



City of Sunrise  
Finance and Administrative Services  
Purchasing Office  
Phone: 954-572-2274  
Fax: 954-578-4809

January 12, 2024

James Murray, President

**Aquifer Maintenance and Performance Systems, Inc.**

7146 Haverhill Road N.  
West Palm Beach, FL 33407  
[ampsilp@gmail.com](mailto:ampsilp@gmail.com)

**Re: NOTICE OF AWARD  
Annual Wellfield Maintenance**

<b>Solicitation No:</b>	<b>BID 23-45-09-VH</b>	<b>Commission Approval:</b>	<b>Tuesday, January 9, 2024</b>
<b>Resolution No:</b>	<b>TBD</b>	<b>Agenda Reference No:</b>	<b>C24004</b>
<b>Munis Contract No:</b>	<b>TBD</b>		

Dear Contractor:

This notice is to advise you that the Sunrise City Commission approved the award of the above-referenced bid to your firm as the Primary Contractor.

Pricing is as follows: See Exhibit A

	<b>Start Date:</b>	<b>End Date:</b>
<b>Original Contract Period:</b>	2/12/2024	2/11/2027
<b>Renewal Options:</b>		
First Renewal Period:	2/12/2027	2/11/2028
Second Renewal Period:	2/12/2028	2/11/2029

Please provide a copy of your Certificate of Insurance per Bid document requirements.

When the required insurance document has been returned by your firm and approved by the Risk Manager, the Procurement Manager will issue your firm Purchase Orders as needed. Should you have any questions, do not hesitate to contact me.

Sincerely,

*Victoria Hernandez*

Victoria Hernandez, CPPB  
Procurement Specialist

Direct No: (954) 572-2276  
Fax No: (954) 578-4809  
E-mail address: [VHernandez@sunrisefl.gov](mailto:VHernandez@sunrisefl.gov)

EXHIBIT A

BID TITLE: Annual Wellfield Maintenance

BID NUMBER: 23-45-09-VH

**SECTION 6 – BID SUBMISSION PACKAGE**

**SCHEDULE "A"  
CITY OF SUNRISE  
BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

Item No.	Description	Qty	UOM	Unit Cost	Total Monthly Cost	Total Extended Annual Cost for all Wells
1	Monthly Monitoring / Testing of Wells, as specified herein	6	Each Well	\$ <u>415<sup>00</sup></u> <i>(cost of EACH well per MONTH)</i>	\$ <u>2490<sup>00</sup></u> <i>(cost of ALL Wells per MONTH)</i>	\$ <u>29,000<sup>00</sup></u> <i>(cost of ALL wells ANNUALLY)</i>

Item No.	Description	Qty	UOM	Unit Cost	Total Extended Cost
2	Chemical Treatments, as specified herein	52	Each	\$ <u>895<sup>00</sup></u> /ea	\$ <u>46,540<sup>00</sup></u>
3	Complete Well Rehabilitation, as specified herein	13	Each	\$ <u>21,000<sup>00</sup></u> /ea	\$ <u>273,000<sup>00</sup></u>
4	Calibration of Well Flow Meters	16	Each	\$ <u>400<sup>00</sup></u> /ea	\$ <u>6,400<sup>00</sup></u>
5	Non-Emergency Response (per hour) – See Sections G and H in Specifications	350	Hour	\$ <u>180<sup>00</sup></u> /hr	\$ <u>63,000<sup>00</sup></u>
6	Emergency Response (per hour) - See Sections G and H in Specifications	50	Hour	\$ <u>225<sup>00</sup></u> /hr	\$ <u>11,250<sup>00</sup></u>

**TOTAL BID OFFER (Items 1 through 6): \$ 430,070<sup>00</sup>**

four hundred thirty thousand seventy dollars  
*(Written Amount)*