



TO: Nancy Olesen
Purchasing Division
FROM: Greg Balicki, PE - Director
Water and Wastewater Engineering Division
SUBJECT: Solicitation No.: PNC2117502C1
Rehabilitation of Retail Master Pump Station 224

Recommended Vendor: Intercounty Engineering, Inc.
Recommended Group(s)/Line Item(s): 1-13 and Optional Item No. 2
Initial Award Amount: \$1,627,660.00 Potential Total Amount: \$1,627,660.00
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: Vilma C. Melendez, PE TITLE: Licensed Engineer

SIGNATURE:  DATE: 02/12/2019

Concurrence: Rehabilitation of Retail Master Pump Station 224

TYPED NAME OF SIGNER: Gregory M. Balicki, PE

TITLE: WWED Director

SIGNATURE:



DATE:

2/14/19

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

TITLE: WWS Director

SIGNATURE:



DATE:

2/14/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117502C1, Rehabilitation of Retail Master Pump Station 224
 Reference for: (Name of Firm) Intercounty Engineering, Inc.
 Organization/Firm Name providing reference: City of Fort Lauderdale
 Contact Name/Title: Herbert Stanley / Project Manager II
 Contact E-mail: hstanley@fortlauderdale.gov
 Contact Phone: (954) 828-6801
 Name of Referenced Project: Central Beach Alliance Pump Station D-41
 Contract No. 12124
 Contract Amount: \$1,484,890
 Date Services Provided: May 2017 to October 2018

(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 of existing station and construction of new station at a new location.
Pumps involved were 35-HP (two of them).
Piping size: 10-in
No emergency 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 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 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 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)
 Their performance was satisfactory.

References Checked By
 Name: Vilma C. Melendez Title: Licensed Engineer
 Division/Department: WWS Engineering Division Date of Verification: 02/08/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117502C1, Rehabilitation of Retail Master Pump Station 224
 Reference for: (Name of Firm) Intercounty Engineering, Inc.
 Organization/Firm Name providing reference: City of Fort Lauderdale (currently working with City of Sunrise)
 Contact Name/Title: Stanley Edwards / Director of Field Operations
 Contact E-mail: SEdwards@sunrisefl.gov
 Contact Phone: (954) 888-6021
 Name of Referenced Project: Sanitary Sewer Pump Station A-12 Rehab
 Contract No. 11880
 Contract Amount: \$1,283,550
 Date Services Provided: 2016-January 2018

(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:
Complete rehabilitation of a triplex pump station. By-pass system installation, replacement of pumps 60-HP, piping 12-in FM, no generator replaced. Wet-well repairs.

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 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 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)
Overall project was delivered in a timely manner. Some materials came-in late. There were some delays due to FPL, and some delays on the delivery of the owner's manual. Overall, they were a good contractor.

References Checked By
 Name: Vilma C. Melendez Title: Licensed Engineer
 Division/Department: WWS Engineering Division Date of Verification: 02/06/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2117502C1, Rehabilitation of Retail Master Pump Station 224
 Reference for: (Name of Firm) Intercounty Engineering, Inc.
 Organization/Firm Name providing reference: City of Pompano Beach
 Contact Name/Title: Tammy Good / Capital Improvement Project Manager
 Contact E-mail: tammy.good1@copbfl.com
 Contact Phone: (954) 786-5512
 Name of Referenced Project: Lift Station 21 Replacement – City of Pompano Beach
 Contract No.
 Contract Amount: \$3,749,000
 Date Services Provided: June 2011 - September 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:
Build new master LS, 2500SF building, pumps, wet well, controls, piping, etc.
Piping involved: 4", 6", 8", 12" 16", 18", 24", and 48"
Pumps: (4) 160 horsepower pumps
(1) 750 KW 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 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)
Excellent contractor!

References Checked By
 Name: Vilma C. Melendez Title: Licensed Engineer
 Division/Department: WWS Engineering Division Date of Verification: 02/07/2019



Public Works Department • Water and Wastewater Services
WATER AND WASTEWATER ENGINEERING DIVISION
2555 West Copans Road • Pompano Beach Florida 33069
PHONE: 954-831-0745 • FAX: 954 831-0798/0925



DATE: 2/13/2019

TO: Nancy Olesen, Senior Purchasing Agent
Purchasing Division

THRU: Gregory M. Balicki, P.E., Director
Water and Wastewater Engineering Division

FROM: Vilma C. Melendez, P.E., Licensed Engineer
Water and Wastewater Engineering Division

**SUBJECT: CONTRACT CENTRAL PAST PERFORMANCE VENDOR EVALUATIONS
INTERCOUNTY ENGINEERING
REHABILITATION OF RETAIL MASTER PUMP STATION 224
BCWWS PROJECT NO. 9150-100882 - SOLICITATION NO. PNC2117502C1**

As part of the vendor evaluation process for Solicitation No. PNC2117502C1, a search of past performance evaluations from Broward County's Contracts Central system has been performed. Two vendor evaluations for Intercounty Engineering, Inc. were found available within the past ten years. One of the evaluations had poor and unsatisfactory ratings, on items related to timely submission of closing documentation and payment to subcontractors. However, the quality of the physical work performed and the overall rating of the contractor was satisfactory.

Water and Wastewater Engineering Division (WWED) will closely monitor Intercounty Engineering, Inc. as they commit to improve on the deficiencies noted above. WWED will seek assistance of the Office of Economic and Small Business Development (OESBD) to assure timely payment(s) to sub-vendors.

Enclosures:

- A. Performance evaluation – North Regional Wastewater Treatment Plant Chlorination Modifications (WWS Project No. 9167)
- B. Performance evaluation – NRWTP Screening Building Gates and LS Force Main Modifications (WWS Project No. 8624)

GMB/SD/WPM/as