

RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Reference For (hereinafter, "Vendor"):	BMG LOANS							
Reference Date:	08/04/2022	08/04/2022						
Organization/Firm Providing Reference:	JACKSON HEALTI	JACKSON HEALTH SYSTEM						
Contact Name:	RAYMOND MON	RAYMOND MONTALVO						
Contract Title:	TOTAL REWARDS	TOTAL REWARDS FINANCIAL ADMINISTRATOR						
Contact Email:	RAYMOND.MON	RAYMOND.MONTALVO@JHSMIAMI.ORG						
Contact Phone:	786 466-8058	786 466-8058						
Name of Referenced Project:		_						
Contract Number:								
Date Range of Services Provide:	Start Date: 06/0:	1/2013	End	d Date: curren	t			
Project Amount:								
Vendor's Role in Project:	☑ Prime	Subco	nsultant/S	ubcontractor				
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 Vend	dor, please specify	below: (at	tach additi	onal sheet if n	eeded)			
PROVIDE AFFORDABLE LOANS TO JHS EI								
Please rate your experience with the	Needs			- "				
referenced Vendor via checkbox:	Improvement	Satistactory		Excellent	Not Applicable			
Vendor's Quality of Service:								
Responsive:				V				
Accuracy:				V				
Deliverables:				V				
Vendor's Organization:								
Staff Expertise:				V				
Professionalism:				V				
Turnover:				V				
Timeliness of:								
Project:								
Deliverables:				v				
Project completed within budget:				V				
Cooperation with:								
Your Firm:		П		V				
Subcontractor(s)/Subconsultant(s):								
Regulatory Agency(ies):		一百		 				
All information provided to Broward County is subject to veri	fication. Vendor acknowledg	es that inaccuro	ite, untruthful, d	or incorrect statemen	ts made in support of this			
response may be used by the County as a basis for rejection, Vendor pursuant to the Broward County Procurement Code.	, rescission of the award, or	termination of t	the contract and	i may also serve as ti	ne basis for debarment of			
	TON BELOW IS FOR	R COUNTY	USE ONLY	***				
X Email			Division:	Human Resour	rces			
Verified via: ☐ Verified by: ☐	racey A. Gordon		Date:	9/12/2022				



RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Reference For (hereinafter, "Vendor"):	<b>BMG Money Loa</b>	nsAtWork						
Reference Date:	8/8/2022	8/8/2022						
Organization/Firm Providing Reference	: PORT TAMPA BA	PORT TAMPA BAY						
Contact Name:	LISA BARBER							
Contract Title:	HUMAN RESOU	RCE MANAGER						
Contact Email:	LBARBER@TAM	PAPORT.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	☐ Subconsultar	nt/Subcontractor					
Would you use this Vendor again?	✓ Yes	□No						
If you answered no to the question abo	ove, please specify b	elow: (attach add	litional sheet if ne	eeded)				
Description of services provided by Ver	ndor, please specify	below: (attach ad	ditional sheet if r	needed)				
Loans								
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable				
referenced Vendor via checkbox:	Improvement	Satisfactory	Executive	140t Applicable				
Vendor's Quality of Service:				1.45				
Responsive:			V					
Accuracy:			V					
Deliverables:			V					
Vendor's Organization:			**					
Staff Expertise:			V					
Professionalism:			V					
Turnover:								
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Timeliness of:								
Project:								
Project:			V					
Project: Deliverables:			- - - -					
Project: Deliverables: Project completed within budget:			- - - -					
Project: Deliverables: Project completed within budget: Cooperation with:			> > >					
Project: Deliverables: Project completed within budget: Cooperation with: Your Firm:								
Project: Deliverables: Project completed within budget: Cooperation with: Your Firm: Subcontractor(s)/Subconsultant(s):	rification. Vendor acknowledgen, rescission of the award, or		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓					
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 veresponse may be used by the County as a basis for rejection Vendor pursuant to the Broward County Procurement Code	rification. Vendor acknowledgen, rescission of the award, or	termination of the contrac	V V V v iful, or incorrect statement and may also serve as to					



Reference Date:	RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Organization/Firm Providing Reference: City of Hialeah Contact Name: Eisa I. Jaramillo Velez Contract Title: Director of Human Resources Contact Email: ejv33196@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 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) 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: Improvement Vendor's Quality of Service: Responsive: Professionalism: Professionalis	Reference For (hereinafter, "Vendor"):	<b>BMG Money</b>		_					
Contact Name:  Contract Title:  Director of Human Resources  contact Phone:  305-883-8050  Name of Referenced Project:  N/A  Contract Number:  N/A  Project Amount:  Wendor's Role in Project:  Would you use this Vendor again?  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)  N/A  Description of services provided by Vendor, please specify below: (attach additional sheet if needed)  Pree Credit Education, Emergency Loans, Employee Financial Needs.  Please rate your experience with the referenced Vendor via checkbox:  Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Turnover:  Timeliness of:  Project:  Deliverables:  Project completed within budget:  Deliverables:  Project completed within budget:  Deliverables:  Project completed within budget:  Deliveratory/Subconsultant(s):  Regulatory Agency(ies):  All information provided to showard County is subject to verification.  **THE SECTION BELOW IS FOR COUNTY USE ONLY***  Verified Via:  Email Verified by:  Tracey A. Gordon  Division:  Inturnove Subconsultant Resources  Division:  Division:  Button Resources	Reference Date:	08/08/2022	08/08/2022						
Contract Title:   Director of Human Resources   ejvi3.196@hialeahfil.gov   Contact Pmall:   ejvi3.196@hialeahfil.gov   Sos-883-8050   Name of Referenced Project:   N/A   Contract Number:   N/A   Date Range of Services Provide:   Start Date: N/A   Project Amount:   N/A   Vendor's Role in Project:	Organization/Firm Providing Reference:	City of Hialeah							
Contact Email: ejv13196@hialeahfl.gov Contact Phone: 305-883-8050  Name of Referenced Project: N/A  Date Range of Services Provide: Start Date: N/A  Project Amount: N/A  Vendor's Role in Project: Proplet	Contact Name:	Elsa I. Jaramillo	Velez 🖓						
Contact Phone:	Contract Title:	Director of Hum	an Resource	es					
Name of Referenced Project: N/A  Contract Number: N/A  Date Range of Services Provide: Start Date: N/A  Project Amount: N/A  Vendor's Role in Project:	Contact Email:	ejv13196@hiale	ahfl.gov						
Contract Number: N/A  Date Range of Services Provide: Start Date: N/A  Project Amount: N/A  Vendor's Role in Project:		305-883-8050							
Date Range of Services Provide:    Start Date: N/A	Name of Referenced Project:	N/A	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:   Not Applicable   Improvement   Needs   Improvement   Vendor's Quality of Service:     Yendor's Quality of Service:     Yendor's Quality of Service:   Yendor's Organization:   Yendor's Organ	Contract Number:	N/A							
Vendor's Role in Project:	Date Range of Services Provide:	Start Date: N/A		Enc	Date: N/A				
Would you use this Vendor again?	Project Amount:	N/A							
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:  Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  Project completed within budget:  Ocoperation with:  Your Firm:  Subcontractor(s)/Subconsultant(s):  Regulatory Agency(les):  All information provided to Broward County is subject to wriftcation. Vendor ocknowledges that inoccurate, unituitylul, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the oward, or termination of the controct and may also serve as the basis for debarment of Vendor pursuant to the Broward County is subject to wriftcation. Vendor ocknowledges that inoccurate, unituitylul, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the oward, or termination of the controct and may also serve as the basis for debarment of Vendor pursuant to the Broward County is subject to wriftcation. Vendor ocknowledges that inoccurate, unituitylul, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the oward, or termination of the controct and may also serve as the basis for debarment of Vendor pursuant to the Broward County is subject to wriftcation. Vendor ocknowledges that inoccurate, unituitylul, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the oward, or termination of the controct and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procurement Code.	Vendor's Role in Project:	✓ Prime	Subcon	sultant/Sเ	ubcontractor				
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:  Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  Project:  Deliverables:  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 venification. 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 Frocument Code.  ***THE SECTION BELOW IS FOR COUNTY USE ONLY**  Division: Human Resources	Would you use this Vendor again?	✓ Yes	□No						
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:  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, unruntiful, or incorrect statements mode in support of this response may be used by the County as a basis for rejection, rescission of the oward, or termination of the contract and may also serve as the basis for debarament of Vendor pursuant to the Broward County Procurement Code.  ***THE SECTION BELOW IS FOR COUNTY USE ONLY***  Verified via:  Verified via:  Verified via:  Verified by:  Verified by:  Tracey A. Gordon  Division:  Human Resources	If you answered no to the question above, please specify below: (attach additional sheet if needed)								
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Free Credit Education, Emergency Loans, Employee Financial Needs.  Please rate your experience with the referenced Vendor via checkbox:  Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  Project completed within budget:  Project completed within budget:  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, rescrission of the oward, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Froecument Code.  Verified via:  Verified by:  Tracey A. Gordon  Excellent  Not Applicable  Excellent  Not Applicable  Satisfactory  Excellent  Not Applicable  Excellent  Not Applicable  Satisfactory  Excellent  Not Applicable  Excellent  Not Applicable  Excellent  Not Applicable  Fixedler  Not Applicable  Excellent  Not Applicable  Fixedlent  Fixedlent  Not Applicable  Excellent  Not Applicable  Exce									
Please rate your experience with the referenced Vendor via checkbox:  Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  Project completed within budget:  Project completed within budget:  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 mode in support of this response may be used by the County as a basis for rejection, reschasion of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to the Broward County Procument Code.  ****THE SECTION BELOW IS FOR COUNTY USE ONLY***  Verified via:  Verified by:  Tracey A. Gordon    Verified by:   Tracey A. Gordon	Description of services provided by Vend	lor, please specify	below: (atta	ach additio	onal sheet if n	eeded)			
referenced Vendor via checkbox: Improvement Satisfactory Excellent Not Applicable  Vendor's Quality of Service:  Responsive:	Free Credit Education, Emergency Loans	, Employee Financ	ial Needs.						
referenced Vendor via checkbox: Improvement Satisfactory Excellent Not Applicable  Vendor's Quality of Service:  Responsive:									
Vendor's Quality of Service:  Responsive:  Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  Project completed within budget:  Project completed within budget:  Your Firm:  Subcontractor(s)/Subconsultant(s):  Regulatory Agency(ies):  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 bask for rejection, rescission of the award, or termination of the contract and may also serve as the bask for debarment of Vendor pursuant to the Broward County Procurement Code.  ***THE SECTION BELOW IS FOR COUNTY USE ONLY***  Verified via:  Tracey A. Gordon  Division: Human Resources		ne Needs Satisfactory Swellant Net Applicable				Not Applicable			
Responsive:	referenced Vendor via checkbox:	Improvement	Jatistact	.01 y	LACEIIEIIC	Not Applicable			
Accuracy:  Deliverables:  Vendor's Organization:  Staff Expertise:  Professionalism:  Turnover:  Timeliness of:  Project:  Deliverables:  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 incurate, 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:  Tracey A. Gordon  Tracey A. Gordon	Vendor's Quality of Service:								
Deliverables:	Responsive:				<b>V</b>				
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:  Verified by:  Tracey A. Gordon  Division: Human Resources	Accuracy:				<u> </u>				
Staff Expertise:  Professionalism:  Turnover:  Deliverables:  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:  Verified by:  Tracey A. Gordon  Division: Human Resources	Deliverables:				<b>7</b>				
Professionalism:	Vendor's Organization:								
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:  Tracey A. Gordon  Division: Human Resources	Staff Expertise:				V				
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.  Tracey A. Gordon  Tracey A. Gordon  Division: Human Resources	Professionalism:				<b></b>				
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:  Tracey A. Gordon  Division: Human Resources	Turnover:				7				
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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:  Tracey A. Gordon  Division: Human Resources	Cooperation with:								
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***THE SECTION BELOW IS FOR COUNTY USE ONLY***  Verified via: Tracey A. Gordon  Tracey A. Gordon  Division: Human Resources	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								
Verified via:		ION BELOW IS FO	R COUNTY U	JSE ONLY	***				
	Verified via: ☐ Email Verified by:	Tracey A. Gordon	<b>}</b> -	Division: Date:	Human Resour	rces			



RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Reference For (hereinafter, "Vendor"):	<b>BMG Money</b>	-						
Reference Date:	8-8-2022	8-8-2022						
Organization/Firm Providing Reference	: Miami-Dade Cou	nty Emplo	yee Disco	unt Program				
Contact Name:	Sara Vallazza							
Contract Title:	<b>Employee Engag</b>	ement Cod	ordinator					
Contact Email:	flogom@miamid	ade.gov						
Contact Phone:	305-375-1389							
Name of Referenced Project:								
Contract Number:								
Date Range of Services Provide:	Start Date:		End	d Date:				
Project Amount:								
Vendor's Role in Project:	☐ Prime	Subco	nsultant/S	ubcontractor				
Would you use this Vendor again?	✓ Yes	□ No						
If you answered no to the question abo	ve, please specify b	elow: (atta	ch additio	nal sheet if no	eeded)			
Description of services provided by Ven	ndor, please specify	below: (at	tach additi	onal sheet if	needed)			
Assist employees with pay day loans.								
Please rate your experience with the	Needs	Catiofae		Fuellest	Not Applicable			
referenced Vendor via checkbox:	Improvement	Satisfac	tory	Excellent	Not Applicable			
Vendor's Quality of Service:								
Responsive:				V				
Accuracy:				V				
Deliverables:					V			
Vendor's Organization:								
Staff Expertise:				V				
Professionalism:				V				
Turnover:					V			
Timeliness of:			· .					
Project:					v			
Deliverables:				V				
Project completed within budget:								
Cooperation with:								
Your Firm:				V				
Subcontractor(s)/Subconsultant(s):					V			
Regulatory Agency(ies):					V			
All information provided to Broward County is subject to ver	rification. Vendor acknowledg	es that inaccura	ite, untruthful, c	or incorrect statemen	nts made in support of this			
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***THE SEC	TION BELOW IS FOR	COUNTY	USE ONLY	***				
☐ Fmail			Division:					
Verified via: ☐ Verified by:	County Unable to Ver	ігу	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)

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#### 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)

#### EMAIL RECEIVED FROM EXTERNAL SOURCE

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 Imorrison@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)

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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 1<sup>st</sup> Street, 23<sup>rd</sup> floor
305.375.1389
flogom@miamidade.gov
miamidade.gov/humanresources



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



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 Imorrison@broward.org with feedback.



RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Reference For (hereinafter, "Vendor"):	CreditWorks LLC							
Reference Date:	08/08/2022D	08/08/2022D						
Organization/Firm Providing Reference	e: Ochsner Clinic Fo	Ochsner Clinic Foundation						
Contact Name:	Donna Prinz	Donna Prinz						
Contract Title:	VP, HR Benefits	VP, HR Benefits						
Contact Email:	dprinz@ochsner	dprinz@ochsner.org						
Contact Phone:	504-842-9667	504-842-9667						
Name of Referenced Project:	Credit4Work! Lo	an Progra	m					
Contract Number:	N/A							
Date Range of Services Provide:	Start Date: Augu	ıst 2018	En	d Date: <b>Ongoir</b>	)g			
Project Amount:	N/A							
Vendor's Role in Project:	☑ Prime	Subco	nsultant/S	ubcontractor				
Would you use this Vendor again?	☑ Yes	☐ No						
If you answered no to the question abo	ove, please specify b	elow: (atta	ch additio	nal sheet if ne	eded)			
Description of services provided by Ve	ndor, please specify	below: (at	tach additi	onal sheet if n	eeded)			
Access to several different loan types								
Please rate your experience with the	Needs	C 1: C		- " .				
referenced Vendor via checkbox:	Improvement	Improvement Satisfactory		Excellent	Not Applicable			
Vendor's Quality of Service:								
Responsive:				V				
Accuracy:				v				
Deliverables:								
Vendor's Organization:								
Staff Expertise:				V				
Professionalism:				V				
Turnover:				V				
Timeliness of:								
Project:				V				
Deliverables:								
Project completed within budget:								
Cooperation with:				<del></del>				
Your Firm:				<u> </u>				
Subcontractor(s)/Subconsultant(s):								
Regulatory Agency(ies):					<u> </u>			
All information provided to Broward County is subject to ve	rification. Vendor acknowledg	es that inaccura	ite, untruthful, c	or incorrect statement	s 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***								
X Fmail	Tracey A. Gordon		Division:	Human Resource	ces			
Verified via:	Tracey A. GOIGOII		Date:	9/22/2022				



RFP No. GEN2124409P1 Voluntary Emergency Loan Program									
Reference For (hereinafter, "Ver	idor"):	CreditWorks LLC	CreditWorks LLC						
Reference Date:		08/08/2022							
Organization/Firm Providing Ref	erence:	Ochsner LSU Health System							
Contact Name:		Jennifer Taffaro							
Contract Title:		Director, Benefit	Director, Benefits						
Contact Email:		jennifer.taffaro@	ochsner.c	org					
Contact Phone:		504-703-0741	_						
Name of Referenced Project:		Credit4Work! Lo	an Prograr	n					
Contract Number:		N/A							
Date Range of Services Provide:		Start Date: June	2019	End	Date: Ongoin	g			
Project Amount:		N/A							
Vendor's Role in Project:		☑ Prime	Subcor	ารultant/Su	bcontractor				
Would you use this Vendor again	า?	✓ Yes	□No	_					
If you answered no to the question above, please specify below: (attach additional sheet if needed)									
Description of services provided	by Venc	dor, please specify	below: (att	ach additio	onal sheet if n	eeded)			
Access to several different loan									
Please rate your experience with	the	Needs			- "				
referenced Vendor via checkbox		Improvement	Satisfac	tory	Excellent	Not Applicable			
Vendor's Quality of Service:									
Responsive:					v				
Accuracy:					<b>☑</b>				
Deliverables:					v				
Vendor's Organization:									
Staff Expertise:					v				
Professionalism:					v				
Turnover:					V				
Timeliness of:									
Project:					v				
Deliverables:					V				
Project completed within budge	t:				V				
Cooperation with:									
Your Firm:					V				
Subcontractor(s)/Subconsult	tant(s):					Ø			
Regulatory Agency(ies):						Ø			
All information provided to Broward County is su	bject to veri	fication. Vendor acknowledg	es that inaccura	ite, untruthful, o	r incorrect statement	s 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.									
		TON BELOW IS FOR	COUNTY	USE ONLY	***				
X Email				Division:	Human Resour	ces			
Verified via:	a by:	Tracey A. Gordon		Date:	9/12/2022				



RFP No. GEN2124409P1 Voluntary Emergency Loan Program								
Reference For (hereinafter, "Vendor"):	CreditWorks LLC	,						
Reference Date:	08/10/2022	08/10/2022						
Organization/Firm Providing Reference	: Lake Charles Me	Lake Charles Memorial Health						
Contact Name:	Mary Matte							
Contract Title:	Human Resource	es Manage	r					
Contact Email:	mmatte@lcmh.c	om						
Contact Phone:	337-494-3257							
Name of Referenced Project:	Voluntary Emer	Voluntary Emergency Loan Program						
Contract Number:	GEN2124409P1							
Date Range of Services Provide:	Start Date: Marc	:h 2020	End	d Date: <b>Ongoi</b> i	ng			
Project Amount:	n/a							
Vendor's Role in Project:	☑ Prime	☐ Subco	nsultant/S	ubcontractor				
Would you use this Vendor again?	☑ Yes	□No						
If you answered no to the question abo	ove, please specify b	elow: (atta	ch additio	nal sheet if ne	eded)			
Description of services provided by Ver	ndor, please specify	below: (at	tach additi	onal sheet if n	eeded)			
Credit4Work! financial wellness progra								
payroll deduction.								
Please rate your experience with the	Needs	0 6		W				
referenced Vendor via checkbox:	Improvement	Satisfac	tory	Excellent	Not Applicable			
Vendor's Quality of Service:								
Responsive:		<b>☑</b>						
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Deliverables:		V						
Vendor's Organization:					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Staff Expertise:		V						
Professionalism:		v						
Turnover:		v						
Timeliness of:								
Project:		v						
Deliverables:		v						
Project completed within budget:		<b>☑</b>						
Cooperation with:				<del></del>				
Your Firm:		<b>₽</b>						
Subcontractor(s)/Subconsultant(s):								
Regulatory Agency(ies):		<u></u>		<u> </u>				
All information provided to Broward County is subject to ve	erification. Vendor acknowledg	es that inaccura	ate, untruthful, d	or incorrect statemen	ts 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.								
	TION BELOW IS FOR	RCOUNTY	USE ONLY	***				
X Fmail			Division:	Human Resource	ces			
Verified via:	Tracey A. Gordon		Date:	9/12/2022				



RFP No. GEN2124	4409P1 Voluntary	<b>Emergency Loar</b>	Pro	gram			
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	Tim Rivera					
Contract Title:	Senior Benefits and Insurance Director						
Contact Email:	timrivera@cabo	timrivera@cabq.gov					
Contact Phone:	5057683733	5057683733					
Name of Referenced Project:	TrueConnect	5.		1000	Market P. W.		
Contract Number:	X 2						
Date Range of Services Provide:	Start Date: 7/20	017	En	d Date: Curre	ent		
Project Amount:					Brankelp		
Vendor's Role in Project:	☑ Prime	Subconsulta	nt/S	ubcontractor			
Would you use this Vendor again?	✓ Yes	□No		JUNEAU TA	Called S		
If you answered no to the question above	e, please specify b	elow: (attach ad	ditio	nal sheet if n	eeded)		
Description of services provided by Vend	lor, please specify	below: (attach a	dditi	onal sheet if	needed)		
Provides short term loans for City emplo		ter to grow the		July 2 to Table			
					The State of the State of		
Please rate your experience with the	Needs	C-1: C		- "	Control of the control		
referenced Vendor via checkbox:	Improvement	Improvement Satisfactory		Excellent	Not Applicable		
Vendor's Quality of Service:							
Responsive:				<b>✓</b>	A STATE OF		
Accuracy:				<b>V</b>	Visa 2		
Deliverables:				<b>✓</b>	120000		
Vendor's Organization:							
Staff Expertise:				<b>✓</b>			
Professionalism:				<b>V</b>	KIDS-		
Turnover:				<b>✓</b>			
Timeliness of:							
Project:				<b>V</b>			
Deliverables:				<b>V</b>	Bright Engl		
Project completed within budget:				<b>V</b>			
Cooperation with:					S CONTRACTOR OF SAME		
Your Firm:				<b>V</b>	452 2 1		
Subcontractor(s)/Subconsultant(s):				<b>V</b>	y Karawa		
Regulatory Agency(ies):				<b>V</b>	A CONTRACTOR IN		
All information provided to Broward County is subject to verif response may be used by the County as a basis for rejection, Vendor pursuant to the Broward County Procurement Code.	rescission of the award, or	termination of the contr	act and	i may also serve as			
	ION BELOW IS FO	NA THE RESERVE TO SERVE THE PARTY OF THE PAR	22	75-55	La Marille		
Verified via:	racey A. Gordon	Divis		Human Resou	irces		
□ Verbal		Date	:	9/29/2022			



R	FP No. GEN21	.24409P1 Voluntary	Emergency	/ Loan Prog	gram	A DEPT TOP		
Reference For (hereinaft	ter, "Vendor")	: Employee Loan	Employee Loan Solutions LLC dba TrueConnect					
Reference Date:		8-6-2022	8-6-2022					
Organization/Firm Provi	ding Referenc	e: City of Phoenix,	City of Phoenix, AZ					
Contact Name:		Tristin Sullivan-l	Tristin Sullivan-Leppa					
Contract Title:		<b>Deputy Human</b>	Deputy Human Resources Director					
Contact Email:		tristin.sullivan-l	tristin.sullivan-leppa@phoenix.gov					
Contact Phone:		(602) 706-4777						
Name of Referenced Pro	oject:	TrueConnect		I VI		- Land		
Contract Number:		<b>Cooperative Pur</b>	chasing Ag	reement b	etween the	City of Phoenix an		
Date Range of Services P	Provide:	Start Date: 1/20	19	End	d Date: Curre	nt		
Project Amount:		N/A						
Vendor's Role in Project	:	✓ Prime	Subco	nsultant/S	ubcontractor			
Would you use this Vend	dor again?	✓ Yes	□No			dartigi, m		
If you answered no to th	e question ab	ove, please specify b	elow: (atta	ach additio	nal sheet if n	eeded)		
Description of services p	rovided by Ve	ndor, please specify	below: (at	tach additi	onal sheet if	needed)		
<b>Employee Loan Program</b>	via payroll de	eduction. If employe	e leaves th	ne City, the	e employee b	ecomes responsib		
for any loan balance. Th	e City is not r	esponsible for recou	iping unpa	aid Ioan ba	lance at time	of separation.		
Please rate your experie		Needs	Satisfac	rtory	Excellent	Not Applicable		
referenced Vendor via cl	_11111111111111111111111111111111111111	Improvement	Jacistac	.tory	Executivity	пос Аррисавіс		
Vendor's Quality of Serv	ice:							
Responsive:					<b>V</b>			
Accuracy:					<b>✓</b>			
Deliverables:						✓		
Vendor's Organization:								
Staff Expertise:					<b>✓</b>			
Professionalism:					<b>V</b>			
Turnover:					<b>✓</b>			
Timeliness of:								
Project:						✓		
Deliverables:						✓		
Project completed within	n budget:					<b>V</b>		
Cooperation with:								
Your Firm:					<b>✓</b>			
Subcontractor(s)/Sub	bconsultant(s)	: 🗆				✓		
Regulatory Agency(ie	es):					<b>V</b>		
All information provided to Broward response may be used by the County Vendor pursuant to the Broward Cou	as a basis for reject	ion, rescission of the award, or						
	***THE SE	CTION BELOW IS FO	R COUNTY	USE ONLY	***			
Verified via: Email	Verified by:	Tracey A. Gordon		Division:	Human Resou	rces		
Verbal	verified by.	Tracey A. Gordon		Date:	9/22/2022			



# Contracts Central

Broward County Purchasing Divisio

#### **▼** 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 - 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	<u>View</u>	<u>Docs</u> (0)



# Contracts Central

**Broward County Purchasing Division** 

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  - **▶** FileRoom Insert
  - Debarment Dashboard
- **▼** Favorites
  - ▶ Prime Vendor
  - ▶ Sub Vendor
  - Purchase Order
  - **▶** Evaluation
- ▶ Log Off

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



# Contracts Central

Broward County Purchasing Division

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  - **Procurement**
  - FileRoom DashBoard
  - ▶ FileRoom Insert
  - Debarment Dashboard
- **▼** Favorites
  - Prime Vendor
  - Sub Vendor
  - Purchase Order
  - **Evaluation**
- ▶ Log Off

Prime Vendor Dashboard

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

Employee Loan Solutions, LLC

Search

Reset

Finish

No Vendors Found For Your Search. Try Again