



TO: Bob Gleason, Purchasing Director
Purchasing Division
FROM: Alan W. Garcia, P.E., Director
Water and Wastewater Services
SUBJECT: Solicitation No.: OPN2130924Q1
Andritz Decanter Centrifuges Maintenance and Repair Services

Recommended Vendor: Andritz Separation, Inc.
Recommended Group(s)/Line Item(s): 10
Initial Award Amount: \$ 1,237,339.60 Potential Total Amount: \$ 3,093,349.00
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: Carlos Garcia TITLE: Construction Project Management Supervisor
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia, PE Digitally signed by Carlos Garcia, PE
Date: 2025.12.11 13:57:08 -05'00' DATE: 12/11/25

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Director, Water and Wastewater Operations

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin
Date: 2025.12.11 16:01:28 -05'00'

DATE: December 11, 2025

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: 2025.12.12 09:29:03
-05'00'

DATE: December 12, 2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130924Q1 - Andritz Decanter Centrifuges Maint and Repair Services

Reference for (Name of Firm): Andritz Separation, Inc.

Organization/Firm Name providing reference: Clark County Water Reclamation District

Contact Name: Tim Maleport

Title: WRD Planner/Scheduler

Contact Email: tmaleport@cleanwaterteam.com

Contact Phone: (702) 668-8269

Name of Referenced Project: Andritz Centrifuges Service contract

Contract No. 230026

Contract Amount: 698,000.00

Date Services Provided: Feb. 2025 – Feb 2026

(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:

Preventative maintenance

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 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 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 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)

Clark County Water Reclamation District has 8 Andritz Centrifuges installed. We have had them since 10/21/09 and have been satisfied with the level of service for both preventative and corrective maintenance. They have had some turnover recently, but are easy to contact and deal with. Overall I would recommend them for your service needs. CCWRD has them under a 5 year contract which we have renewed twice.

References Checked By

Name: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: WWS Operations Division

Date of Verification: 11/17/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130924Q1, Andritz Decanter Centrifuges Maintenance/Repair Svcs

Reference for (Name of Firm): Andritz Separation, Inc.

Organization/Firm Name providing reference: City of Tampa

Contact Name: Marcus McDougle

Title: Waste Water Shift Supervisor

Contact Email: marcus.mcdougle@tampagov.net

Contact Phone: (813) 247-3361

Name of Referenced Project: Centrifuge Service and Maintenance Agreement

Contract No. 20-C-00001

Contract Amount: 396,155.73

Date Services Provided: 3,000 hour service completed April 30, 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:

3,000 hour centrifuge service, service contract

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

I would definitely recommend a service contract with Andritz to keep you centrifuges running at optimal performance, especially if your organization doesn't have the expertise and manpower to keep up with the maintenance requirements.

References Checked By

Name: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: WWS Operations

Date of Verification: 12/09/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2130924Q1 - Andritz Decanter Centrifuges Maintenance and Repair Services

Reference for (Name of Firm): Andritz Separation, Inc.

Organization/Firm Name providing reference: Gainesville GRU

Contact Name: Gene White

Title: Operations Manager

Contact Email: whiteag@gru.com

Contact Phone: (352) 318-9537

Name of Referenced Project: Centrifuge Service

Contract No. N/A

Contract Amount: 11,726.00

Date Services Provided: Oct 2024

(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:

3,000 Hour Service

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 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 checked="" type="checkbox"/>	<input 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: Alva G.White

Title: Treatment Plant Manager

Division/Department: GRU Waste Water Reclamation Facilities

Date of Verification: 11/20/2025