



TO: Brenda Billingsley, Director of Purchasing
Purchasing Division

FROM: Chris Walton, Department Director 
Transportation Department

SUBJECT: Solicitation No.: V2113566B1
Cast-in-Place Transit Shelters and Amenities -City of Lauderdale Lakes

Recommended Vendor: Interstate Construction, LLC
 Recommended Group(s)/Line Item(s): 1 Through 39
 Initial Award Amount: \$2,379,500.00 Potential Total Amount: \$3,569,250.00
 Initial Contract Term: Two Years Contract Term, including Renewals: Three Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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:

- 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 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 \$50,000 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.

TYPED NAME OF SIGNER: Arethia Douglas, P.E. TITLE: Construction Project Manager
 (Individual authorized to administer the contract.)

SIGNATURE:  DATE: April 12, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes

Reference for: (Name of Firm) Interstate Construction

Organization/Firm Name providing reference: FDOT District 4

Contact Name/Title: Angela Lietz, Project Manager

Contact E-mail: angela.lietz@dot.state.fl.us

Contact Phone: 954-776-4300

Name of Referenced Project: A1A Reconstruction / Restorataion

Contract No. 433688-4-52-01 / E-4P94

Contract Amount: \$2,800,000.00

Date Services Provided: July 2014 to Dec 2015

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Replacement and Construction of Decorative Seawall along A1A Sunrise Blvd to NE 18th Street.
Work was part of Hurricane Sandy A1A washout restoration emergency project

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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: Ralph Viola Title: Construction Project Manager
 Division/Department: Transit Division / Transportation Dept Date of Verification: 04/10/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes
 Reference for: (Name of Firm) Interstate Construction
 Organization/Firm Name providing reference: FDOT District 4
 Contact Name/Title: Claudio Diaferia, FDOT Resident Engineer (former), Miami Dade Expressway Director of
 Contact E-mail: cdiaferia@mdxway.com
 Contact Phone: 305-694-3355
 Name of Referenced Project: US-1 Roadway Improvements (SW 112th Ave to Eureka Drive)
 Contract No. 429188-1-52-01 / E-6141
 Contract Amount: \$195,000.00
 Date Services Provided: March 2015 to Dec 2015

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Bridge Traffic Railing retrofit

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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: Ralph Viola Title: Construction Project Manager
 Division/Department: Transit Division / Transportation Dept Date of Verification: 04/10/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes
 Reference for: (Name of Firm) Interstate Construction
 Organization/Firm Name providing reference: Broward County Highway Construction and Engineering Division
 Contact Name/Title: John Kleinedler , Project Manager
 Contact E-mail: jkleinedler@broward.org
 Contact Phone: 954-847-2753
 Name of Referenced Project: Flamingo road Signalized intersection improvements at Miramar pkwy and Sunrise Blvd.
 Contract No. L1224702C1
 Contract Amount: \$17,315.00
 Date Services Provided: Nov 2015 to Feb 2016
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
construction of curb gutter, ADA concrete sidewalks, ADA detectable warning curb ramps at signalized intersection improvements

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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: Ralph Viola Title: Construction Project Manager
 Division/Department: Transit Division / Transportation Dept Date of Verification: 04/11/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes
 Reference for: (Name of Firm) Interstate Construction
 Organization/Firm Name providing reference: Broward County Highway Construction and Engineering Division
 Contact Name/Title: Carolina Vargas, Project Manager
 Contact E-mail: cvargas@broward.org
 Contact Phone: 954-577-4572
 Name of Referenced Project: Dykes road and SW 29 Street Intersection improvements
 Contract No. T1387604C1
 Contract Amount: \$18,301.00
 Date Services Provided: Mar 2016 to June 2016

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Installation of new Curb gutter, Sidewalk, ADA detectable warning ramps for intersection improvements

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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:				
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)
Subcontractor was required to remove and replace one ramp, as the work did not meet ADA requirements. Subcontractor acknowledge the error and replaced it without issue.

References Checked By
 Name: Ralph Viola Title: Construction Project Manager
 Division/Department: Transit Division / Transportation Dept Date of Verification: 04/11/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes

Reference for: (Name of Firm) Interstate Construction

Organization/Firm Name providing reference: Broward County Aviation Department

Contact Name/Title: Mackendy Philippi, Project Manager

Contact E-mail: mackendy.philippi@dot.state.fl.us

Contact Phone: 954-958-7693

Name of Referenced Project: Sound Barrier Wall Improvements on Griffin Road and Davie Blvd

Contract No. 433997-1-52-01 / E4R52

Contract Amount: \$447,523.00

Date Services Provided: Mar 2016 to Aug 2016

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Rehabilitation of existing concrete sound barrier walls. Pressure wash, remove and replace cracked, missing stucco coating, application of new paint coating

Please rate your experience with the referenced Vendor:

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

Subcontractor's upper management and field supervision cooperative and knowledgeable. Work required increased daily oversight by FDOT to ensure work complied with specifications, daily schedule and sufficient manpower, materials and equipment.

References Checked By

Name: Ralph Viola

Title: Construction Project Manager

Division/Department: Transit Division / Transportation Dept

Date of Verification: 04/11/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2113566B1 - Cast in Place Shelters - City of Lauderdale Lakes
 Reference for: (Name of Firm) Interstate Construction
 Organization/Firm Name providing reference: Broward County Aviation Department
 Contact Name/Title: Linda Musser, Project Manager
 Contact E-mail: lmusser@broward.org
 Contact Phone: 954-359-1033
 Name of Referenced Project: South Runway Landscape planting, irrigation and restoration of Ramp G
 Contract No. Z1425002C1
 Contract Amount: \$179,064.00
 Date Services Provided: Oct 2016 to Nov 2016

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Construction of Structural Concrete Planter

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
a. Staff expertise	<input checked="" type="checkbox"/>	<input 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:				
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)
Subcontractor's upper management and field supervision cooperative and knowledgeable.
Work crew required increased daily oversight by Aviation to ensure work complied with specifications.

References Checked By
 Name: Ralph Viola Title: Construction Project Manager
 Division/Department: Transit Division / Transportation Dept Date of Verification: 04/11/2017