




TO: Nancy Olesen
Purchasing Division
FROM: Alan W. Garcia, P.E., Director 
Water and Wastewater Services
SUBJECT: Solicitation No.: PNC2117245B1
Fabricate and Refurbish Lift Station Control Panels

Recommended Vendor: Champion Controls, Inc.
Recommended Group(s)/Line Item(s): 1-62
Initial Award Amount: \$1,167,173.25 Potential Total Amount: \$3,501,519.75
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 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: Carlos A. Garcia TITLE: Expansion Project Administrator

SIGNATURE: **Carlos A. Garcia** Digitally signed by Carlos A. Garcia
Date: 2018.09.04 13:54:23 -04'00' DATE: September 10, 2018

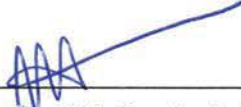
Concurrence: Fabricate and Refurbish Lift Station Control Panels

Director, Water & Wastewater

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Operations Division

SIGNATURE:



DATE:

8/11/18

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

TITLE: Director, Water & Wastewater Services

SIGNATURE:



DATE:

9/11/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117245B1, Fabricate and Refurbish Lift Station Control Panels

Reference for: (Name of Firm) Champion Controls, Inc.
 Organization/Firm Name providing reference: JKA Pump
 Contact Name/Title: TIM SYX / DIRECTOR OF SALES
 Contact E-mail: tims@jkapump.com
 Contact Phone: (561) 686-4455
 Name of Referenced Project: Duplex Lift Station Starter Panels, 2015, Lot 11
 Contract No. 36558
 Contract Amount: \$159,400.00
 Date Services Provided: 4/2017

(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:
Lift Station Duplex Control Panels for Bahamas Water & Sewage Corp.

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 type="checkbox"/>	<input checked="" 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)
Reference states the work by Champion Controls was performed on schedule. There were no claims or change orders on this project. The work was completed satisfactorily. JKA pump recommends this vendor to perform the work.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: WWS/WWOD Date of Verification: August 31, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117245B1, Fabricate and Refurbish Lift Station Control Panels

Reference for: (Name of Firm) Champion Controls, Inc.
 Organization/Firm Name providing reference: F. J. Nugent & Associates Inc
 Contact Name/Title: Fred Nugent / Owner
 Contact E-mail: fred@nugentco.com
 Contact Phone: (407) 936-1139
 Name of Referenced Project: City of Pompano Beach Lift Stations, 84, 106, 107, 111, & 143
 Contract No. NA
 Contract Amount: \$172,000.00
 Date Services Provided: 2/2016

(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:
Lift Station Duplex Control Panels

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

Additional Comments: (provide on additional sheet if needed)
 Reference states the work by Champion Controls was performed on schedule. There were no claims or change orders on this project. The work was completed satisfactorily. F. J. Nugent & Associates Inc recommends this vendor to perform the work. Also, Mr. Nugent stated that this vendor is very responsive and good to work with, he highly recommends this vendor.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: WWS/WWOD Date of Verification: September 04, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117245B1, Fabricate and Refurbish Lift Station Control Panels

Reference for: (Name of Firm) Champion Controls, Inc.

Organization/Firm Name providing reference: Seminole Tribe of Florida / Public Works Department

Contact Name/Title: Pedro Mena / System Administrator-SCADA Tech

Contact E-mail: PedroMena@semtribe.com

Contact Phone: (954) 894-1060 Ext. 10913

Name of Referenced Project: Seminole Tribe of Florida Lift Stations

Contract No. NA

Contract Amount: \$136,875.00

Date Services Provided: 5/2017

(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:
Lift Station Duplex Control Panels

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)
 Reference states the work by Champion Controls was performed on schedule. There were no claims or change orders on this project. The work was completed satisfactorily. Mr. Mena recommends this vendor to perform the work. Also, Mr. Nugent stated that their agency is very satisfied with this vendor.

References Checked By
 Name: Carlos A. Garcia Title: Expansion Project Administrator
 Division/Department: WWS/WWOD Date of Verification: September 04, 2018