

TO: Robert Gleason, Director **Purchasing Division** FROM: Digitally signed by JOHN FOGLESONG Date: 2023.04.19 08:01:21 -04'00' John Foglesong JOHN FOGLESONG Seaport Engineering & Construction Division, Port Everglades Department SUBJECT: Solicitation No.: PNC2125521B1 Unidirectional Flushing Program for Port Everglades Recommended Vendor: Madsen-Barr Corporation Recommended Group(s)/Line Item(s): all Potential Total Amount: \$561,375.00 Initial Award Amount: \$187,125,00 Initial Contract Term: One Year Contract Term, including Renewals: Three 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 Contracts Central and: X 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. \square Vendor received a rating \leq 2.59 on an evaluation(s). Refer to additional information. \Box 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 Contracts Central. **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:** \square I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement. TYPED NAME OF SIGNER: Patrick Maglietta TITLE: Construction P.M. (Individual authorized to administer the contract.) Patrick Maglietta SIGNATURE: 03/14/2023 DATE:



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title:		rectional Flushin	g Program for I	Port Everglades		
Reference for (Name of Firm): Madsen-Barr						
Organization/Firm Name providing reference	e: City of Boca Raton					
Contact Name: Ms. Lisa Wilson-Davis	Title: Manager					
Contact Email: wilsondavis@myboca.us	is@myboca.us Contact Phone: (561) 338-7310					
Name of Referenced Project: Water, Line Sto	ops Services					
Contract No. 2022-020	Contract Amount: 2,999,983.00					
Date Services Provided: November 2021						
(list date	range or date service	es 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		
Vendor's Quality of Service			V			
a. Responsiveb. Accuracy			7			
c. Deliverables			V			
2. Vendor's Organization:			7			
a. Staff expertiseb. Professionalism			✓			
c. Turnover	_	_	— ☑	_		
3. Timeliness of:						
a. Project b. Deliverables			_			
b. Deliverables			✓			
Additional Comments: (provide on additional sheet No	t if needed)					
References Checked By Name: Patrick Maglietta			nstruction Proje			
Division/Department: Seaport Engineering Date of Verification			erification: 03/	13/2023		

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title:		rectional Flushin	g Program for I	Port Everglades		
Reference for (Name of Firm): Madsen-Barr						
Organization/Firm Name providing reference	e: City of Boynton Bea	ach				
Contact Name: Mr. Tremaine Johnson	Title: Operations Mang.					
Contact Email: johnsontr@bbfl.us	Contact Phone: (561) 742-6476					
Name of Referenced Project: Water, Sewer a	and Drainage Services					
Contract No. #019-2821-19/IT	Contract Amount: 3,467,754.00					
Date Services Provided: May 2019 - May, 20	 24					
	range or date service	es 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		
Vendor's Quality of Service			V			
a. Responsiveb. Accuracy			7			
c. Deliverables			7			
2. Vendor's Organization:			☑			
a. Staff expertiseb. Professionalism	_	_	— ☑			
c. Turnover			☑			
3. Timeliness of:						
a. Project b. Deliverables						
b. Deliverables			✓			
Additional Comments: (provide on additional shee No	t if needed)					
References Checked By Name: Patrick Maglietta		Title: Co	nstruction Proje	ect Manager		
Division/Department: Seaport Engineering Date of Verification: 03/13/20			13/2023			

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: F		rectional Flushin	g Program for F	Port Everglades		
Reference for (Name of Firm): Madsen-Barr C						
Organization/Firm Name providing reference	: City of Coconut Cre	ek				
Contact Name: Mr. Chad Hancock	Title: Superintendent					
Contact Email: jdupuis@coconutcreek.net	Contact Phone: (954) 956-1489					
Name of Referenced Project: Water and Sewe	er Services					
Contract No. #02-21-18-11	Contract Amount: 1,999,739.22					
Date Services Provided: May 2018 - May, 202	3					
	ange or date service	es began until "	current")			
Vendor's role in Project: ☑ Prime Vendor ☐ Subconsultant/Subcontractor						
Would you use this vendor again? ☑ Yes	□ No If No, p	lease specify ii	n Additional C	omments (below).		
Description of services provided by Vendo	or:					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service			Ø			
a. Responsiveb. Accuracy			✓			
c. Deliverables			✓			
2. Vendor's Organization:			✓			
a. Staff expertiseb. Professionalism	_	_	— ☑	_		
c. Turnover			✓			
3. Timeliness of:		_				
a. Project			✓			
b. Deliverables			V			
Additional Comments: (provide on additional sheet	if needed)					
No						
References Checked By Name: Patrick Maglietta		Title: Co	nstruction Proje	ect Manager		
Division/Department: Seaport Engineering		Date of V	erification: 03/	13/2023		

Vendor Reference Verification Form – Bids and Quotes (Revised 1/22)