

**TOWN OF DAVIE**  
**TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Manny Diez, Public Works / Capital Projects Director, (954) 797-1245

**PREPARED BY:** Daniel J. Oyler, Assistant Public Works Manager, (954) 797-1840

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR IRRIGATION REPAIR AND INSTALLATION SERVICES.

**REPORT IN BRIEF:** The bid was advertised state-wide in Florida Bid Reporting, Nationally in Bid Net, and also posted on the Town's website. The Town sent out twenty (20) bids for Irrigation Repair and Installation Services. The Town received six (6) bid responses, four (4) bids, and two (2) "No Bid Responses" for this service. The recommendation is for Absolute Irrigation, LLC. as the lowest responsive and responsible bidder.

**PREVIOUS ACTIONS:** None

**CONCURRENCES:** The recommended award had been reviewed by the Public Works Department and the Bid Specification Committee, whom concur with the decision to award the bid to Absolute Irrigation, LLC.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$ Dependent upon Departmental usage

Account Name: Dependent upon using Department

If no, amount needed: \$

What account will funds be appropriated from:

Additional Comments:

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):** Resolution, Bid Recommendation, Procurement Authorization, Bid Opening Report and Corporation Information.

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,  
AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO  
ACCEPT THE BID RECOMMENDATION FOR IRRIGATION REPAIR  
AND INSTALLATION SERVICES

WHEREAS, The Town is in need of Irrigation Repair and Installation Services  
for various Town Departments; and

WHEREAS, The Town solicited sealed bids for Irrigation Repair and Installation  
Services; and

WHEREAS, after review, the Town Council wishes to accept the bid from  
Absolute Irrigation, LLC.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN  
OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby accepts the bid from Absolute  
Irrigation, LLC for Irrigation Repair and Installation Services, with the funds coming  
from various departments, and the amount depending on department usage.

SECTION 2. The Town Council hereby authorizes the expenditures from  
various accounts of the using Departments.

SECTION 3. The initial length of the contract will be from October 5, 2007 to  
October 5, 2009, with an optional two-year renewal.

SECTION 4. This Resolution shall take effect immediately upon its passage and  
adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007.

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

Attest:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

**PUBLIC WORKS**

**MEMORANDUM**

To: Herb Hyman, Procurement Manager

Through: Manny Diez, Public Works / Capital Projects Director 

From: Dan Oyler, Assistant Public Works Manager 

Date: June 25, 2007

Re: Bid Recommendation for Irrigation Repair Services, B07-64

The Public Works Department has reviewed the four (4) bids that were received for Irrigation Repair Services and recommends that the bid be awarded to Absolute Irrigation, LLC., who is the lowest most responsible bidder.

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PRICING PAGE

<u>LABOR</u>	<u>HOURLY RATE</u>	<u>OVER TIME RATE</u>
200 Hours	\$ <u>34.40</u> per hr./man	\$ <u>44.50</u> per hr./man

List Price for Materials less 25 %.

BIDDER: ABSOLUTE IRRIGATION, LLC

ADDRESS: 910 SOUTH STATE ROAD 7

PLANTATION, FL 33317

SIGNATURE: [Signature]

TITLE: MANAGING MEMBER

TELEPHONE: 954-302-5333

Our Company will \_\_\_\_\_ will not \_\_\_\_\_ accept the Town's VISA Card as method of payment.

Bidder is to include a W9 and Bidder Disclosure Form and this Pricing Page.

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

**ACCOUNT NUMBER.** VARIOUS ACCTS.      **BUDGET ITEM & DESCRIPTION** IRRIGATION REPAIR SERVICES      **APPROXIMATE COST** \$25,000.00  
**METHOD OF PROCUREMENT** (check the one that applies)

- Open Competitive Bidding  
 Piggyback on Contract Number \_\_\_\_\_  
 Sole Source  
 Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed [Signature]  
 Department Head

Have Funds been Reserved W/A - No Account

Date 3/23/07 Signed [Signature]

Signed [Signature]  
 Town Administrator

VENDOR	BIDS SUBMITTED	COST
ABSOLUTE IRRIGATION	➔	SSB
F+S ENTERPRISES		ATTACHED
RESEARCH IRRIGATION		BID TABULATION
WINDMILL SPRINKLER		NO BID
W.S. SCD + LANDSCAPE		NO BID
LANDSCAPE SERVICE PROFESSIONALS		

Signed [Signature]  
 Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor	Cost
ABSOLUTE IRRIGATION	PER ATTACHED BID TABULATION

BID OPENING REPORT

BID NAME: Irrigation Repair

TIME: 2:07 pm

BID NUMBER: 07-64

DATE: 6/2/07

ESTIMATED COST: \$25,000.00

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>W.S. Lock Landscaping</u>	<u>See Attached Bids</u> <u>no bid</u>	
2.	<u>F&amp;S Enterprises</u>		
3.	<u>Research Irrigation</u>		
4.	<u>Absolute Irrigation</u>		
5.	<u>Landscape Service Pros</u>	<u>no bid</u>	
6.	<u>Windmill Sprinkler</u>		
7.			
8.			
9.			
10.			

REMARKS

SPECS SENT TO TWENTY (20) PROSPECTIVE BIDDERS  
TOWN REC'D SIX (6) RESPONSES - FOUR (4) BIDS + TWO (2) "NO BID" RESPONSES

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Elena S. [Signature]

DATE: 6/2/07

WITNESS: Angie Salinas

DATE: 6/2/07





By: [Signature]  
Signature of Affiant  
DANIEL GOLDSTEIN  
Print Name

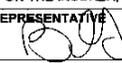
Date: 6/7/07

SUBSCRIBED AND SWORN TO or affirmed before me this 7 day of JUNE 2007, by DANIEL GOLDSTEIN, he/she is personally known to me or has presented \_\_\_\_\_ as identification.

[Signature]  
Notary Public, State of Florida at Large

 **LUIS A. DEL VALLE**  
MY COMMISSION # DD 288396  
EXPIRES: February 17, 2008  
Bonded Thru Budget Notary Services

\_\_\_\_\_  
Print or Stamp of Notary  
\_\_\_\_\_  
Serial Number  
My Commission Expires : \_\_\_\_\_

ACORD™ CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 06/06/07		
<b>PRODUCER</b> Marlins Insurance 850 S.W. 40 Ave. Plantation, FL 33317 Phone (954)587-7850 Fax (954)587-7778			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b> Absolute Irrigation, Llc 900 S. State Rd 7 Plantation, FL 33317-			<b>INSURERS AFFORDING COVERAGE</b> INSURER A: AMERICAN VEHICLE INSURER B: NATIONAL CAUSALTY INS CO INSURER C: FIRST COMMERCIAL INSURER D: INSURER E: INSURER F:		<b>NAIC #</b>	
<b>COVERAGES</b> THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GL-0510018470	12/20/06	12/20/07	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 500,000 GENERAL AGGREGATE 1,000,000 PRODUCTS - COM/OP AGG 1,000,000
B		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	CA00209052	05/04/07	05/04/08	COMBINED SINGLE LIMIT (Ea accident) 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
		<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC-26888-0	03/21/07	03/21/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT 500,000
F		OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
<b>CERTIFICATE HOLDER</b> TOWN OF DAVIE 6591 ORANGE DR DAVIE, FL 33314			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 			

## **Florida Limited Liability Company**

ABSOLUTE IRRIGATION, LLC

### **Filing Information**

**Document Number** L06000116900

**FEI Number** NONE

**Date Filed** 12/07/2006

**State** FL

**Status** ACTIVE

### **Principal Address**

900 SOUTH STATE ROAD 7  
PLANTATION FL 33317 US

### **Mailing Address**

900 SOUTH STATE ROAD 7  
PLANTATION FL 33317 US

### **Registered Agent Name & Address**

FEIN, STEVEN A ESQ.  
900 SOUTH STATE ROAD 7  
PLANTATION FL 33317 US