



TO: Nancy Olesen
Purchasing Division
FROM: Alan W. Garcia, P.E.
Water and Wastewater Services
SUBJECT: Solicitation No.: Y2113648C1
Remote Storage and Pumping 1A1 and 1B1 Generator

Recommended Vendor: Intercounty Engineering Inc.
Recommended Group(s)/Line Item(s): 1-9
Initial Award Amount: 1,353,123.00 Potential Total Amount: \$1,353,123.00
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

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: William P. Mitchell TITLE: Construction Project Manager

**WILLIAM
SIGNATURE: MITCHELL**

Digitally signed by WILLIAM MITCHELL
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=WWS, ou=Users, cn=WILLIAM MITCHELL
Date: 2017.06.26 14:43:08 -04'00'

DATE: 6/26/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2113648C1 - Remote Storage and Pumping 1A1 and 1B1
Generator Replacement

Reference for: (Name of Firm) Intercounty Engineering Inc.
 Organization/Firm Name providing reference: City of Pompano Beach
 Contact Name/Title: Tammy Good, PMP, Project Manager III
 Contact E-mail: tammy.good@copbfl.com
 Contact Phone: 954-786-5512
 Name of Referenced Project: Lift Station 12/21
 Contract No. n/a
 Contract Amount: >\$4M
 Date Services Provided: 2012

(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:
Constructed new lift station, 2500 sf building, directional drilling force main, site work, generator

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 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				
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:				
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)
Excellent contractor, very knowledgeable, very responsive, result oriented.

References Checked By
 Name: William P. Mitchell Title: Construction Project Manager
 Division/Department: WWS/WWED Date of Verification: 5/17/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2113648C1 - Remote Storage and Pumping 1A1 and 1B1
Generator Replacement

Reference for: (Name of Firm) Intercounty Engineering Inc.
 Organization/Firm Name providing reference: BCWWED
 Contact Name/Title: Jorge Orozco / Construction Project Manager
 Contact E-mail: jorozco@broward.org
 Contact Phone: (954) 831-3239
 Name of Referenced Project: NRWTP Screening Building Gates & Lift Station FM Modifications
 Contract No. Y1072904C1
 Contract Amount: \$1,269,165.00
 Date Services Provided: January 2014 through November 2014
 (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:
The Contractor replaced a total of six (6) stop gates and sixteen (16) weir gates at the Screening Building including mechanical and electrical 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 checked="" 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 type="checkbox"/>	<input checked="" 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 Contractor was called out on a warranty item and responded without incident.

References Checked By
 Name: William P. Mitchell Title: Construction Project Manager
 Division/Department: WWS/WWED Date of Verification: 5/17/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2113648C1 - Remote Storage and Pumping 1A1 and 1B1
Generator Replacement

Reference for: (Name of Firm) Intercounty Engineering Inc.
 Organization/Firm Name providing reference: Eckler Engineering
 Contact Name/Title: Omar Khan, Project Manager
 Contact E-mail: okhan@ecklerengineering.com
 Contact Phone: 954-510-4700
 Name of Referenced Project: Rehab of Pump Station 11B, 11C, 12D, 12E, 13A, 13B, 13D
 Contract No. City Of Coral Springs
 Contract Amount: \$1,678,000
 Date Services Provided: 4/2013 - 3/2014

(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:
guttet stations and rebuilt.

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 type="checkbox"/>	<input checked="" 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 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:				
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: William P. Mitchell Title: Construction Project Manager
 Division/Department: WWS/WWED Date of Verification: 6/27/2017