



**TO:** Nancy Olesen  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: PNC2116592C1  
1A and 2A Treatment Unit No. 2 Rehabilitation

Recommended Vendor: RF Environmental Services, Inc. d/b/a Milan Construction & Real Estate  
Recommended Group(s)/Line Item(s): 1-6  
Initial Award Amount: \$1,858,010.00 Potential Total Amount: \$1,858,010.00  
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 Payment will be made per services rendered

**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  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  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: Oscar Asgar Construction Project Manager, Water &  
TITLE: Wastewater Operations Division

SIGNATURE: Mirza Asgar Digitally signed by Mirza Asgar  
Date: 2018.07.17 09:21:40  
-04'00' DATE: July 26, 2018

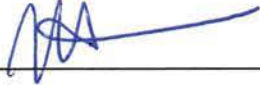
Concurrence: 1A and 2A Treatment Unit No. 2 Rehabilitation

Director, Water & Wastewater

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Operations Division

SIGNATURE:



DATE:

7/27/18

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

TITLE: Director, Water & Wastewater Services

SIGNATURE:



DATE:

7/30/18



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2116592C1 - 1A and 2A Treatment Unit No. 2 Rehabilitation  
 Reference for: (Name of Firm) RF Environmental Services, Inc. d/b/a Milan Construction & Real Estate  
 Organization/Firm Name providing reference: City of Tamarac  
 Contact Name/Title: Anthony Licata - Plant Superintendent  
 Contact E-mail: Anthony.Licata@tamarac.org  
 Contact Phone: 954-597-3777  
 Name of Referenced Project: Greenleaf Filter Replacement  
 Contract No. n/a  
 Contract Amount: \$662,000.00  
 Date Services Provided: 01/30/17-01/30/18

(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:**  
**Media and under drain removal, sandblast and steel repair work. Leveled floor, repainted entire interior surfaces, installed new under drain and placed all new media(We had a Suez representative on site to supervise the installation and backwash of the media). Leveled inlet trough and installed leveling devices on the out flows to equalize flow to all four cells. Disinfected and put into service with some performance issues that were corrected.**

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 type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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)**  
**The contractor has done a good job rehabilitating the filter. Performance issues arose during the project with steel work and floor leveling and at the end of the project due to welding and misalignment of weirs, as well as possible shortcuts on backwashing the media(every layer should be backwashed for future projects) in accordance with the contract. Time was also a factor due to subcontractor delivery delays from the manufacturer(under drain) and Hurricane Irma.**

References Checked By  
 Name: Oscar Asgar Title: Constrction Project Manager  
 Division/Department: WWOD/ WWS Date of Verification: July 11, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2116592C1 - 1A and 2A Treatment Unit No. 2 Rehabilitation  
 Reference for: (Name of Firm) RF Environmental Services, Inc. d/b/a Milan Construction & Real Estate  
 Organization/Firm Name providing reference: City of Fort Lauderdale  
 Contact Name/Title: Omar Castellon - Assistant City Engineer  
 Contact E-mail: OCastellon@fortlauderdale.gov  
 Contact Phone: 954-828-5064  
 Name of Referenced Project: Greenleaf Filter Replacement  
 Contract No. n/a  
 Contract Amount: \$544,401.00  
 Date Services Provided: 12/15/16 - 03/30/18

(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:**  
**Fiveash Water Treatment Plant Hydrotreators 3 & 4 Influent Pipe Modifications**

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: Oscar Asgar Title: Construction Project Manager  
 Division/Department: WWOD/ WWS Date of Verification: July 11, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2116592C1 - 1A and 2A Treatment Unit No. 2 Rehabilitation  
 Reference for: (Name of Firm) RF Environmental Services, Inc. d/b/a Milan Construction & Real Estate  
 Organization/Firm Name providing reference: Miami - Dade County  
 Contact Name/Title: Don Miller - Construction Manager  
 Contact E-mail: don.miller@miamidade.gov  
 Contact Phone: 717-461-0779  
 Name of Referenced Project: SDWWTP Effluent Wet Well #1 & #2 Coatings & Mechanical Work  
 Contract No. WASD PO 246227  
 Contract Amount: \$420,000.00  
 Date Services Provided: 01/23/2018 - 05/30/18

(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:**  
**Performed mechanical work in effluent wetwells 1 & 2, including restoration of all valves, replacement of drainage system piping, and electrical conduit supports inside both wet wells.**

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)**

References Checked By  
 Name: Oscar Asgar Title: Construction Project Manager  
 Division/Department: WWOD/ WWS Date of Verification: July 11, 2018