



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: OPN2116243B1  
Dissolved Air Flotation Thickener (DAFT) Non-Metallic Chain and Parts

Recommended Vendor: Viking Chains Enviro Division, a Division of Connexus Industries, Inc.  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$198,846.72 Potential Total Amount: \$596,540.16  
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. 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 Not required for this requisition.

**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  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  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: Gary Hew TITLE: Warehouse Manager

SIGNATURE: **Gary Hew** Digitally signed by Gary Hew  
Date: 2018.03.01 10:09:04  
-05'00' DATE: March 1, 2018

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Director, Business Operations Division

SIGNATURE: 

DATE: 3-1-18

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.  
(Individual authorized to administer the contract.)

Director, Water and Wastewater  
TITLE: Services

SIGNATURE: 

DATE: 3/1/18



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2116243B1, Dissolved Air Flotation Thickener (DAFT) Non-Metallic Chain and Parts

Reference for: (Name of Firm) Viking Chains Enviro Division, a Division of Connexus Industries, Inc.

Organization/Firm Name providing reference: Broward County Water and Wastewater Services

Contact Name/Title: Mark Grealy / Skilled Trades Supervisor

Contact E-mail: mgrealy@broward.org

Contact Phone: 954-831-3033

Name of Referenced Project: DAFT Non-Metallic Chain and Parts

Contract No. Y2114102B1

Contract Amount: \$76,721.60

Date Services Provided: 8/28/2017 until Current

(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:**  
Purchase non-metallic chains and parts for the Dissolve Air Flotation Thickener.

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 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 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)**  
Very responsive to needs and questions.

References Checked By  
Name: John Wilf Title: Contracts/Grants Administrator  
Division/Department: WWS/Business Operations Division Date of Verification: February 26, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2116243B1, Dissolved Air Flotation Thickener (DAFT) Non-Metallic Chain and Parts

Reference for: (Name of Firm) Viking Chains Enviro Division, a Division of Connexus Industries, Inc.

Organization/Firm Name providing reference: Metro Vancouver-Lions Gate Treatment Plant

Contact Name/Title: Bruce O'Neil / Trades Foreman

Contact E-mail: Bruce.O'Neil@metrovancover.org

Contact Phone: 604-431-3672

Name of Referenced Project: Viking Chain, Sprockets, Wear Shoes and Wear Strips

Contract No. None

Contract Amount: approximately \$100,000 /year

Date Services Provided: 1/1998 until Current

(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:**  
Purchase non-metallic chains and sprockets.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. Timeliness of:</b>				
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: John Wilf

Title: Contracts/Grants Administrator

Division/Department: WWS/Business Operations Division

Date of Verification: February 26, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2116243B1, Dissolved Air Flotation Thickener (DAFT) Non-Metallic Chain and Parts

Reference for: (Name of Firm) Viking Chains Enviro Division, a Division of Connexus Industries, Inc.

Organization/Firm Name providing reference: City of Eureka

Contact Name/Title: Russell Dees / Utility Maintenance Supervisor

Contact E-mail: rdees@ci.eureka.ca.gov

Contact Phone: 707-441-4365

Name of Referenced Project: Non-Metallic Chain, Flights and Parts

Contract No. None

Contract Amount: \$85,000 annually

Date Services Provided: 1/2012 Until Current

(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:**  
Purchase non-metallic chains, flights, sprockets and other parts.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. Timeliness of:</b>				
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)**  
Vendor is very responsive to their needs and requirements.

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: WWS/Business Operations Division

Date of Verification: February 27, 2018