



Finance and Administrative Services Department
PURCHASING DIVISION

115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6066 • FAX 954-357-8535

DATE: September 29, 2021

TO: Evaluation Committee Members
 THRU: Director of Purchasing
 FROM: Bernadette Green, Purchasing Agent
 SUBJECT: Director of Purchasing Memorandum
 RFP No. GEN2120540P1, In-House Pharmacy Management Services
 Two (2) Submittals

Robert Gleason
 Digitally signed by Robert Gleason
 Date: 2021.10.11 16:16:21 -04'00'

BERNADETTE GREEN
 Digitally signed by BERNADETTE GREEN
 Date: 2021.10.07 14:57:56 -04'00'

REFERENCE: Procurement Code, Section 21.40, Determinations of Responsiveness and Responsibility:
 21.40 (a) Determination of Responsiveness
 21.40 (b) Determination of Responsibility

The following proposers submitted solicitation responses:

Advanced Pharmaceutical Consultants, Inc.
 Jules Enterprise Group, Inc. dba Anuco Rx

Determination of Responsiveness:

A Responsive (Vendor) means a vendor who submits a response to a solicitation that the Director of Purchasing determines meets all requirements of the solicitation, as provided in Section 21.40(a) of the Procurement Code.

In accordance with Procurement Code Section 21.40(a), Determination of Responsiveness, "A solicitation may only be awarded to a vendor whose submission is responsive to the requirements of the solicitation... For solicitations in which an Evaluation Committee has been appointed, the Director of Purchasing's determination regarding responsiveness is not binding on the Evaluation Committee, which may accept or reject such determination but must state with specificity the basis for any rejection thereof."

Based on the solicitation requirements and each vendor's response, all proposers are recommended to be evaluated as responsive to all the solicitation's responsiveness requirements. Refer to the Responsiveness and Responsibility Matrix for responsiveness requirements details. Refer to the Responsiveness and Responsibility Matrix for responsiveness requirements details and applicable supporting memoranda.

Determination of Responsibility:

A Responsible (Vendor) means a vendor who is determined to have the capability in all respects to perform fully the requirements of a solicitation, as well as the integrity and reliability that will ensure good faith performance, as provided in Section 21.40(b) of the Procurement Code.

In accordance with Procurement Code Section 21.40(b), Determination of Responsibility, "A solicitation may only be awarded to a vendor who is determined to be responsible to provide the goods or services requested by the solicitation. If a response to a solicitation is submitted by a joint venture, the joint venture will not be eligible to receive an award unless each member of the joint venture is determined to be responsible."

Additionally, Section 21.40(b) further provides that "A determination of responsibility shall be made only as to those vendors whose submissions have been determined to be responsive...the Evaluation Committee, with assistance of the Purchasing Division and based on information provided by the applicable County Agencies

and the Office of the County Attorney, shall determine whether vendors who have submitted responsive submissions are responsible... When making determinations of responsibility, the Director of Purchasing or the Evaluation Committee (as applicable) may request additional information from any vendor on matters that may affect a vendor's responsibility. The failure of a vendor to provide information requested by the County may result in a determination of non-responsibility. In addition, a vendor may submit information regarding its responsibility; provided, however, that such information shall not be considered if it contradicts or materially alters the information provided by the vendor in its original response to the solicitation."

Refer to the Responsiveness and Responsibility Matrix for responsibility requirements details, applicable supporting memoranda, and vendor's submittal as information to the Committee Members.

Pricing:

The RFP requested pricing from each vendor. Please note the following:

1. Advanced Pharmaceutical Consultants, Inc. Pricing Worksheet, Lines 13-14, unit prices of \$0 were entered by the firm. Per the Special Instructions, Pricing Submission, 1.1.5.1., "If it is the intent of the Vendor to perform or provide any services or commodities at no cost to the County, then \$0.00 (zero) dollars MUST be referenced in the unit price field." The Vendor confirmed by the 48-hour memorandum that those services would be covered and pricing was accurate. Refer to email response dated September 20, 2021.
2. Jules Enterprise Group, Inc. dba Anuco Rx: There was a discrepancy in pricing between the Pricing Worksheet (excel) and the pricing entered into Periscope S2G ("Item Response Form"). Additionally, the pricing entered into the excel sheet did not calculate based on the formulas. Per the Special Instructions, Pricing Review, 1.1.4.1., "If there is a discrepancy between the Periscope Item Response Form and the Pricing Worksheet, the vendor shall be held to the price proposed per Periscope Item Response Form." The Vendor confirmed by the 48-hour memorandum that there was an error in the pricing formula/extension. Note – Broward County will use the (higher) pricing entered into Periscope S2G per instructions. Refer to email response dated September 21, 2021.

Recap:

A draft Director of Purchasing's Memorandum and the three (3) supporting documents from the Finance and Administrative Services Department, the County Attorney's Office and the Risk Management Division were emailed to proposers with a request that, if a proposer desires to clarify any information provided in their response, they should do so in writing. All written explanations received were subsequently reviewed by staff, as applicable.

Committee Members must consider all pertinent information when rendering a determination on responsiveness and responsibility as defined by the County's Procurement Code.

Attachment(s):

- 1) Responsiveness and Responsibility Matrix
- 2) Additional Vendor Information:
 - a. Advanced Pharmaceutical Consultants, Inc. communication email dated September 29, 2021
 - b. Jules Enterprise Group, Inc. dba Anuco Rx communication email dated September 21, 2021

Referenced Memoranda and Supporting Information:

- 1) Financial Review Memorandum – Broward Addiction and Recovery Center– Human Services Department
- 2) County Attorney's Office Review Memorandum
- 3) Risk Management Division Review Memorandum
- 4) Vendor Reference Verifications and Broward County Vendor Performance Evaluations

Director of Purchasing Memorandum
RFP No. GEN2120540P1
In-House Pharmacy Management Services
September 29, 2021
Page 2

c: Bob Melton, County Auditor, Office of the County Auditor
Constance Mangan, Purchasing Manager, Purchasing Division, Finance and Administrative Services
Department
Fernando Amuchastegui, Assistant County Attorney, Office of the County Attorney
Simone Knight (Project Manager), Contract/Grant Administrator Senior, Broward Addiction and Recovery
Center, Human Services Department

BJB/bg

A. Responsiveness Requirements (from Standard Instructions and Special Instructions to Vendors)

	Section	Advanced Pharmaceutical Consultants, Inc.	Jules Enterprise Group, Inc. dba Anuco Rx
1	Lobbyist Registration Certification	Not Retained	Retained*
2	Acknowledgement of "Must" Addendum	Complies	Complies
3	Domestic Partnership Act Certification	N/A	N/A
4	Pricing Worksheet	Provided	Provided
5	Criminal History Certification Requirement	Implemented	Implemented

Additional Information:

* The following vendor(s) retained the following lobbyist(s):

Jules Enterprise Group, Inc. dba Anuco Rx has retained Bernie Friedman and Nick Matthews of Becker & Poliakoff.

Note – the solicitation included Domestic Partnership as a responsiveness criteria however since this is a federally funded solicitation, the Domestic Partnership Act Certification (Requirement and Tiebreaker) will not be used as a responsiveness requirement.

B. Responsibility Requirements

	Section	Advanced Pharmaceutical Consultants, Inc.	Jules Enterprise Group, Inc. dba Anuco Rx
1	Office of Economic and Small Business Development (refer to supporting memorandum)	No Goals	No Goals
2	Disclosure of Litigation History (refer to supporting memorandum)	No material cases disclosed	No material cases disclosed
	Number of Disclosed Cases	0	0
	Litigation with Broward County	No	No
3	Disclosure of Financial Information (refer to supporting memorandum)	Provided	Provided
4	Authority to Conduct Business in Florida (Sunbiz)	Authorized	Authorized
5	Affiliated Entities of Principals	No Affiliates	Affiliates noted in submittal
6	Insurance Requirements (refer to supporting memorandum)	Complies	Complies
7	Licensing Requirements	Complies	Complies

Additional Information:

Refer to Vendor's initial submittal and supporting review memorandum.

C. Additional Requirements/Information

	Section	Advanced Pharmaceutical Consultants, Inc.	Jules Enterprise Group, Inc. dba Anuco Rx
1	County Standard Terms and Conditions (if exceptions noted, refer to supporting information)	No Exceptions	No Exceptions
2	References - Have the vendor references been checked? (Refer to verified references for any comparable government experience).	Yes	Yes
3	Performance Evaluations	Refer to attached Performance Evaluations	No Performance Evaluations
4	Cone of Silence	Will Comply	Will Comply
	Number of Violations	0	0

From: [Green, Bernadette](#)
To: [Brian Bulfer](#)
Cc: [Raul Gonzalez](#)
Subject: RE: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services
Date: Wednesday, September 29, 2021 11:09:00 AM

Good Morning,

Information received, thank you.

As a correction: **Per your Pricing Worksheet, Lines 13-14, unit prices of \$0 were entered by your firm. As such, the services on Lines 13-14 will be provided at \$0** per the Special Instructions, Pricing Submission, 1.1.5.1., which states the following:

"If it is the intent of the Vendor to perform or provide any services or commodities at no cost to the County, then \$0.00 (zero) dollars MUST be referenced in the unit price field."

The [Cone of Silence](#) for this solicitation is still in effect.

Best Regards,



Bernadette N. Green, MPA

PURCHASING AGENT

Broward County Purchasing Division

115 S. Andrews Avenue, Rm 212

Ft. Lauderdale FL 33301

Phone: (954) 357-5034

www.broward.org/purchasing

Please note that Florida has a broad public records law, and that all correspondence sent to me via Email may be subject to disclosure.

Customer Care is my priority. How am I doing? Please contact my Manager, Connie Mangan at cmangan@broward.org with feedback.

From: Brian Bulfer <bbulfer@apcpharm.com>

Sent: Sunday, September 19, 2021 6:24 PM

To: Green, Bernadette <BEGREEN@broward.org>

Cc: Raul Gonzalez <rgonzalez@apcpharm.com>; Brian Bulfer <bbulfer@apcpharm.com>

Subject: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services

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suspicious emails to ETSSecurity@broward.org.

Dear Ms. Green

I have reviewed the DOP memorandum and matrix that you provided; and I have included an attached memorandum response with some attachments. Please advise if there any questions regarding the response.

Thanks for the opportunity,

Brian

Brian A. Bulfer RPh, MS, MBA
Founder
Advanced Pharmaceutical Consultants, Inc.
555 NE 15th Street, Suite 200
Miami, FL 33132
Mobile: 305-804-3784
Fax: 305-751-7748
Bbulfer@apcpharm.com

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Advanced Pharmaceutical Consultants, INC.

*Excellent Pharmaceutical Service for our Customers
Excellent Pharmaceutical Care for our Patients*

555 NE 15th Street - Suite 200 - Miami, FL. 33132

Date: September 20, 2021

To: Bernadette Green, Purchasing Agent, Purchasing Division

From: Raul A. Gonzalez; President

Brian A. Bulfer, Founder

RE: DRAFT RESPONSIVENESS AND RESPONSIBILITY MATRIX AND SUPPORTING MEMORANDUMS (3)

Advanced Pharmaceutical Consultants, Inc has reviewed the matrix with the following comments and explanations:

1. The performance evaluation submitted by OCHD does not match the answers in the matrix. It appears that the responses were verified verbally and we wanted to ensure the proper responses were verified. See attached performance valuation.
2. The pricing sheet that was submitted in Periscope contained line items with a fixed number of estimated hours per year. In several cases APC believes fewer hours may be necessary. The lines in question per your email are 12 – 13; however I believe the question is actually for lines 13 and 14; since we entered hours and dollars for line 12 (GEN Consulting) ; which is accurate. For lines 13 (onsite OBOT consulting) and 14 (off site OBOT consulting); the values entered for these two lines should be entered as 0 hours and \$0.00 (zero) dollars; as per Pricing Submission 1.1.5.1 Our APC consultants have expertise in all areas including OBOT, and the hours allocated for general consulting (line 12) are sufficient for the OBOT program. See attached Cost Sheet pertaining to these lines.
3. No other explanations are required as there are no noted deficiencies.

From: [Green, Bernadette](#)
To: Rgonzalez@apcpharm.com; Bbulfer@apcpharm.com
Cc: [Mangan, Constance](#); [Knight, Simone](#)
Subject: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services
Date: Friday, September 17, 2021 11:49:00 AM
Attachments: [Director of Purchasing Memorandum.pdf](#)

To: Advanced Pharmaceutical Consultants, Inc.

Attached for your review: Draft Director of Purchasing Memorandum, Draft Responsiveness and Responsibility Matrix, and three (3) supporting memorandums. If any deficiencies are noted (concerning your firm) in the matrix or any memorandum, you have the opportunity to make an explanation (of those deficiencies) in writing (via email) to me by **Tuesday September 21, 2021 5PM (EST)**. Your explanations will be provided to the Evaluation Committee for their review and consideration.

Per your Pricing Worksheet, Lines 12-13, unit prices of \$0 were entered by your firm. As such, the services on Lines 12-13 will be provided at \$0 per the Special Instructions, Pricing Submission, 1.1.5.1., which states the following:

"If it is the intent of the Vendor to perform or provide any services or commodities at no cost to the County, then \$0.00 (zero) dollars MUST be referenced in the unit price field."

The [Cone of Silence](#) for this solicitation is still in effect.

Best Regards,



Bernadette N. Green, MPA

PURCHASING AGENT

Broward County Purchasing Division

115 S. Andrews Avenue, Rm 212

Ft. Lauderdale FL 33301

Phone: (954) 357-5034

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Customer Care is my priority. How am I doing? Please contact my Manager, Connie Mangan at cmangan@broward.org with feedback.

Green, Bernadette

From: Gina Jules <gina.jules@anucorx.com>
Sent: Tuesday, September 21, 2021 4:39 PM
To: Green, Bernadette
Cc: Mangan, Constance; Knight, Simone; Watson Florvilus
Subject: Re: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services

You don't often get email from gina.jules@anucorx.com. [Learn why this is important](#)

Greetings,

We would like to thank you for the opportunity to provide additional clarification regarding our submission. The pricing on the Item Response Form for the staff hourly rate (i.e. pharmacist, consultant pharmacist, pharmacy technician, after-hours, emergency-hours) had been inadvertently calculated through the automated formula cells on the Item Response Form. It's our intention to reflect the actual hourly rate for each respective staff/category which will result in a lower price.

In addition, we accounted for a robust Information Technology and Security platform in our pricing proposal which can be negotiated dependent on access to the County's technology platform. This robust Information Security (IS) network perimeter is locked down with a Cisco Meraki Firewall and no port forwarding allowed to protect the County's server and other databases where the ADMs (Automated Dispensing Machines), ECHO (County's Electronic Health Record), eMAR (electronic Medication Administration Record) and PMS (Pharmacy Management System) will access through this enhanced integrated system. We utilize a zero trust to the privileged networks and will work parallel with the County's IT/IS Department(s) and Anuco's local Managed Service Provider (GiaSpace).

This service is continuous as cyberattacks are more frequent and any Cyber incident no matter how small, that is reported or is identified by the Managed SOC (Perch), gets a post mortem of the activity and what was done to rectify the situation.

We have an obligation to County to ensure that this FULL technology integration does not compromise the County's network and its affiliates. Therefore, we have highlighted this robust technology security not just at initial start-up but throughout the cycle of the contract.

Again, thank you for the opportunity to provide some clarification on these items. We look forward to serving Broward County. If there are any questions please don't hesitate to contact me.

Warmest Regards,

Dr. Gina Jules

Gina Jules, PharmD., CCHP
Chief Executive Officer

[1560 Sawgrass Corporate Parkway, 4th Floor
Sunrise, FL 33323](#)
Mobile: (954)-309-8930
Office: (888)-498-1444
Fax: (888)-614-3890
gina.jules@anucorx.com
www.anucorx.com
<https://www.linkedin.com/in/gina-jules-69a7627/>



*"A New Approach to Pharmacy Management...
Through patient Empowerment and Participation"*

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From: "Green, Bernadette" <BEGREEN@broward.org>
Date: Friday, September 17, 2021 at 11:09 AM
To: Gina Jules <gina.jules@anucorx.com>, Watson Florvilus <watson.florvilus@anucorx.com>
Cc: "Mangan, Constance" <CMANGAN@broward.org>, "Knight, Simone" <SIKNIGHT@broward.org>
Subject: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services

To: Jules Enterprise Group, Inc. dba Anuco Rx

Attached for your review: Draft Director of Purchasing Memorandum, Draft Responsiveness and Responsibility Matrix, and three (3) supporting memorandums. If any deficiencies are noted (concerning your firm) in the matrix or any memorandum, you have the opportunity to make an explanation (of those deficiencies) in writing (via email) to me by **Tuesday September 21, 2021 5PM (EST)**. Your explanations will be provided to the Evaluation Committee for their review and consideration.

As there is a discrepancy in pricing between your Pricing Worksheet and the pricing entered into your Item Response Form, the County will be using the pricing listed in the Item Response form per the Special Instructions, Pricing Review, 1.1.4.1., which states the following:

"If there is a discrepancy between the Periscope Item Response Form and the Pricing Worksheet, the vendor shall be held to the price proposed per Periscope Item Response Form."

The [Cone of Silence](#) for this solicitation is still in effect

Best Regards,



Bernadette N. Green, MPA

PURCHASING AGENT

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From: [Green, Bernadette](#)
To: gina.jules@anucorx.com; [Watson Florvilus](#)
Cc: [Mangan, Constance](#); [Knight, Simone](#)
Subject: Request For 48 Hour Review: Draft Director of Purchasing Memorandum - GEN2120540P1, In-House Pharmacy Management Services
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As there is a discrepancy in pricing between your Pricing Worksheet and the pricing entered into your Item Response Form, the County will be using the pricing listed in the Item Response form per the Special Instructions, Pricing Review, 1.1.4.1., which states the following:

"If there is a discrepancy between the Periscope Item Response Form and the Pricing Worksheet, the vendor shall be held to the price proposed per Periscope Item Response Form."

The [Cone of Silence](#) for this solicitation is still in effect

Best Regards,



Bernadette N. Green, MPA

PURCHASING AGENT

Broward County Purchasing Division

115 S. Andrews Avenue, Rm 212

Ft. Lauderdale FL 33301

Phone: (954) 357-5034

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FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT

115 S. Andrews Avenue, Room 513 • Fort Lauderdale, Florida 33301 • 954-357-7130 • FAX 954-357-7134 • Email: finance@broward.org

MEMORANDUM

To: Simone Knight, Project Manager, Broward Addiction Recovery Center

Cc: Bernadette Green, Purchasing Agent, Purchasing Division

From: Lori Fortenberry, Investment & Finance Coordinator
Finance and Administrative Services Department

A handwritten signature in blue ink that reads "Lori E. Fortenberry".

Date: July 28, 2021

Re: **GEN2120540P1 – In-House Pharmacy Management Services**

This memorandum provides a review of the financial statements for the respondents of the above referenced RFP.

The RFP specifies that the respondents will provide two years of financial statements. At a minimum, financial statements are generally defined as balance sheets and statements of operations (income statements) and may include tax returns which include this data. This review is not intended to express an opinion on the financial statements, but to determine whether the proposer has met the element of responsibility. Our review is intended to disclose to the committee whether the respondent submitted all of the required financial documents as specified in the RFP and to make the committee aware of any reportable condition and/or apparent issues in the financial statements which would indicate that the firm is not capable of performing the services specified in the RFP.

Reportable conditions include negative equity, net loss in its latest fiscal year and current ratios less than 1.0. The current ratio is calculated by dividing current assets by current liabilities, with a ratio of 1.0 or higher generally indicates a firm can meet its financial obligations in a timely manner. Debt to Equity is a measure of a company's financial leverage calculated by dividing its total liabilities by stockholders' equity. This ratio provides the relative proportion of the firm's equity and debt used to finance assets. A reportable condition is not necessarily indicative of a firm's inability to perform but may be one of many factors the Committee considers in its evaluation.

There were two (2) respondents to the RFP. Both respondents fully complied with the financial requirements of the RFP.

There were no reportable conditions.

RFP/RLI#: GEN2120540P1
TITLE: In-House Pharmacy Management Services
AGENCY: Broward Addiction Recovery Center
PM: Simone Knight
OF RESPONDERS: 2
DUE DATE: 7/28/2021
INITIAL EVALUATION: TBD

Responder Name: Advanced Pharmaceutical Consultants, Inc.
Confidentiality Claim: N
Publicly Traded: N

FY Period	Financials Provided	Audited?	Revenue	Net Profit/(Loss)	Equity (E)	Curr. Assets (CA)	Curr. Liabilities (CL)	Total Assets (TA)	Total Liabilities (TL)	Debt to Equity Ratio (TL/E) ¹	Current Ratio (CA/CL) ²
12/31/2020	Tax Returns	N	27,161,230	396,622	1,964,073	6,377,183	4,136,313	10,223,298	8,259,225	4.21	1.54
12/31/2019	Tax Returns	N	25,912,911	58,299	1,270,990	2,388,861	821,317	6,567,663	5,296,673	4.17	2.91

Responder Name: Jules Enterprise Group, Inc. dba Anuco Rx
Confidentiality Claim: N
Publicly Traded: N

FY Period	Financials Provided	Audited?	Revenue	Net Profit/(Loss)	Equity (E)	Curr. Assets (CA)	Curr. Liabilities (CL)	Total Assets (TA)	Total Liabilities (TL)	Debt to Equity Ratio (TL/E) ¹	Current Ratio (CA/CL) ²
12/31/2020	Financial Statements	N	760,201	312,304	344,603	376,635	5,747	390,950	46,347	0.13	65.54
12/31/2019	Financial Statements	N	80,900	6,532	35,269	4,662	72	35,340	72	0.00	64.91

¹ **Debt to Equity Ratio** The Debt to Equity Ratio is a measure of a company's financial leverage calculated by dividing its total liabilities by stockholders' equity. It indicates the proportion of equity and debt the company is using to finance its assets. A high debt/equity ratio generally means that a company has been aggressive in financing its growth with debt.

² **Current Ratio** The Current Ratio is a liquidity ratio that measures a company's ability to pay short-term obligations and is calculated by dividing current assets by current liabilities. The higher the current ratio, the more capable the company is of paying its obligations. A ratio under 1.0 suggests that the company would be unable to pay off its obligations if they came due at that point.

MEMORANDUM

TO: Bernadette N. Green Purchasing Agent
FROM: Karen S. Gordon County Attorney's Office

KSG
Signature/ Initials

DATE: July 29, 20 21

RE: Litigation Review for Solicitation # GEN2120540P1; In-House Pharmacy Management Services

We reviewed the litigation history between Broward County and the proposing vendors. [check one of the following two boxes below]

- No record of litigation during the last five (5) years between Broward County and any proposing vendor for this solicitation.
- Litigation history with Broward County exists with one or more proposing vendor for this solicitation in last five (5) years. See details below for more information.

In addition, we reviewed the litigation disclosure forms submitted by proposing vendors regarding material case history between vendors and third parties during the last three years. [check one of the following three boxes below]

- No record of material case history between vendors and third parties during the last three years.
- Material case history exists with one or more proposing vendor and third parties for this solicitation in last three (3) years. However, based on our analysis of the applicable litigation, we do not believe it presents a concern regarding responsibility.
- Material case history exists with one or more proposing vendor and third parties for this solicitation in last three (3) years. Based on our analysis, one or more of these disclosed cases presents a concern regarding responsibility that should be considered by the committee.

List vendor name, filing date, applicable court, asserted claims, and status of any applicable litigation: Advanced Pharmaceutical Consultants, Inc. - none Jules Enterprise Group, Inc., d/b/a Anuco Rx - none



Finance and Administrative Services Department
RISK MANAGEMENT DIVISION
115 S Andrews Avenue, Room 210 • Fort Lauderdale, Florida 33301 • 954-357-7200 • FAX 954-357-7180

INSURANCE COMPLIANCE MEMORANDUM

July 27, 2021

TO: Bernadette Green, Purchasing Agent
FROM: Colleen Pounall, Assistant Risk Manager
RE: GEN2120540P1: In-House Pharmacy Management Services

Digitally signed by COLLEEN A. POUNALL
Date: 2021.07.27 09:19:35 -04'00'

We have reviewed the proof of insurance from the proposers.

This solicitation requires proposers to either provide proof of insurance (even if the minimum limits are not met), or a letter stating that the proposer will comply with the minimum insurance requirements if awarded.

The requirements in this solicitation were:

- General Liability
- Automobile Liability
- Workers Compensation
- Professional Liability
- Cyber Liability

Below is a summary of the compliance of the proposers:

Advanced Pharmaceutical Consultants, Inc.	Compliant
Jules Enterprise Group, Inc. dba Anuco Rx.	Compliant

Please advise Risk Management of any exceptions taken to the standard terms and conditions of the insurance article.



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Acadia Healthcare Company Inc.			
Contact Name:	Lee Dubois			
Contract Title:	VP, Procurement			
Contact Email:	Lee.Dubois@acadiahealthcare.com			
Contact Phone:	(615) 821-1237			
Name of Referenced Project:	Pharmacy Management Services and Consulting			
Contract Number:				
Date Range of Services Provide:	Start Date: > 5 years	End Date:		
Project Amount:	>\$10,000,000 a year			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacy Management Services and Consulting for over 50 behavioral healthcare facilities in the US				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D		
		Date: 7/19/2021		



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Clarity Child Guidance Center			
Contact Name:	Jessica Knudsen			
Contract Title:	CEO			
Contact Email:	Jessica.knudsen@claritycgc.org			
Contact Phone:	210-582-6417			
Name of Referenced Project:	Pharmacy Services Management Agreement			
Contract Number:	None			
Date Range of Services Provide:	Start Date: December 2020	End Date: December 2021		
Project Amount:	\$275,940			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacy Management Services - In House				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D		
		Date: 7/20/2021		



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services unde				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services unde				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D	Date: 7/19/2021	

From: [Green, Bernadette](#)
To: brunilda.vega@flhealth.com
Cc: [Mangan, Constance](#)
Subject: RFP No. GEN2120540P1, In-House Pharmacy Management Services
Date: Wednesday, September 29, 2021 3:19:00 PM
Attachments: [image002.png](#)
[image003.png](#)
Importance: High

Good Afternoon Brunilda Vega,

Broward County is in receipt of the Vendor Reference from your Agency, Orange County Health Department, for the vendor Advanced Pharmaceutical Consultants, Inc..

The original Vendor Reference Verification form received from the vendor listed your ratings as either Excellent or Not Applicable.

Best Regards,



Bernadette N. Green, MPA

PURCHASING AGENT

Broward County Purchasing Division

115 S. Andrews Avenue, Rm 212

Ft. Lauderdale FL 33301

Phone: (954) 357-5034

www.broward.org/purchasing

Please note that Florida has a broad public records law, and that all correspondence sent to me via Email may be subject to disclosure. *Customer Care is my priority. How am I doing? Please contact my Manager, Connie Mangan at cmangan@broward.org with feedback.*



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services unde				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Verified via:	<input type="checkbox"/> Email	Verified by:	Division:	
	<input type="checkbox"/> Verbal		Date:	

However, when the Vendor Reference was verified verbally, the ratings were a mixture of Satisfactory, Excellent, and Not Applicable.



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services under				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D	Date: 7/19/2021	

Can you please verify which Vendor Reference Verification form that we should used based upon your experience with Advanced Pharmaceutical Consultants, Inc. for Contract No. RFP DOH09-066?

Thank you.



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco RX			
Reference Date:	6/24/2021			
Organization/Firm Providing Reference:	Geo Care			
Contact Name:	Dr. Derrick Schofield			
Contract Title:	EVP, Continuum of Care and Reentry Services			
Contact Email:	dschfield@geocareinc.com			
Contact Phone:	561-504-0294			
Name of Referenced Project:	Pharmacy Management Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing		
Project Amount:	Up to 250,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Assist with cost efficiencies, performance gains, and clinical improvements of our pharmacy operations.				
Provide great impact across the organization - from staffing and workflow to supply chain management.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input type="checkbox"/> Email	Verified by: Omeed Rackal	Division:	Broward Addiction Recovery D
	<input checked="" type="checkbox"/> Verbal		Date:	7/19/2021



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	7/19/21			
Organization/Firm Providing Reference:	Wellpath			
Contact Name:	Tamika Hawkins			
Contract Title:	Corporate Clinical Operations Specialist			
Contact Email:	tamhawkins@wellpath.us			
Contact Phone:	813-439-7009			
Name of Referenced Project:	Pharmacy Management and Consulting Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2017	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy operations for our facilities. This includes overseeing the day-to-day operations of the facilities, the charge of ensuring the correct medications are in stock, managing inventory levels, inspections, audits, P&P S				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D		
		Date: 7/20/2021		

6/26/2021

Vendor Reference -Anuco Rx

Company - WellPath

Point of Contact - Tamika Hawkins, Corporate Clinical Operations Specialist

To whom it may concern:

Dr. Jules and her team has assisted us with our pharmacy operations and management throughout the country. They have assisted with us with:

- Planning, monitoring, and administration of clinical, administrative, and distributive pharmaceutical services.
- Develop, recommend, and implement pharmacy policy and procedures; ensure pharmacy compliance with state and federal laws, rules, and regulations.
- Provide guidance, direction, and training to medical staff.
- Prepare the pharmacy for survey and accreditation readiness.

They're a great partner and always responsive. What we appreciate most about Anuco is the hand-on approach with the comprehensive corporate clinical and executive team. Each person brings a specific niche that just pulls everything together. Dr. Jules and her team have sat with us through client meetings and committees always bringing value to the table.

They were truly a partner when we rolled out our Suboxone, Vivtrol and other evidence-based medications program as part of our integrated plan of substance abuse care that treats the whole person. The onsite and corporate clinical team worked with the pharmaceutical company, community and grass-root organizations to help us enhance and increase access to care, compliance and resources. Their approach and involvement through this process was seamless you couldn't tell we were two different entities because we had one goal.

Anuco's communication and passion is very evident in their leader and overall company. Dr. Jules is not just the CEO but a pharmacist that has a passion for making a difference. She is very accessible to all of our sites admin and medical staff. She's always bringing innovative solutions to the table to prevent us from being stagnant. I highly recommend Anuco Rx for this opportunity.

Sincerely,

Tamika Hawkins

Corporate Clinical Operations Specialist

tamhawkins@wellpath.us



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco RX			
Reference Date:	6/27/2021			
Organization/Firm Providing Reference:	Wexford Health			
Contact Name:	Edward McNeil			
Contract Title:	Client Relations Director			
Contact Email:	emcneil@wexfordhealth.com			
Contact Phone:	404-862-7110			
Name of Referenced Project:	Pharmacy Management and Management			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: Ongoing		
Project Amount:	300,000/Annualiy			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy ops. for our facilities, Assist with accreditation audits and CAPs, P&P devlp. pharmacy mgmt., budget & inventory, formulary mgmt., inspections, education and optimizing pharmacy program.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/> Verbal		Date:	7/20/2021

- ▼ Contracts Central
 - ▼ Administration
 - ▷ PO Admin
 - ▷ Fixed/Open Contracts
 - ▷ Work Auth
 - ▷ Projects
 - ▼ PURCHASING
 - ▷ Procurement
 - ▷ FileRoom DashBoard
 - ▷ FileRoom Insert
 - ▷ Debarment Dashboard
 - ▼ Favorites
 - ▷ Prime Vendor
 - ▷ Sub Vendor
 - ▷ Purchase Order
 - ▷ Evaluation
 - ▷ Log Off

Prime Vendor Dashboard - **ADVANCED PHARMACEUTICAL CONSULTANTS INC**

Proj/Contract/Agreement/WA Legend: Proj Nbr: = Project Number FC Nbr: = Fixed Contract Number OE Nbr: = Open End Contract Number WA Nbr: = Work Authorization Number

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Final/Complete/Renewal Vendor Performance Evaluations - Past 5 Years

Proj/Contract/Agreement/WA	Using Div	Evaluation Type	Locked Dt	Future	Score		
OE Nbr: R1012809R1	BROWARD ADDICTION RECOVERY CENTER	Renewal Service Evaluation 07/26/2019 - 07/31/2019	7/31/2019	YES	4.88	View	Docs (0)

This Summary Page has been inserted into the Purchasing Memorandum on October 27, 2021. It was also provided to the Evaluation Committee members for reference.