

TO: Nancy Olesen
Purchasing Division
FROM: Gregory M. Balicki, P.E.
Water and Wastewater Engineering Division
SUBJECT: Solicitation No.: PNC2116668C1
Master Pump Station Controls Upgrade

Recommended Vendor: Cardinal Contractors, Inc.
Recommended Group(s)/Line Item(s): 1, 2, 3,4 and 6
Initial Award Amount: \$3,941,250.00 Potential Total Amount: \$3,941,250.00
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.

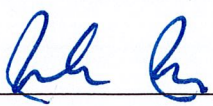
OR

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: Merle Medina TITLE: Construction Project Manager

SIGNATURE:  DATE: 01/31/2019

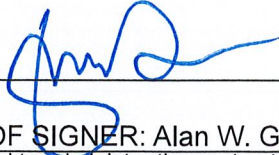
Concurrence: Master Pump Station Controls Upgrade

Director, Water and Wastewater

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

TITLE: Engineering Division

SIGNATURE:



DATE:

2/8/19


Director, Water and Wastewater

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

TITLE: Services

(Individual authorized to administer the contract.)

SIGNATURE:



DATE:

2/8/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116668C1, Master Pump Station Controls Upgrade
 Reference for: (Name of Firm) Cardinal Contractors, Inc.
 Organization/Firm Name providing reference: Lee County
 Contact Name/Title: James P. Elliott
 Contact E-mail: jpelliott@source-inc.com
 Contact Phone: 239-549-2345
 Name of Referenced Project: Gateway Waste Water Treatment Plant Improvements
 Contract No. n/a
 Contract Amount: \$2,981,600.00
 Date Services Provided: 10/2015 through 10/2016
 (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:
 Cardinal Contractors Inc. was the lead contractor on the Design Build Lee County Utilities Gateway WWTP Improvement project. Cardinal Contractors, Inc. provided all services including project management of engineering professionals, subcontractors, permitting and procurement of materials as well as self performing the majority of the facilities installation and construction 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 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: Ulrich Cordon Title: Construction Project Manager
 Division/Department: WWS-ED Date of Verification: November 9, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116668C1, Master Pump Station Controls Upgrade
 Reference for: (Name of Firm) Cardinal Contractors, Inc.
 Organization/Firm Name providing reference: Sarasota County
 Contact Name/Title: Jack Gibson
 Contact E-mail: jgibson@scgov.net
 Contact Phone: 941-465-9648
 Name of Referenced Project: Siesta Key Master Pump Station and Forcemain, Phase 32016-411
 Contract No. 2016-411
 Contract Amount: \$6,038,841.43
 Date Services Provided: 03/2017 through 09/2018

(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:
Constructed a quad-pump master pumping station, all instrumentation & controls, MCC, VFDs, a site lift station, misc. site piping, generator, emergency diesel pump, 20" off-site force mains, an off-site force main metering station for routing flows via SCADA or manually. Coordinated with Wastewater Treatment Plant operations staff for connections and eventual decommissioning of plant.

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)

References Checked By
 Name: Ulrich Cordon Title: Construction Project Manager
 Division/Department: WWS-ED Date of Verification: November 9, 2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2116668C1, Master Pump Station Controls Upgrade
 Reference for: (Name of Firm) Cardinal Contractors, Inc.
 Organization/Firm Name providing reference: Broward County WWS-ED
 Contact Name/Title: William "Pat" Mitchell
 Contact E-mail: wmittchell@broward.org
 Contact Phone: 954-831-0958
 Name of Referenced Project: Water Treatment Plant 2A 4log Virus Inactivation
 Contract No. 9127
 Contract Amount: \$2,021,801.63
 Date Services Provided: 09/2012 through 01/2013
 (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:
 Contractor furnished and installed a 4 Log virus inactivation system comprised of a 36-inch static mixer and several hundred feet of 60-inch, 48-inch, and 36-inch finished effluent transfer water pipes with sodium hypochlorite and ammonia chemical injection vaults.

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)

References Checked By
 Name: Ulrich Cordon Title: Construction Project Manager
 Division/Department: WWS-ED Date of Verification: November 9, 2018