



TO: Nancy Olesen
Purchasing Division
FROM: Gregory M. Balicki, P.E.
WWED
SUBJECT: Solicitation No.: PNC2115491C1
North Regional Wastewater Treatment Plant - Effluent

Recommended Vendor: Kirlin Florida, LLC
Recommended Group(s)/Line Item(s): 1-10

Initial Award Amount: \$11,650,772.00

Potential Total Amount: \$11,650,772.00

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: Jeffrey H. Greenfield, P.E.

TITLE: Construction Project Manager

SIGNATURE:

Jeffrey H Greenfield

DATE:

4/18/18

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Concurrence: North Regional Wastewater Treatment Plant - Effluent

TYPED NAME OF SIGNER: Gregory M. Balicki, P.E.

TITLE: Director WWED

SIGNATURE:



DATE:

4/15/18

TYPED NAME OF SIGNER: Alan Garcia, P.E.

TITLE: Director WWS

(Individual authorized to administer the contract.)

SIGNATURE:



DATE:

4/18/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2115491C1 - North Regional Wastewater Treatment Plant - Effluent

Reference for: (Name of Firm) Kirlin Florida, LLC

Organization/Firm Name providing reference: Hazen and Sawyer

Contact Name/Title: Taylor Bomarito, P.E./Principal Engineer

Contact E-mail: Tbomarito@hazenandsawyer.com

Contact Phone: 954 599-1898

Name of Referenced Project: Loxahatchee WWTP Deep Bed Filter

Contract No. n/a

Contract Amount: \$8,450,000

Date Services Provided: January 2016 - 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:

1) New construction of 11MGD AADF Deep Bed Filters, a new Electrical Building, and a Parshall Flume. 2) Rehabilitation and Modification of a Filter Feed Pump Station and Synthetic Media Filters. 3) Demolition of large Travelling Bridge Filters structure. 4) Extensive yard piping and site work.

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

I have been pleased with the finished product facilities provided by this Contractor. Based on knowledge gathered timeliness of projects for this Contractor typically depends on the project's superintendent.

References Checked By

Name: Jeffrey H. Greenfield, Ph.D., P.E.

Title: Construction Project Manager

Division/Department: WWED

Date of Verification: April 17, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116193C1, NRWTP Reclaimed Water Plant Expansion

Reference for: (Name of Firm) Kirlin Florida, LLC

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

Contact Name/Title: Jorge Orozco/Construction Project Manager

Contact E-mail: jorozco@broward.org

Contact Phone: 954 831-3239

Name of Referenced Project: NRWTP Digester Cover No. 3 Replacement

Contract No. Y1203814C1

Contract Amount: \$4,280,000.00

Date Services Provided: March 2015 to June 2017

(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:

Demolition and removal of existing Digester Cover #3, gas holder cover, mechanical and electrical equipment. The work also included the furnishing and installation of a new Digester Cover #3 with all associated piping, mechanical structural, electrical, control systems and all appurtenant work.

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 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)

Contractor had very knowledgeable personnel assigned to the project and delivered a superior work product.

References Checked By

Name: Jeffrey H. Greenfield, Ph.D., P.E.

Title: Construction Project Manager

Division/Department: WWED

Date of Verification: 3/28/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116193C1, NRWTP Reclaimed Water Plant Expansion

Reference for: (Name of Firm) Kirlin Florida, LLC

Organization/Firm Name providing reference: City of Sunrise, FL

Contact Name/Title: Robert Romeo/Project Manager

Contact E-mail: rromeo@sunrisefl.gov

Contact Phone: 954 888-6060

Name of Referenced Project: Springtree Reverse Osmosis WTP

Contract No. (12) C-15-R

Contract Amount: \$7,925,091

Date Services Provided: August 2012 - May 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:

Construction of a reverse osmosis treatment system at the existing Springtree Water Treatment Plant, which included one 1.5 mgd capacity unit with provisions to be constructed to accept a future second 1.5 mgd capacity unit.

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: Jeffrey H. Greenfield, Ph.D., P.E.

Title: Construction Project Manager

Division/Department: VWED

Date of Verification: March 28, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116193C1, NRWTP Reclaimed Water Plant Expansion

Reference for: (Name of Firm) Kirlin Florida, LLC

Organization/Firm Name providing reference: Hazen and Sawyer

Contact Name/Title: Taylor Bomarito

Contact E-mail: tbomarito@hazenandsawyer.com

Contact Phone: 954 599-1898

Name of Referenced Project: SW Wastewater Plant Repair & Replacement

Contract No. n/a

Contract Amount: \$10,950,000

Date Services Provided: November 2013 - 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:

I have worked on two separate projects with this Contractor - one utility in Jupiter, FL and one utility in Sunrise, FL. Both projects were roughly \$8M in total and involved primarily the construction of new Deep Bed Filters, along with several other wastewater structures.

Please rate your experience with the referenced Vendor:

1. Vendor's Quality of Service

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input 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)

I have been pleased with the finished product facilities provided by this Contractor. Based on knowledge gathered, timeliness of projects for this Contractor typically depends on the project's superintendent.

References Checked By

Name: Jeffrey H. Greenfield, Ph.D., P.E.

Division/Department: VWED

Title: Construction Project Manager

Date of Verification: March 29, 2018