BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program			
Reference For (hereinafter, "Vendor"):	**BMG LOANS**		
Reference Date:	**08/04/2022**		
Organization/Firm Providing Reference:	**JACKSON HEALTH SYSTEM**		
Contact Name:	**RAYMOND MONTALVO**		
Contract Title:	**TOTAL REWARDS FINANCIAL ADMINISTRATOR**		
Contact Email:	**RAYMOND.MONTALVO@JHSMIAMI.ORG**		
Contact Phone:	**786 466-8058**		
Name of Referenced Project:			
Contract Number:			
Date Range of Services Provide:	Start Date: **06/01/2013**	End Date: **current**	
Project Amount:			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor	
Would you use this Vendor again?	☑ Yes	☐ 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)			
PROVIDE AFFORDABLE LOANS TO JHS EMPLOYEES AND REPAY DEBT IN AFFORDABLE INSTALLMENTS			

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☑	☐
Regulatory Agency(ies):	☐	☐	☑	☐

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*****THE SECTION BELOW IS FOR COUNTY USE ONLY*****

Verified via:	☒ Email ☐ Verbal	Verified by:	Tracey A. Gordon	Division:	Human Resources
				Date:	9/12/2022

BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**BMG Money LoansAtWork**			
Reference Date:	**8/8/2022**			
Organization/Firm Providing Reference:	**PORT TAMPA BAY**			
Contact Name:	**LISA BARBER**			
Contract Title:	**HUMAN RESOURCE MANAGER**			
Contact Email:	**LBARBER@TAMPAPORT.COM**			
Contact Phone:	**813-905-5022**			
Name of Referenced Project:				
Contract Number:				
Date Range of Services Provide:	Start Date:	End Date:		
Project Amount:				
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Loans				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☑	☐
Regulatory Agency(ies):	☐	☐	☑	☐

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Verified via:	☒ Email ☐ Verbal	Verified by:	Tracey A. Gordon	Division:	Human Resources
				Date:	9/15/2022

BROWARD COUNTY FLORIDA

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**BMG Money**			
Reference Date:	**08/08/2022**			
Organization/Firm Providing Reference:	**City of Hialeah**			
Contact Name:	**Elsa I. Jaramillo Velez**			
Contract Title:	**Director of Human Resources**			
Contact Email:	**ejv13196@hialeahfl.gov**			
Contact Phone:	**305-883-8050**			
Name of Referenced Project:	**N/A**			
Contract Number:	**N/A**			
Date Range of Services Provide:	Start Date: **N/A**		End Date: **N/A**	
Project Amount:	**N/A**			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
N/A				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Free Credit Education, Emergency Loans, Employee Financial Needs.				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☑	☐
Regulatory Agency(ies):	☐	☐	☑	☐

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Verified via: ☒ Email ☐ Verbal	Verified by:	Tracey A. Gordon	Division:	Human Resources
			Date:	9/14/2022

BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**BMG Money**			
Reference Date:	**8-8-2022**			
Organization/Firm Providing Reference:	**Miami-Dade County Employee Discount Program**			
Contact Name:	**Sara Vallazza**			
Contract Title:	**Employee Engagement Coordinator**			
Contact Email:	**flogom@miamidade.gov**			
Contact Phone:	**305-375-1389**			
Name of Referenced Project:				
Contract Number:				
Date Range of Services Provide:	Start Date:		End Date:	
Project Amount:				
Vendor's Role in Project:	☐ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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 employees with pay day loans.				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☐	☑
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☐	☑
Timeliness of:				
Project:	☐	☐	☐	☑
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☐	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☐	☑
Regulatory Agency(ies):	☐	☐	☐	☑

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Verified via: ☐ Email ☐ Verbal	Verified by:	County Unable to Verify	Division:	
			Date:	

From: Vallazza, Sara (HR) <Sara.Vallazza@miamidade.gov>
Sent: Thursday, September 29, 2022 2:54 PM
To: Gordon, Tracey
Cc: Mitchell, Esther; Parets, Chantel; Porto, Becsaida (HR)
Subject: RE: Request For Vendor Reference Verification For BMG Money, Inc. for Voluntary Emergency Loan Program (GEN2124409P1)

Good afternoon,

Sorry, I have not. Actually tried someone else there just yesterday.

The BMG team participated in our 5K event on Saturday too.

I just cannot speak to any contractual performance questions.

From: Gordon, Tracey [mailto:trgordon@broward.org]
Sent: Thursday, September 29, 2022 2:42 PM
To: Vallazza, Sara (HR) <Sara.Vallazza@miamidade.gov>
Cc: Mitchell, Esther <EMITCHELL@broward.org>; Parets, Chantel <cparets@broward.org>; Porto, Becsaida (HR) <Becsaida.Porto@miamidade.gov>
Subject: RE: Request For Vendor Reference Verification For BMG Money, Inc. for Voluntary Emergency Loan Program (GEN2124409P1)

Good afternoon Ms. Vallazza:

I appreciate you responding to this inquiry. Have you received any feedback from your payroll information management division?

Thank you,

Tracey

Tracey A. Gordon
Senior Program/Project Coordinator
Human Resources Division, Employee Benefit Services
115 S. Andrews Avenue, Fort Lauderdale, FL 33301
Ph: 954-357-6726, Fax: 954-728-2777
www.broward.org/benefits

Top 5 Strengths | Strategic | Relator | Connectedness | Analytical | Developer

Have questions or need assistance with UnitedHealthcare's health or vision plans? Contact your onsite Healthcare Advocates at 954-357-7191 or 954-357-7192.

Customer Care is my priority. How am I doing? Please contact my manager, Lisa Morrison, at lmorrison@broward.org with feedback.

From: Vallazza, Sara (HR) <Sara.Vallazza@miamidade.gov>
Sent: Thursday, September 15, 2022 8:27 AM
To: Gordon, Tracey <trgordon@broward.org>
Cc: Mitchell, Esther <EMITCHELL@broward.org>; Parets, Chantel <cparets@broward.org>; Porto, Becsaida (HR) <Becsaida.Porto@miamidade.gov>
Subject: RE: Request For Vendor Reference Verification For BMG Money, Inc. for Voluntary Emergency Loan Program (GEN2124409P1)

Good morning, Ms. Gordon,

I referred the form to our payroll information management division because I do not contract with BMG Money. My role is get the information about their product and services to our workforce.

As such, I have had the opportunity to work with Carlos Ramos and Tom McCormick. I have found the team at BMG professional and accessible. They respond quickly to emails and calls. They have attended several in-person events to conduct outreach as well.

To my knowledge they have engaged with our workforce without issue. I have not received any negative feedback.

I hope this is helpful. Realize you have a deadline and I am not certain you will have the form back accordingly.

Contact me should you have other questions. I am happy to be of assistance within the limits of my experience.

Warmly, Sara

Sara Vallazza, MPA
Employee Engagement Coordinator
Benefits and Employee Support Services Division
Miami-Dade County Human Resources Department
111 NW 1st Street, 23rd floor
305.375.1389
flogom@miamidade.gov
miamidade.gov/humanresources

I THRIVE @
MIAMI-DADE COUNTY
Human Resources are our most valuable Resources

From: Gordon, Tracey [mailto:trgordon@broward.org]
Sent: Monday, September 12, 2022 3:02 PM
To: Vallazza, Sara (HR) <flogom@miamidade.gov>
Cc: Mitchell, Esther <EMITCHELL@broward.org>; Parets, Chantel <cparets@broward.org>
Subject: Request For Vendor Reference Verification For BMG Money, Inc. for Voluntary Emergency Loan Program (GEN2124409P1)

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good afternoon Sara Vallazza:

I hope this email finds you well!

Your name and the attached Vendor Reference Verification Form was provided to us by BMG Money, Inc. as part of their response to our recent RFP for Voluntary Emergency Loan Program (GEN2124409P1).

Please confirm that you provided this reference, and complete the following:

1. Name of Reference Project
2. Contract Number
3. Date Range of Services Provided
4. Project Amount
5. Vendor's Role in Project

Your response will be greatly appreciated by 5:00 p.m. Thursday, September 15, 2022.

If you have any questions regarding this email, please let me know. Thanks so much for your time.

Respectfully,

Tracey

BROWARD COUNTY FLORIDA

Tracey A. Gordon
Senior Program/Project Coordinator
Human Resources Division, Employee Benefit Services
115 S. Andrews Avenue, Fort Lauderdale, FL 33301
Ph: 954-357-6726, Fax: 954-728-2777
www.broward.org/benefits

Top 5 Strengths | Strategic | Relator | Connectedness | Analytical | Developer

Customer Care is my priority. How am I doing? Please contact my manager, Lisa Morrison, at lmorrison@broward.org with feedback.

BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**CreditWorks LLC**			
Reference Date:	**08/08/2022D**			
Organization/Firm Providing Reference:	**Ochsner Clinic Foundation**			
Contact Name:	**Donna Prinz**			
Contract Title:	**VP, HR Benefits**			
Contact Email:	**dprinz@ochsner.org**			
Contact Phone:	**504-842-9667**			
Name of Referenced Project:	**Credit4Work! Loan Program**			
Contract Number:	**N/A**			
Date Range of Services Provide:	Start Date: **August 2018**		End Date: **Ongoing**	
Project Amount:	**N/A**			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Access to several different loan types via payroll deduction to support employees with debt management				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☐	☑
Regulatory Agency(ies):	☐	☐	☐	☑

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Verified via:	Verified by:		Division:	
☒ Email ☐ Verbal		Tracey A. Gordon	Date:	Human Resources 9/22/2022

BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**CreditWorks LLC**			
Reference Date:	**08/08/2022**			
Organization/Firm Providing Reference:	**Ochsner LSU Health System**			
Contact Name:	**Jennifer Taffaro**			
Contract Title:	**Director, Benefits**			
Contact Email:	**jennifer.taffaro@ochsner.org**			
Contact Phone:	**504-703-0741**			
Name of Referenced Project:	**Credit4Work! Loan Program**			
Contract Number:	**N/A**			
Date Range of Services Provide:	Start Date: **June 2019**		End Date: **Ongoing**	
Project Amount:	**N/A**			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Access to several different loan types via payroll deduction to support employees with debt management				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☐	☑
Regulatory Agency(ies):	☐	☐	☐	☑

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				Date:	9/12/2022

BROWARD COUNTY FLORIDA

Broward County Board of County Commissioners

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	CreditWorks LLC			
Reference Date:	08/10/2022			
Organization/Firm Providing Reference:	Lake Charles Memorial Health			
Contact Name:	Mary Matte			
Contract Title:	Human Resources Manager			
Contact Email:	mmatte@lcmh.com			
Contact Phone:	337-494-3257			
Name of Referenced Project:	Voluntary Emergency Loan Program			
Contract Number:	GEN2124409P1			
Date Range of Services Provide:	Start Date: March 2020		End Date: Ongoing	
Project Amount:	n/a			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Credit4Work! financial wellness program including personal loans without a credit check repaid through payroll deduction.				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☑	☐	☐
Accuracy:	☐	☑	☐	☐
Deliverables:	☐	☑	☐	☐
Vendor's Organization:				
Staff Expertise:	☐	☑	☐	☐
Professionalism:	☐	☑	☐	☐
Turnover:	☐	☑	☐	☐
Timeliness of:				
Project:	☐	☑	☐	☐
Deliverables:	☐	☑	☐	☐
Project completed within budget:	☐	☑	☐	☐
Cooperation with:				
Your Firm:	☐	☑	☐	☐
Subcontractor(s)/Subconsultant(s):	☐	☑	☐	☐
Regulatory Agency(ies):	☐	☑	☐	☐

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				Date:	9/12/2022

BROWARD COUNTY FLORIDA

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**Employee Loan Solutions LLC dba TrueConnect**			
Reference Date:	**8-6-2022**			
Organization/Firm Providing Reference:	**City of Albuquerque, NM**			
Contact Name:	**Tim Rivera**			
Contract Title:	**Senior Benefits and Insurance Director**			
Contact Email:	**timrivera@cabq.gov**			
Contact Phone:	**5057683733**			
Name of Referenced Project:	**TrueConnect**			
Contract Number:				
Date Range of Services Provide:	Start Date: **7/2017**		End Date: **Current**	
Project Amount:				
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Provides short term loans for City employees.				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☑	☐
Deliverables:	☐	☐	☑	☐
Project completed within budget:	☐	☐	☑	☐
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☑	☐
Regulatory Agency(ies):	☐	☐	☑	☐

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Verified via:	☒ Email ☐ Verbal	Verified by:	Tracey A. Gordon	Division:	Human Resources
				Date:	9/29/2022

BROWARD COUNTY FLORIDA

VENDOR REFERENCE VERIFICATION FORM

RFP No. GEN2124409P1 Voluntary Emergency Loan Program				
Reference For (hereinafter, "Vendor"):	**Employee Loan Solutions LLC dba TrueConnect**			
Reference Date:	**8-6-2022**			
Organization/Firm Providing Reference:	**City of Phoenix, AZ**			
Contact Name:	**Tristin Sullivan-Leppa**			
Contract Title:	**Deputy Human Resources Director**			
Contact Email:	**tristin.sullivan-leppa@phoenix.gov**			
Contact Phone:	**(602) 706-4777**			
Name of Referenced Project:	**TrueConnect**			
Contract Number:	**Cooperative Purchasing Agreement between the City of Phoenix an**			
Date Range of Services Provide:	Start Date: **1/2019**		End Date: **Current**	
Project Amount:	**N/A**			
Vendor's Role in Project:	☑ Prime	☐ Subconsultant/Subcontractor		
Would you use this Vendor again?	☑ Yes	☐ 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)				
Employee Loan Program via payroll deduction. If employee leaves the City, the employee becomes responsib				
for any loan balance. The City is not responsible for recouping unpaid loan balance at time of separation.				

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	☐	☐	☑	☐
Accuracy:	☐	☐	☑	☐
Deliverables:	☐	☐	☐	☑
Vendor's Organization:				
Staff Expertise:	☐	☐	☑	☐
Professionalism:	☐	☐	☑	☐
Turnover:	☐	☐	☑	☐
Timeliness of:				
Project:	☐	☐	☐	☑
Deliverables:	☐	☐	☐	☑
Project completed within budget:	☐	☐	☐	☑
Cooperation with:				
Your Firm:	☐	☐	☑	☐
Subcontractor(s)/Subconsultant(s):	☐	☐	☐	☑
Regulatory Agency(ies):	☐	☐	☐	☑

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.

*****THE SECTION BELOW IS FOR COUNTY USE ONLY*****

Verified via:	☒ Email ☐ Verbal	Verified by:	Tracey A. Gordon	Division:	Human Resources
				Date:	9/22/2022

BROWARD COUNTY FLORIDA

Contracts Central

Broward County Purchasing Division

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    - 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 - **BMG MONEY, INC.**

Finish

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

Export To Excel

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

Proj/Contract/Agreement/WA	Using Div	Evaluation Type	Locked Dt	Future	Score		
OE Nbr: N2111734P1	Human Resources	Renewal Service Evaluation 06/30/2020 - 06/29/2021	12/6/2021	YES	4.73	View	Docs (0)

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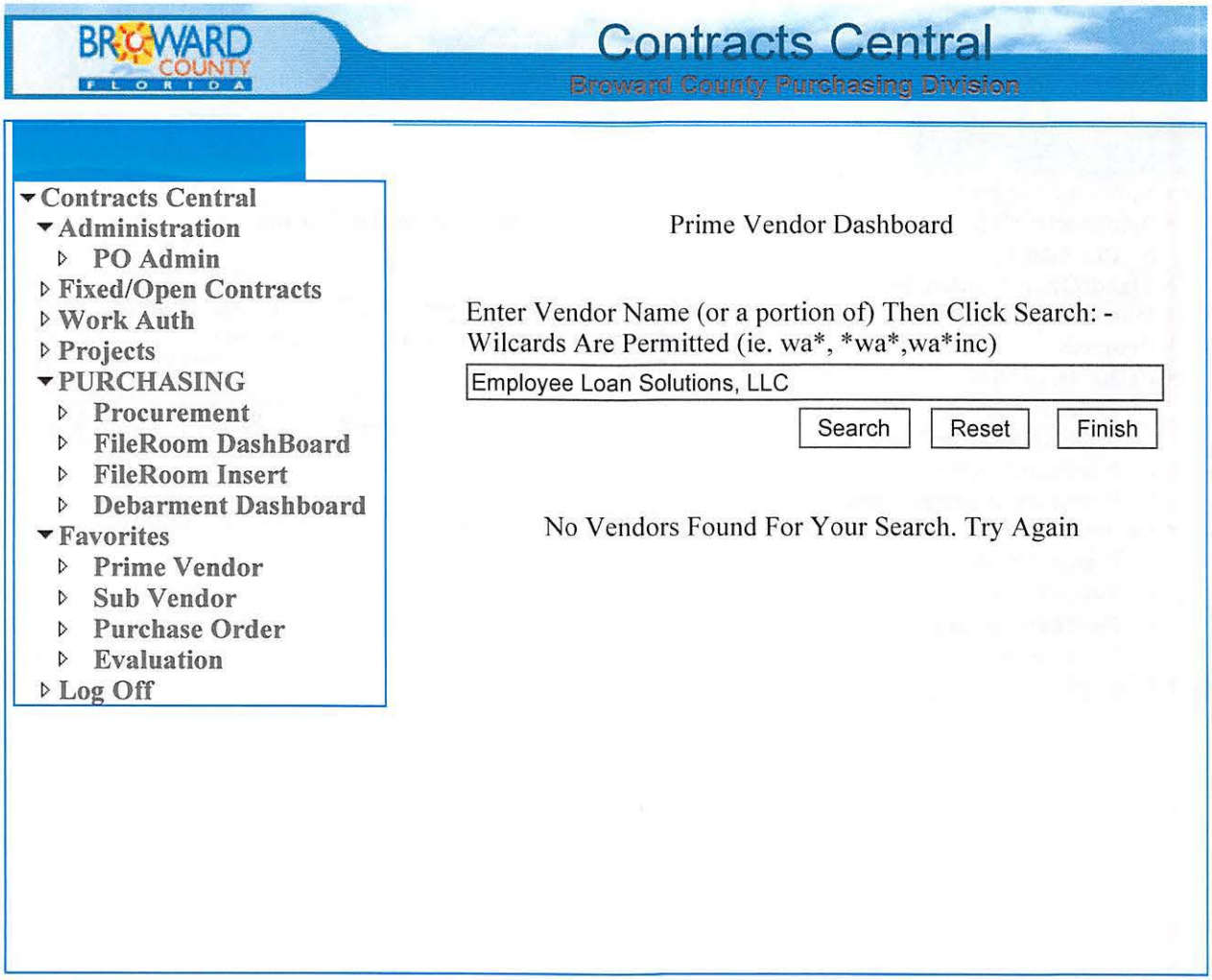
Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

CreditWorks

Search Reset Finish

No Vendors Found For Your Search. Try Again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