

TO:

Nancy Olesen

Purchasing Division

FROM:

Gregory M. Balicki, P.E.

Water and Wastewater Engineering Division

SUBJECT:

Solicitation No.: PNC2116083C1

Utility Analysis Zone 113B

Recommended Vendor: Ric-Man International, Inc. Recommended Group(s)/Line Item(s): 01-01 to 01-179

Initial Award Amount: \$28,115,925.52

Potential Total Amount: \$28,115,925.52

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 Industrial have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with

### F

| 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) 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: Jeff Clark

TITLE: Construction Project Manager

Jeff Clark

Digitally signed by Jeff Clark Date: 2018.04.30 15:49:47

DATE: April 30, 2018

Page 2 of 2

Concurrence: Utility Analysis Zone 113B

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

TITLE: Director, WWED

SIGNATURE:

SIGNATURE:

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

TITLE: Director, WWS

DATE:



## **Vendor Reference Verification Form**

| Broward County Solicitation No. and Title: PNC2116083C1 - Utility Analysis Zone 113B                                     |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|--|-------------------|-------------------------------------|--------------------------------------|------------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|-------------------------------|
| Reference for: (Name of Firm) Ric-Man International, Inc.  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Organization/Firm Name providing reference: City of Miami Beach Contact Name/Title: Sabrina Baglieri Contact E-mail: n/a |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  | Contact Phone: (305) 673-7171  Name of Referenced Project: Central Bayshore South  Contract No. n/a |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  | Contract Amount: \$18,000,000 |
| Date Services Provided: 2017 - Present   |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| (list date range or date services began until "current")   |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Vendor's role in Project: ⊠ Prime Ven  | ndor 🗆 Sub-o      | consultant/Sub-                     | contractor                           |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Would you use this vendor again? ⊠ Ye  |                   |                                     |                                      | onal Comments (below). |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Description of services provided by V  |                   |                                     |                                      | (* *** *****           |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Design - Build Project   | endor.            |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Design - Dana i Toject   |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Please rate your experience with the   | Needs             | Satisfactory                        | Excellent                            | Not Applicable         |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| referenced Vendor:   | Improvement       |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Vendor's Quality of Service  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| a. Responsive  |                   |                                     | $\boxtimes$                          |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| b. Accuracy  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| c. Deliverables  |                   |                                     | $\boxtimes$                          |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| 2. Vendor's Organization   |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| a. Staff expertise   |                   | $\boxtimes$                         |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| b. Professionalism   |                   |                                     | $\boxtimes$                          |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| c. Turnover  |                   | $\boxtimes$                         |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| 3. Timeliness of:  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| a. Project   |                   | $\boxtimes$                         |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| b. Deliverables  |                   |                                     | $\boxtimes$                          |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Additional Comments, (provide on ed  | ditional about it | f maadad\                           |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Additional Comments: (provide on ad Good preparation and clean-up for sto  |                   | r needed)                           |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Good preparation and clean-up for ste  | orins.            |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Checked by phone.  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
|  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| References Checked By  |                   |                                     |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Name: Jeff Clark   | Title: Co         | Title: Construction Project Manager |                                      |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |
| Division/Department: WWED/WWS  |                   |                                     | Date of Verification: April 30, 2018 |                        |  |  |  |  |   |  |  |  |  |  |  |  |  |  |                               |



# **Vendor Reference Verification Form**

| Broward County Solicitation No. and Title  |                   |                                     | ysis ∠one 11                         | 3B             |  |  |  |  |                              |  |  |  |  |
|--|-------------------|-------------------------------------|--------------------------------------|----------------|--|--|--|--|------------------------------|--|--|--|--|
| Reference for: (Name of Firm) Ric-Man International, Inc.  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Organization/Firm Name providing reference: Palm Beach County Utilities Dept.  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Contact Name/Title: Joseph Tanacredi/Engineer  Contact E-mail: jtanacredi@pbcwater.com  Contact Phone: (561) 493-6088  Name of Referenced Project: Belvedere Homes Infrastructure Improvements-Phase 2 |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  | Contract No. n/a             |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  | Contract Amount: \$3,000,000 |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  | Date Services Provided: 2015 |  |  |  |  |
| (list date rar   | nge or date servi | ices began unti                     | "current")                           |                |  |  |  |  |                              |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Vendor's role in Project: ☐ Prime Ven  |                   | consultant/Sub-                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Would you use this vendor again? ∠ Yes ∟ No If No, please specify in Additional Comments (below).  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Description of services provided by V  | endor:            |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Please rate your experience with the   | Needs             |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| referenced Vendor:   | Improvement       | Satisfactory                        | Excellent                            | Not Applicable |  |  |  |  |                              |  |  |  |  |
| Vendor's Quality of Service  | improvement       |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     | $\square$                            |                |  |  |  |  |                              |  |  |  |  |
| a. Responsive  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| b. Accuracy  |                   |                                     | $\boxtimes$                          |                |  |  |  |  |                              |  |  |  |  |
| c. Deliverables  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| 2. Vendor's Organization   |                   | -                                   |                                      |                |  |  |  |  |                              |  |  |  |  |
| a. Staff expertise   |                   | $\boxtimes$                         |                                      |                |  |  |  |  |                              |  |  |  |  |
| b. Professionalism   |                   |                                     | $\boxtimes$                          |                |  |  |  |  |                              |  |  |  |  |
| c. Turnover  |                   | $\boxtimes$                         |                                      |                |  |  |  |  |                              |  |  |  |  |
| 3. Timeliness of:  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| a. Project   |                   | $\boxtimes$                         |                                      |                |  |  |  |  |                              |  |  |  |  |
| b. Deliverables  |                   |                                     | $\boxtimes$                          |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Additional Comments: (provide on add   | ditional sheet if | f needed)                           |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
|  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| References Checked By  |                   |                                     |                                      |                |  |  |  |  |                              |  |  |  |  |
| Name: Jeff Clark   |                   | Title: Construction Project Manager |                                      |                |  |  |  |  |                              |  |  |  |  |
| Division/Department: WWED/WWS  |                   |                                     | Date of Verification: April 27, 2018 |                |  |  |  |  |                              |  |  |  |  |



# **Vendor Reference Verification Form**

| Broward County Solicitation No. and Title   | :: PNC21160830    | C1 - Utility Anal | ysis Zone 11     | 3B                    |      |  |  |                                      |
|---|-------------------|-------------------|------------------|-----------------------|------|--|--|--------------------------------------|
| Reference for: (Name of Firm) Ric-Man International, Inc.   |                   |                   |                  |                       |      |  |  |                                      |
| Organization/Firm Name providing reference: City of Sunrise Contact Name/Title: Tim Welch/Utility Director  |                   |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  | Contact E-mail: TWelch@sunrisefl.gov |
| Contact Phone: (954) 888-6055   |                   |                   |                  |                       |      |  |  |                                      |
| Name of Referenced Project: Golf Village/water main installation  |                   |                   |                  |                       |      |  |  |                                      |
| Contract No. P5057PI  |                   |                   |                  |                       |      |  |  |                                      |
| Contract Amount: \$5,000,000  |                   |                   |                  |                       |      |  |  |                                      |
| Date Services Provided: 2016  |                   |                   |                  |                       |      |  |  |                                      |
| (list date ran  | ge or date serv   | ices began unti   | l "current")     |                       |      |  |  |                                      |
| · · · · · · · · · · · · · · · · · · ·   |                   |                   |                  |                       |      |  |  |                                      |
| Vendor's role in Project: ☐ Prime Vendor's role in Pri |                   | consultant/Sub-   |                  |                       | ,    |  |  |                                      |
| Would you use this vendor again? ⊠ Yes  |                   | No, please spe    | city in Addition | onal Comments (bel    | ow). |  |  |                                      |
| Description of services provided by Ve  | endor:            |                   |                  |                       |      |  |  |                                      |
| Community water system replacement  | t.                |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
| Please rate your experience with the  | Needs             |                   |                  |                       |      |  |  |                                      |
| referenced Vendor:  | Improvement       | Satisfactory      | Excellent        | Not Applicable        |      |  |  |                                      |
| Vendor's Quality of Service   |                   |                   |                  |                       |      |  |  |                                      |
| a. Responsive   |                   | $\boxtimes$       |                  |                       |      |  |  |                                      |
| b. Accuracy   |                   |                   |                  |                       |      |  |  |                                      |
| c. Deliverables   |                   |                   |                  |                       |      |  |  |                                      |
| Vendor's Organization   |                   |                   |                  |                       |      |  |  |                                      |
| a. Staff expertise  |                   | $\boxtimes$       |                  |                       |      |  |  |                                      |
| b. Professionalism  |                   |                   |                  |                       |      |  |  |                                      |
| c. Turnover   |                   |                   |                  |                       |      |  |  |                                      |
| 3. Timeliness of:   |                   |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
| a. Project  |                   |                   |                  |                       |      |  |  |                                      |
| b. Deliverables   |                   | $\boxtimes$       |                  |                       |      |  |  |                                      |
| Additional Comments: (provide on add  | ditional sheet if | f needed)         |                  |                       |      |  |  |                                      |
| Only minor complications were experi  |                   | •                 | aloted by thi    | s company Some        | woro |  |  |                                      |
| within their control while some were c  |                   |                   | •                |                       | WCIC |  |  |                                      |
| within their control willie some were c   | auseu by exist    | ing conditions    | outside the      | ii control.           |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
|   |                   |                   |                  |                       |      |  |  |                                      |
| References Checked By   |                   |                   |                  |                       |      |  |  |                                      |
| Name: Jeff Clark  |                   | Title: Co         | nstruction P     | oiect Manager         |      |  |  |                                      |
| Name: Jeff Clark  Division/Department: WWED/WWS  Title: Construction Project Manager  Date of Verification: April 27, 2018  |                   |                   |                  |                       |      |  |  |                                      |
| 2   |                   | Date of           | . J Oalion. /    | ·~··· - · , - · · · · |      |  |  |                                      |