



TO: Robert Gleason, Director of Purchasing
Purchasing Division
FROM: Adrien Jouvens, Enterprise Assistant Director
Port Facilities Maintenance Division
SUBJECT: Solicitation No.: OPN2127665B1
Insert Solicitation Title: Lift Station and Underground Utility Maintenance and Repair S

Recommended Vendor: Intercounty Engineering, Inc.
Recommended Group(s)/Line Item(s): ALL
Initial Award Amount: \$10,750,796.00 Potential Total Amount: \$26,876,990.00
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: Jouvens Adrien TITLE: Assistant Director F.M.
(Individual authorized to administer the contract.)

SIGNATURE: DATE: 4/30/24



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2127665B1 - Lift Station/Underground Utility Maintenance/Repair Service

Reference for (Name of Firm): Intercounty Engineering, Inc

Organization/Firm Name providing reference: City of Plantation

Contact Name: John Adams Title: Capital Improvement Administrator

Contact Email: jadams@plantation.org Contact Phone: (954) 414-7352

Name of Referenced Project: Lift Station 71 Replacement

Contract No. 012-20 Contract Amount: 891,428.00

Date Services Provided: 01/21-04/22

(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:

Intercounty completed a Lift Station replacement project and installed approximately 1,000 LF of 10" force main.

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 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 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)

The project started out rough with a poor project manager assigned to the project. Once that situation was resolved, the project was completed successfully. Staff and Supervisors were knowledgeable and easy to work with.

References Checked By

Name: Erika C. Ventura-Garcia

Title: Contract/Grant Admin Senior

Division/Department: Port Everglades Facilities Maintenance

Date of Verification: 04/29/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2127665B1 - Lift Station and Underground Utility Maintenance and

Reference for (Name of Firm): Repair Services INTERCOUNTY ENGINEERING, INC.

Organization/Firm Name providing reference: City of Hollywood

Contact Name: Felipe Colon Title: Underground Utility Superintendent

Contact Email: fcolon@hollywoodfl.org Contact Phone: (954) 967-4230

Name of Referenced Project: Lift Station Rehabilitation & Repairs

Contract No. Piggyback Contract with Boca Raton Contract Amount: \$1,790,770.67

Date Services Provided: 09/20-09/24

(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:

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 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 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)
 Communication with contractor is excellent. They are fast and reliable on emergencies.

References Checked By

Name: Erika C. Ventura-Garcia Title: Contract/Grants Admin Senior

Division/Department: Port Everglades Facilities Maintenance Date of Verification: 4/30/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2127665B1 - Lift Station/Underground Utility Maintenance/Repair Service

Reference for (Name of Firm): Intercounty Engineering, Inc

Organization/Firm Name providing reference: City of Sunrise

Contact Name: Stan Edwards, P.E.

Title: Director Fields Ops

Contact Email: sedwards@sunrisefl.gov

Contact Phone: (954) 888-6021

Name of Referenced Project: Piggyback Contract 71-18-003 Lift Station Rehabilitation and Repair (Boca Raton Contract)

Contract No. 20220000363 Bid 22-17-03 MS Lift Station Rehabilitation Contract Amount: 765,237.96

Date Services Provided: 09/24/2022 - 09/23/2025

(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:

Lift Station Rehabilitation

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service		<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:		<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)

The respond to questions or issues are address in a timely manner. They deliver on time.

References Checked By

Name: Erika C. Ventura-Garcia

Title: Contract/Grant Admin Senior

Division/Department: Port Everglades Facilities Maintenance Division

Date of Verification: 04/30/2024