title: PNC2130772C1 Port Everglades Sand Bypass Project North Jetty Improvements</b>				
Reference For (hereinafter, "Vendor"):	Continental Heavy Civil Corp.			
Reference Date:	Click or tap here to enter text.			
Organization/Firm Providing Reference:	Georgia Department of Natural Resources			
Contact Name:	Paul Medders			
Contact Title:	Marine Biologist Supervisor – Project Manager			
Contact Email:	paul.medders@dnr.ga.gov			
Contact Phone:	404-656-3500			
Name of Referenced Project:	Georgia DNR Artificial Reef Deployment			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: 09/21	End Date: 09/21		
Project Amount:	\$103k			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Barge-and-crane placement of 700 tons of multi-ton concrete structures in upright orientation offshore.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service:</b>				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness of:</b>				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation with:</b>				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<b>***THE SECTION BELOW IS FOR COUNTY USE ONLY***</b>				
Verified via:	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by:	Delani Wood	Division: Resilience Unit
				Date: 01/28/26

**VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)**

<b>Solicitation No. &amp; Title: PNC2130772C1 Port Everglades Sand Bypass Project North Jetty Improvements</b>					
Reference For (hereinafter, "Vendor"):		Continental Heavy Civil Corp.			
Reference Date:		1/28/2026			
Organization/Firm Providing Reference:		Sarasota County			
Contact Name:		Donald DeBerry			
Contact Title:		Project Manager			
Contact Email:		ddeberry@scgov.net			
Contact Phone:		941-861-0934			
Name of Referenced Project:		Casey Key Emergency Shoreline Repairs			
Contract Number:		Click or tap here to enter text.			
Date Range of Services Provided:		Start Date: 09/24	End Date: 04/27		
Project Amount:		\$45M			
Vendor's Role in Project:		<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.					
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Dual trestle marine access systems, SEP platform deployment, and preparation for installation of 8,100-lb armor stone.					
Please rate your experience with the referenced Vendor via checkbox:		Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service:</b>					
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Vendor's Organization:</b>					
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Timeliness of:</b>					
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Cooperation with:</b>					
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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				Date: 01/28/26	

**VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)**

<b>Solicitation No. &amp; Title: PNC2130772C1 Port Everglades Sand Bypass Project North Jetty Improvements</b>				
Reference For (hereinafter, "Vendor"):	Continental Heavy Civil Corp.			
Reference Date:	1/28/2026			
Organization/Firm Providing Reference:	U.S. Army Corps of Engineers			
Contact Name:	Michael Bullock			
Contact Title:	Contract Officer Representative			
Contact Email:	Michael.j.bullock@usace.army.mil			
Contact Phone:	757-503-1832			
Name of Referenced Project:	NASA Wallops Island Breakwaters & Beach Fill			
Contract Number:	W9123620C0002			
Date Range of Services Provided:	Start Date: 02/20	End Date: 04/21		
Project Amount:	\$24M			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Dual trestle marine access systems, SEP platform deployment, and preparation for installation of 8,100-lb armor stone.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service:</b>				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness of:</b>				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation with:</b>				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Stephanie Roche	Division: Administration		
		Date: 01/28/26		