



TO: Nancy Olesen
Purchasing Division
FROM: Gregory M. Balicki, P.E.
Water and Wastewater Services
SUBJECT: Solicitation No.: Y2114640B1
Sewer Lift Station, Rehabilitation and Repair

Recommended Vendor: Trio Development Corporation
Recommended Group(s)/Line Item(s): Groups 1 - 6
Initial Award Amount: \$3,556,128.00 Potential Total Amount: \$10,668,384.00
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: Jeff Clark TITLE: Construction Project Manager

SIGNATURE: **JEFF CLARK** Digitally signed by JEFF CLARK
Date: 2017.11.14 10:42:00
-05'00' DATE: November 14, 2017

Concurrence: Sewer Lift Station, Rehabilitation and Repair

Director, Water and Wastewater

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

TITLE: Engineering Division

SIGNATURE:



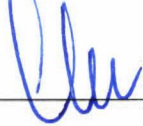
DATE:

11/20/17

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

TITLE: Director, Water & Wastewater Services

SIGNATURE:



DATE:

11/20/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2114640B1
 Reference for: (Name of Firm) Trio Development Corporation
 Organization/Firm Name providing reference: Coral Springs Improvement District
 Contact Name/Title: Curt Dwiggins
 Contact E-mail: curtd@fladistricts.com
 Contact Phone: 954-796-6608
 Name of Referenced Project: n/a
 Contract No. n/a
 Contract Amount: \$332,080.89
 Date Services Provided: 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:
Rehabilitation of 4 lift stations.

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)

Verified by telephone. JC

References Checked By
 Name: Jeff Clark Title: Construction Project Manager
 Division/Department: Water and Wastewater Services Date of Verification: November 07, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2114640B1
 Reference for: (Name of Firm) Trio Development Corporation
 Organization/Firm Name providing reference: City of Pompano Beach
 Contact Name/Title: Bobby Clayton
 Contact E-mail: Bobby.Clayton@copbfl.com
 Contact Phone: 954-786-4154
 Name of Referenced Project: n/a
 Contract No. n/a
 Contract Amount: \$1,815,780.55
 Date Services Provided: 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:
Rehabilitation of 7 lift stations.

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)

Trio Development has completed many projects for the City of Pompano Beach; very professional and timely. Very knowledgeable of underground utilities and options. I am very happy with their work.

References Checked By
 Name: Jeff Clark Title: Construction Project Manager
 Division/Department: Water and Wastewater Services Date of Verification: November 7, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Y2114640B1
 Reference for: (Name of Firm) Trio Development Corporation
 Organization/Firm Name providing reference: City of Wilton Manors
 Contact Name/Title: David Archacki
 Contact E-mail: darchacki@wiltonmanors.com
 Contact Phone: 954-390-2190
 Name of Referenced Project: n/a
 Contract No. n/a
 Contract Amount: \$379,003.98
 Date Services Provided: August 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:
 Complete replacement of lift station #3, master lift station #11, also lift station #8.

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)
 Excellent contractor, a wealth of knowledge in the industry.

References Checked By
 Name: Jeff Clark Title: Construction Project Manager
 Division/Department: Water and Wastewater Services Date of Verification: November 7, 2017