



**TO:** Robert Gleason, Director  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: BLD2128117Q1  
Furnishment and Delivery of Aggregates

Recommended Vendor: Chin Diesel, Inc.  
Recommended Group(s)/Line Item(s): 1-3  
Initial Award Amount: \$ 103750 Potential Total Amount: \$ 518750  
Initial Contract Term: One Year Contract Term, including Renewals: Four 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 Supervisor  
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia Digitally signed by Carlos Garcia Date: 2024.09.10 13:59:39 -04'00' DATE: 9/10/24


TYPED NAME OF SIGNER: John Kay

TITLE: Assistant Director, Water and Wastewater 

SIGNATURE: **John Kay** Digitally signed by John Kay  
Date: 2024.09.10 16:25:29  
-04'00'

DATE: \_\_\_\_\_

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.  
(Individual authorized to administer the contract.)

TITLE: Director, Water and Wastewater Services 

SIGNATURE: **Alan Garcia** Digitally signed by Alan Garcia  
Date: 2024.09.11 09:45:31  
-04'00'

DATE: 09/11/2024



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

Broward County Solicitation No. and Title: BLD2128117Q1, Furnishment and Delivery of Aggregates

Reference for (Name of Firm): Chin Diesel, Inc.

Organization/Firm Name providing reference: Redstar LLC

Contact Name: Doron Tal

Title: General Manager

Contact Email: doron@redstarllc.net

Contact Phone: (305) 776-6279

Name of Referenced Project: Residence Demolition

Contract No.

Contract Amount: 37,581.50

Date Services Provided: November 2021 to November 2023

(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:**

demolition

**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)

great communication

References Checked By

Name: Yolanda McGee

Title: Contract Grant Administrator

Division/Department: WWS Operations Division

Date of Verification: 9/4/2024

VENDOR REFERENCE VERIFICATION FORM

Reference For (hereinafter, "Vendor"):	<b>Chin Diesel, Inc.</b>			
Reference Date:	<b>9/4/2024</b>			
Organization/Firm Providing Reference:	<b>City of Miami Office of Capital Improvements</b>			
Contact Name:	<b>Keith A. Ng, CFM</b>			
Contact Title:	<b>Senior Project Manager &amp; WEDG Associate</b>			
Contact Email:	<b>keithng@miamigov.com</b>			
Contact Phone:	<b>(305) 416-1298</b>			
Name of Referenced Project:	<b>Morningside Park Aquatic Pool Complex Demolition;</b>			
Contract Number:	<b>RFQ No 287259-40-B213511</b>			
Date Range of Services Provide:	Start Date: <b>5/26/2022</b>	End Date: <b>12/4/2022</b>		
Project Amount:	<b>\$273,186.14</b>			
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)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
<b>Demolition of Aquatic Pool Complex, utility removal and restoration</b>				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
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"/>
Vendor's Organization:				
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
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"/>
Cooperation with:				
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 checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:	Yolanda McGee	Division: <b>WWS Operations Division</b>
				Date: <b>9/4/2024</b>

**VENDOR REFERENCE VERIFICATION FORM**

Reference For (hereinafter, "Vendor"):	<b>Chin Diesel, Inc.</b>			
Reference Date:	<b>09/04/2024</b>			
Organization/Firm Providing Reference:	<b>Public Housing And Community Development</b>			
Contact Name:	<b>Vendor Reference for Bid# BLD2128117Q1</b>			
Contract Title:	<b>Construction Manager</b>			
Contact Email:	<b>rafaelp@miamidade.gov</b>			
Contact Phone:	<b>786-469-2159</b>			
Name of Referenced Project:	<b>Demolition of Magnolia North Structure</b>			
Contract Number:	<b>Dec. 15, 2023 to March 18, 2024</b>			
Date Range of Services Provide:	Start Date: <b>12/15/23</b>	End Date: <b>03/18/2024</b>		
Project Amount:	<b>\$ 185,931.00</b>			
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)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
<b>Demolition of three story CBS structure and foundation , haul away debris , new sodding and restoration of the perimeter fence.</b>				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vendor's Organization:				
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
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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		Date: <b>9/4/2024</b>		