



**TO:** Robert Gleason  
Purchasing Division  
**FROM:** Alan Garcia  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: BLD2128387B1  
Fire Hydrant Maintenance and Repair Services

Recommended Vendor: HYDROMAX USA LLC  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$ 283,510.00 Potential Total Amount: \$ 1,417,550.00  
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  $\geq 2.59$  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: Carlos Garcia TITLE: Construction Project Management Supervisor  
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia Digitally signed by Carlos Garcia Date: 2024.09.19 10:21:27 -04'00' DATE: 9/19/24

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Director, Water and Wastewater Operati

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin  
Date: 2024.09.19 11:38:19 -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: **Alan Garcia** Digitally signed by Alan Garcia  
Date: 2024.09.20 15:44:44  
-04'00'

DATE: 09/20/24

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): Hydromax USA LLC

Organization/Firm Name providing reference: City of Garland (TX)

Contact Name: Robert Ashcraft

Title: Operations Director

Contact Email: rashcraft@garlandtx.gov

Contact Phone: (972) 205-3209

Name of Referenced Project: Valve & Fire Hydrant Maintenance

Contract No. NA

Contract Amount: 2,500,000.00

Date Services Provided: July 2022 - June 2027 (2nd Award)

(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:**

Condition assessment, maintenance, and GIS integration for 13,000 water system valves and

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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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 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 type="checkbox"/>	<input checked="" 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 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)**

Has been some issues on accuracy of GIS points but we are working with them on improving.

**References Checked By**

Name: Carlos Garcia

Title: Construction Project Management Supervisor

Division/Department: Water and Wastewater Services

Date of Verification: 09/12/2024

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): Hydromax USA LLC

Organization/Firm Name providing reference: Henrico County (VA)

Contact Name: Jarett Glasco

Title: Project Manager

Contact Email: gla14@henrico.us

Contact Phone: (804) 501-5680

Name of Referenced Project: Valve & Fire Hydrant Maintenance

Contract No. NA

Contract Amount: 1,000,000.00

Date Services Provided: May 2021 - Ongoing

(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:**

Condition assessment, maintenance, and GIS integration for 13,000 water system valves and

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)**

Hydromax has continued to show excellence and expertise here in Henrico for almost a decade. A very good company to work with

**References Checked By**

Name: Carlos Garcia

Title: Construction Project Management Supervisor

Division/Department: Water and Wastewater Services

Date of Verification: 09/12/2024

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2128387B1 - Fire Hydrant Service and Repair Services

Reference for (Name of Firm): Hydromax USA LLC

Organization/Firm Name providing reference: Orange County Utilities

Contact Name: Dustin Putney-Hoke

Title: Field Services Supervisor

Contact Email: dustin.putney@ocfl.net

Contact Phone: (407) 836-6822

Name of Referenced Project: Valve & Fire Hydrant Maintenance

Contract No. NA

Contract Amount: 8,500,000.00

Date Services Provided: June 2022 - June 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:**

Condition assessment, maintenance, and GIS integration for 60,000 water system valves and

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 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 checked="" type="checkbox"/>	<input 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)

References Checked By

Name: Carlos Garcia

Title: Construction Project Management Supervisor

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