



AT&T Response to Broward County RFP for Next Generation (NG911) Services

August 22, 2025

References



VENDOR REFERENCE VERIFICATION

REQUEST FOR PROPOSAL, REQUEST FOR QUALIFICATION, OR REQUEST FOR LETTER OF INTEREST

Vendor should provide a minimum of three (3) non-Broward County Board of County Commissioners' references or as per **Evaluation Criteria** instructions. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention.

Completed **Vendor Reference Verification Forms** should be submitted with submittal. If not provided with submittal, or if reference is not able to be verified, the Vendor must submit form(s) (or a new Vendor Reference Verification Form) within three business days after the County's written request.

VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)					
Reference For (hereinafter, "Vendor"):	AT&T				
Reference Date:	08/04/2025				
Organization/Firm Providing Reference:	Brevard County, FL				
Contact Name:	[REDACTED]				
Contact Title:	[REDACTED]				
Contact Email:	[REDACTED]				
Contact Phone:	[REDACTED]				
Name of Referenced Project:	ESInet				
Contract Number:	7477				
Date Range of Services Provided:	Start Date: 11/11/2024	End Date: 11/10/2027			
Project Amount:	[REDACTED]				
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) Provide access to AT&T ESInet at two host sites. Provide RapidDeploy Radius Mapping and Eclipse Analytics and GIS services for hosted GIS					
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 checked="" type="checkbox"/>	
<i>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.</i>					
THE SECTION BELOW IS FOR COUNTY USE ONLY					
Verified via:	<input type="checkbox"/> Email	Verified by:	MOHAMMAD AHMADPOUR <small>Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:21:10 -04'00'</small>	Division:	ORCAT
	<input checked="" type="checkbox"/> Verbal			Date:	09/10/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)

Reference For (hereinafter, "Vendor"):	AT&T Enterprises, LLC.		
Reference Date:	August 4, 2025		
Organization/Firm Providing Reference:	Capital Area Emergency Communications District		
Contact Name:	[REDACTED]		
Contact Title:	[REDACTED]		
Contact Email:	[REDACTED]		
Contact Phone:	[REDACTED]		
Name of Referenced Project:	AT&T ESInet		
Contract Number:	20241122-3422		
Date Range of Services Provided:	Start Date: August 2020	End Date: Ongoing	
Project Amount:	[REDACTED]		
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)

Capital Area Emergency Communications District (CAECD) provides oversight, funding and 9-1-1 solutions supporting 10 counties in Central Texas, including the State Capital – Austin, TX. The CAECD network currently consists of 34 9-1-1 PSAPs with over 300 workstations. The solution AT&T provides includes the following components: Intrado VIPER Next Gen 911 Call Handling, RapidDeploy Radius Tactical Mapping, RapidDeploy Eclipse Analytics, Dedicated AT&T Technicians, Dedicated Program Management from AT&T Consulting, AT&T ESInet Reconfiguration to migrate to full i3 Routing and NOC/SOC support from AT&T Public Safety Engineering.

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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Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by:	MOHAMMAD AHMADPOUR	 Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:21:30 -04'00'	Division:	ORCAT
				Date:	09/10/2025

Vendor Reference Verification – RFP/RFI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	AT&T			
Reference Date:	8/11/2025			
Organization/Firm Providing Reference:	DC Office of Unified Communications			
Contact Name:				
Contact Title:				
Contact Email:				
Contact Phone:				
Name of Referenced Project:	DC Next Generation Core Services and location validation			
Contract Number:	4400007825			
Date Range of Services Provided:	Start Date: August 7, 2022	End Date: Current		
Project Amount:				
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) The OUC employs ESInet services from AT&T. The services include management of DC's NGCS and location validation functions.				
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 checked="" type="checkbox"/>	<input 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 type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:22:19 -04'00'	Division: ORCAT	Date: 09/24/25

VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	AT&T			
Reference Date:	8/15/2025			
Organization/Firm Providing Reference:	North Carolina 911 Board			
Contact Name:	[REDACTED]			
Contact Title:	[REDACTED]			
Contact Email:	[REDACTED]			
Contact Phone:	[REDACTED]			
Name of Referenced Project:	North Carolina NextGen911			
Contract Number:	DIT-100086			
Date Range of Services Provided:	Start Date: 8/29/2017	End Date: Current		
Project Amount:	[REDACTED]			
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) ESInet, Core Services, Hosted Call Handling, Resilient PSAP Connectivity, GIS, Dedicated Tiger Team, Etc.				
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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VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)					
Reference For (hereinafter, "Vendor"):	AT&T Enterprises, LLC.				
Reference Date:	August 4, 2025				
Organization/Firm Providing Reference:	State of Kansas 9-1-1 Board				
Contact Name:					
Contact Title:					
Contact Email:					
Contact Phone:					
Name of Referenced Project:	AT&T ESInet				
Contract Number:	20170323-2647				
Date Range of Services Provided:	Start Date: March 2017	End Date: Ongoing			
Project Amount:					
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)					
Three forms of connectivity to each PSAP (ASE, local broadband, and FirstNet LTE), Hosted Call Handling servers, datacenters, related PSAP CPE, Vesta 911 software, Radius mapping, Eclipse analytics, Lightning mobile responder app, AT&T ESInet services, and GIS transition services for MSAG maintenance.					
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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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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Verified via:	<input type="checkbox"/> Email	Verified by:	MOHAMMAD AHMADPOUR <small>Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:21:57 -0400</small>	Division:	ORCAT
	<input checked="" type="checkbox"/> Verbal			Date:	09/10/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	AT&T			
Reference Date:	08/11/2025			
Organization/Firm Providing Reference:	Tennessee Emergency Communications Board			
Contact Name:	[REDACTED]			
Contact Title:	[REDACTED]			
Contact Email:	[REDACTED]			
Contact Phone:	[REDACTED]			
Name of Referenced Project:	RFP FOR NEXT GENERATION 911 EMERGENCY COMMUNICATION SERVICES			
Contract Number:	RFP # 33501-215002			
Date Range of Services Provided:	Start Date: October 15, 2021	End Date: October 14, 2028		
Project Amount:	[REDACTED]			
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) The State of Tennessee employs AT&T for Next Generation Core Services, ESinet services and NG9-1-1 hosted call handling services.				
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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VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	INdigital			
Reference Date:	8/11/2025			
Organization/Firm Providing Reference:	Alachua County			
Contact Name:	Keith Godwin			
Contact Title:	County 911 Coordinator			
Contact Email:	Kgodwin@alachuacounty.us			
Contact Phone:	352-338-3285			
Name of Referenced Project:	Next Generation Core Services and ESInet			
Contract Number:	13219			
Date Range of Services Provided:	Start Date: 5/31/2022	End Date: on going		
Project Amount:	\$1,422,004.34			
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) Assumption of 911 call routing and delivery via a public safety only IP network. Assumption of MSAG, ANI, ALI services. 24 x 7 x 365 services. A stellar organization. Always responsive to every need.				
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 type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.09 16:33:21 -0400	Division: ORCAT	Date: 09/09/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	INdigital			
Reference Date:	8/15/2025			
Organization/Firm Providing Reference:	Hillsborough County 911 Agency			
Contact Name:	Anthony Cammarano			
Contact Title:	911 Manager			
Contact Email:	cammaranoa@hcfi.gov			
Contact Phone:	813-276-2911			
Name of Referenced Project:	Next Generation Core Services			
Contract Number:	23795			
Date Range of Services Provided:	Start Date: 9/7/2023	End Date: 9/7/2033		
Project Amount:	\$18,515,523.63			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input 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)				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>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.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email	Verified by:	Division: ORCAT		
<input checked="" type="checkbox"/> Verbal		Date: 09/24/25		

**According to Anthony Cammarano of the Hillsborough County 911 Agency, per their County policy, agencies can only provide satisfactory rating(s).



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)

Reference For (hereinafter, "Vendor"):	INDigital		
Reference Date:	08/07/2025		
Organization/Firm Providing Reference:	Jacksonville Sheriff's Office		
Contact Name:	Matt Lane		
Contact Title:	9-1-1 Emergency Systems Manager		
Contact Email:	matthew.lane@jaxsheriff.org		
Contact Phone:	(904) 630-2317		
Name of Referenced Project:	NG911 Core Services Migration		
Contract Number:	POA-71129-21		
Date Range of Services Provided:	Start Date: August 2021	End Date: April 2024 07/31/2026	
Project Amount:	\$4,323,335.96 08/01/2021		
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)

NG911 Core Services

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 type="checkbox"/> Email	Verified by: MOHAMMAD AHMADPOUR	 Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.09 16:30:41 -0400	Division: ORCAT
<input checked="" type="checkbox"/> Verbal			Date: 09/09/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)	
Reference For (hereinafter, "Vendor"):	INDigital
Reference Date:	8/8/2025
Organization/Firm Providing Reference:	Pasco County ISOC
Contact Name:	Jody Kenyon
Contact Title:	Sr. Tech Support Manager / 911 Coordinator
Contact Email:	jkenyon@pascocounty.fl.gov
Contact Phone:	813-929-2735
Name of Referenced Project:	NGCS emergency call management system
Contract Number:	NA
Date Range of Services Provided:	Start Date: 6/2021 End Date: ongoing
Project Amount:	\$2,551,203.20
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)
 Migration of 911 call delivery to Next Generation Core Services, MSAG and AUI Database Management, MEOB and 911 Logix

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.09 16:39:13 -0400	Division: ORCAT
			Date: 09/09/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)

Reference For (hereinafter, "Vendor"):	INDigital	
Reference Date:	8/13/2025	
Organization/Firm Providing Reference:	Polk County BoCC	
Contact Name:	Jaclyn Church	
Contact Title:	E9-1-1 Systems Manager	
Contact Email:	jaclynchurch@polk-county.net	
Contact Phone:	863-534-5633	
Name of Referenced Project:	NG9-1-1 System	
Contract Number:	2022-101	
Date Range of Services Provided:	Start Date: 10/4/2022	End Date: 10/4/2032
Project Amount:	\$3,458,797.20 (initial 5 year cost; 1% increase for years 6-10)	
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)
Description attached

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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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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Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.10 12:40:13 -04'00'	Division:	ORCAT
			Date:	09/09/2025

EXHIBIT “C”

Software/Services Description

1. Database Services – Location Database services for the PSAP Repository for all legacy wireline records in the Polk County service area will be processed by INdigital using industry standard record exchange and correction methods. i2 format ALi service (wireless, VoIP - using pANi) will be provided by INdigital.
2. Routing Services – INdigital will design and deploy a NGCS configuration that conforms to standards and includes the necessary components to provide NG9-1-1 using industry standard Functional Elements. Redundant, diverse service aggregation points of presence will be established, and the proposed solution will conform to the current standards and accommodate future adjustments to the standards as they become available.
3. Network Services – The proposal’s objective is to establish a ESiNet (Emergency Services iP Network) to serve existing and new customers in Florida. This connectivity will be provided by diverse carriers when available. This service enables connectivity to the PSAP for delivery of voice and data for NG9-1-1.
4. MEVO Services- A service continuity and disaster recovery platform (INdigital’s MEVO system) will be deployed at the four Polk County PSAPs. The MEVO platform is an independent call processing system on the output (egress) side of the NGCS Routing Platform. This platform allows for 9-1-1 calls to be routed to a VOIP phone with E9-1-1 functionality.
5. 911 Logix MIS Analytics Services - INdigital Analytics & Visualization Platform service is an advanced reporting tool that allows for the aggregation of numerous source data and allows for visualization, reporting and trending of ingress content in a NG9-1-1 network. Visualization and reporting from largest to the smallest of views with the ability to partition and manage content in the appropriate containers for the addressable customer base for NG9-1-1.

The tool provides for access to the data from any device at any time. The reporting and data collection system provides for secure user ID login and password with the ability to enforce minimum password requirements and require password changes on a predetermined interval.

The reporting and data collection system supports role-based access:

- Allowing statewide users to have access to reports for the entire State.
- Allowing some users to have access to PSAP(s) report information only.
- Allowing other users to have both PSAP and ECD Manager level access to report information.
- Allowing functionality/data to show only to certain users and not to everyone.

The reporting and data collection system allows for the scheduling of automatic report generation and delivery by email as attachments to one or more recipients in a format selected by the recipient.



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity Inc.			
Reference Date:	July 17 2025			
Organization/Firm Providing Reference:	City of Baltimore			
Contact Name:	Tenea Reddick			
Contact Title:	911 Director			
Contact Email:	tenea.reddick@baltimorecity.gov			
Contact Phone:	443 240 1865			
Name of Referenced Project:	ESINET NextGen			
Contract Number:	06000 - RQ - 005130 Motorola			
Date Range of Services Provided:	Start Date: June 2024	End Date: June 2030		
Project Amount:	*6,689,576.17			
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) Next Gen Core Services (NGCS) Emergency Services Internet Protocol Network (ESINET) Regulatory Fees, Text-to-911 Services, ECATS, MIS DASHBOARD, GEOSPATIAL, (SEE ATTACHED SHEET)				
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"/>
<small>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.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:28:28 -0400	Division: ORCAT	Date: 09/08/2025

Vesta Solutions Service Order Agreement No. 1

1. TERM OF SERVICE ORDER AGREEMENT

This Vesta Solutions Service Order Agreement ("SOA") shall commence on _____, 2022 (the "SOA Effective Date") and terminate 5 years after the Services Commencement Date (the "Initial Term"), unless earlier terminated in accordance with the provisions of the Master Service Agreement dated of even date herewith, by and between the parties hereto (hereafter the "MSA").

2. DEFINITIONS

Capitalized terms used, but not defined in this SOA are defined elsewhere in the SOA, MSA or Applicable Tariff.

"Applicable Tariffs" consist of the standard Vesta Solutions service descriptions, pricing and other provisions filed by Vesta Solutions or any of its Affiliates with the appropriate state regulatory commission having jurisdiction respecting a Service, as revised by Vesta Solutions from time to time. In the event an Applicable Tariff is withdrawn by Vesta Solutions or tariffing is no longer permitted or required by the appropriate state regulatory commission, references to the Applicable Tariff shall be deemed to refer to the corresponding state allowed named document for the services offered herein.

"Individual Case Basis" (ICB) means a service arrangement in which the regulations, rates, charges and other terms and conditions are developed based on the specific circumstances of the case. Vesta Solutions may or may not have an equivalent service in the price list for which there is a rate, and the quoted ICB rates may be different than the price list rates. ICB must be provided under contract to a customer and the contract filed (under seal) with the Commission, upon request. All customers have nondiscriminatory access to requesting the service under an ICB rate. Recurring and non-recurring charges for all services provided pursuant to this price list may be individualized for a particular Customer based on the need to respond to a unique service application and/or market condition. All services will be offered on the same basis to any other Customer, which has the same service specifications and market conditions.

3. SERVICES

Vesta Solutions will provide the services to Customer under this SOA as selected below ("Services"), and as further provided in Attachment 2, attached hereto and incorporated herein ("Proposal").

3.1 REGULATED SERVICES

Regulated services may be ordered as provided below ("Regulated Services"). Pricing, service descriptions and other provisions relating to the Services will be set forth in this SOA, the MSA, and the Applicable Tariffs.

A. VESTA® ROUTER SERVICE - TRANSITIONAL (INDICATE SELECTION BY CHECKING BOX)

- 9-1-1 Tabular Routing + 9-1-1 ANI
- 9-1-1 ALI Database (DB) Services + DB Management
- 9-1-1 Network Elements

B. VESTA® ROUTER SERVICE – GEOSPATIAL (INDICATE SELECTION BY CHECKING BOX)

- i3 Geospatial Routing
- ECRF/LVF Service
- i3 Logging Service
- 9-1-1 Network Elements
- Location Database (LDB)

C. VESTA® 9-1-1 AS A SERVICE – REGULATED SERVICES (ONLY APPLIES IF MPLS CIRCUITS ARE BEING PURCHASED)

- MPLS Circuits

3.2 OPTIONAL SERVICES

Optional Services are services that are not regulated by a state regulatory commission, and are not included in the Applicable Tariffs ("Optional Services"). Optional Services may be ordered by selecting below and are further described in the Proposal.

- Text-to-9-1-1 Delivery Service
- VESTA® 9-1-1 as a Service

3.3 SERVICES COMMENCEMENT DATE

Regulated Services that are selected shall commence on a date to be mutually agreed upon between Vesta Solutions and Customer by execution of a written amendment hereto ("Regulated Services Commencement Date"). Optional Services that are selected shall commence on a date to be mutually agreed upon between Vesta Solutions and Customer by execution of a written amendment hereto ("Optional Services Commencement Date"). Regulated Services Commencement Date and Optional Services Commencement Date are referred to herein, collectively as "Services Commencement Date." The rates and charges for Services will be effective on the Services Commencement Date. Upon completion of the term of this SOA and any extensions thereof, and until a new SOA has been executed between the parties, the monthly recurring charges and term shown herein shall be as follows:

(a) for Regulated Services, the monthly recurring charges will convert to the Applicable Tariff rate and term therein; (b) for Optional Services, the monthly recurring charges shall be the greater of: (i) the monthly recurring charge provided in the table below; or (ii) the monthly recurring charge as adjusted by the annual rate of the Consumer Price Index published by the U.S. Department of Labor, Bureau of Labor Statistics, commonly known as the "Consumer Price Index for all Urban Consumers" for the immediately preceding twelve (12) month period, and the term shall automatically extend in one (1) year successive terms.

4. PRICING

The rates and charges provided herein for Services are further described in the Pricing Schedule, attached hereto and incorporated herein as Attachment 1. Regulated Services are priced pursuant to the Applicable Tariff rates and/or pursuant to an

Vesta Solutions Service Order Agreement No. 1

Individual Case Basis arrangement. Optional Services are priced pursuant to the Proposal.

4.1 NON-RECURRING CHARGES (NRC) AND/OR ADVANCE PAYMENTS

Non-recurring charges and/or advance payments may be required in order to provision the Services. A schedule of non-recurring charges and/or advance payment amounts and events when such charges and/or amounts are due are provided in the Pricing Schedule. Vesta Solutions shall provide an invoice to Customer upon occurrence of each event. Any non-recurring charges set forth in the Pricing Schedule are non-refundable.

4.2 MONTHLY RECURRING CHARGES

Monthly recurring charges for the Services are provided in the Pricing Schedule. Additional charges may be rendered by other local exchange carriers in connection with the provisioning of 9-1-1 Emergency Service to the Customer.

Persons Served is calculated by taking the most recent county population as estimated by the U.S. Census Bureau data (<https://www.census.gov/programs-surveys/popest/data/tables.2019.html>). PSAPs that serve an area that crosses county boundaries, or encompasses only a portion of a county, the number of persons served will be determined on a case-by-case basis. The number of persons served is subject to annual review and sizing using the most recent U.S. Census Bureau data.

5. INVOICING AND PAYMENT

Except as otherwise provided in the Proposal, invoicing and payments shall be made as set forth below. For Regulated Services, if no invoicing or payment terms are provided, then the Applicable Tariff applies.

For non-recurring charges and/or advance payments, Vesta Solutions shall invoice the Customer upon completion of each milestone. For monthly recurring charges, Vesta Solutions shall invoice the charges for the Services in advance based upon the Services Commencement Date, and at the beginning of each subsequent month thereafter. In the event that the Services Commencement Date does not coincide with the beginning of a month, such month shall be prorated based on a thirty day calendar month. Payment is due thirty (30) days net from the date of invoice.

Customer may prepay any non-recurring and monthly recurring charges. All amounts provided herein are exclusive of any taxes, duties, levies, fees, or similar charges imposed by a third party other than Vesta Solutions.

Unless otherwise specified on the particular invoice, all payments shall be due and payable in U.S. Dollars. A maximum late payment charge of 1.5% per month applies to all billed balances that are not paid by the billing date shown on the next bill beginning from the date first due until paid in full.

6. GOVERNMENTAL/OTHER CHARGES

As further described in Section 5 of the MSA, regardless of any stabilization of rates or charges that may appear in this SOA, Vesta Solutions reserves the right to increase charges as a result of: (i) expenses incurred by Vesta Solutions reasonably relating to regulatory assessments stemming from an order, rule or regulation of the Federal Communications Commission or other regulatory authority or court having competent jurisdiction (including but not limited to payphone, PICC and USF related expenses and E9-1-1 and deaf relay charges); or (ii) the price or availability of network elements used in the provision of the Services, amounts other carriers are required to pay to Vesta Solutions or the amount Vesta Solutions is required to pay to other carriers in connection with the provision of the Services to Customer under this SOA.

7. COMMISSION JURISDICTION

If an ICB is subject to the jurisdiction of a regulatory commission, each such ICB will be subject to changes or modifications as the controlling commission may direct from time to time in the exercise of its jurisdiction. Therefore, for this purpose, each such ICB will be deemed to be a separate agreement with respect to the Services offered in a particular jurisdiction.

8. ORDER OF PRECEDENCE

This SOA is made pursuant to and is governed by the MSA. Customer and Vesta Solutions acknowledge and agree that in the event of a conflict between any provisions of this SOA, the MSA and any other ancillary document or agreement related to this SOA, the order of precedence shall be: this SOA, the SOA attachments (if applicable), the MSA, MSA exhibits, and then ancillary documents.

CUSTOMER

Print Name: _____

Signed: _____

Title: _____ Date: _____

VESTA SOLUTIONS, INC.

Signed: _____

Print Name: _____

Title: _____ Date: _____

VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity, Inc.			
Reference Date:				
Organization/Firm Providing Reference:	Greater Harris County 9-1-1, TX			
Contact Name:	Roger Hauck			
Contact Title:	9-1-1 Services Officer			
Contact Email:	rhauck@911.org			
Contact Phone:	(281) 949-5518			
Name of Referenced Project:	Greater Harris County, TX VESTA Router Service			
Contract Number:	USTX20D054			
Date Range of Services Provided:	Start Date: 8/2/16	End Date: Ongoing		
Project Amount:	Renewal term - \$20,546,239			
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)				
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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>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.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	<small>Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:27:40 -04'00'</small>	Division: ORCAT	Date: 09/24/25

VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity, Inc.			
Reference Date:	7/29/25			
Organization/Firm Providing Reference:	Las Vegas Metropolitan Police Department			
Contact Name:	Rich Hoggan			
Contact Title:	Chief Financial Officer			
Contact Email:	R7662h@lvmpd.com			
Contact Phone:	(702) 828-1365			
Name of Referenced Project:	Next Gen Core Services			
Contract Number:	NA			
Date Range of Services Provided:	Start Date: 5/2/24	End Date: 5/2/29		
Project Amount:	\$11,959,455			
Vendor's Role in Project:	<input checked="" type="checkbox"/> XPrime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> XYes	<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)				
Vendor transitioned a large PSAP to Next Gen Core Services. In addition, Motorola provides CAD/RMS, Vesta 911 Call Handling, the P25 radio network, as well as APXNext radios.				
Please rate your experience with the referenced Vendor via checkbox:	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Excellent	<input type="checkbox"/> Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>
<i>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.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by:	MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:29:05 -0400'	Division: ORCAT Date: 09/09/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)

Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity Inc.		
Reference Date:	2025-07-25		
Organization/Firm Providing Reference:	Lee County E911 (Lee County, FL)		
Contact Name:	JC Meyer		
Contact Title:	Manager, Technology Services		
Contact Email:	jmeyer@leegov.com		
Contact Phone:	239-839-2231		
Name of Referenced Project:	NGCS		
Contract Number:	PB230373DWJ		
Date Range of Services Provided:	Start Date: October 1, 2024	End Date: September 30, 2029	
Project Amount:	\$6,038,140.00		
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):
 9-1-1 Geospatial Call Routing, ECR/LVF Service, i3 Logging Service, 9-1-1 Network Elements, Location Database

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
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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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Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:28:48 -0400	Division: ORCAT
			Date: 09/10/2025




VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity Inc.			
Reference Date:	7/22/2025			
Organization/Firm Providing Reference:	State of New Mexico, Department of Finance and Administration, 911 Bureau			
Contact Name:	Stephen Weinkauf			
Contact Title:	NM911 Bureau Chief			
Contact Email:	Stephen.weinkauf@dfa.nm.gov			
Contact Phone:	505-660-3637			
Name of Referenced Project:	NM911 Implementation and Transition to Next Generation 911			
Contract Number:	24-341-8030-00001			
Date Range of Services Provided:	Start Date: 7/10/2023	End Date: 7/10/2027		
Project Amount:	\$15,715,651.65			
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)				
<p>The implementation of a standards-compliant Emergency Services IP Network (ESInet) and Next Generation Core Services (NGCS) to transition from the current legacy E-911 environment to a statewide interoperable Next Generation 911 (NG911) solution. The Contractor will provide ESInet and NGCS as a service, a single System Service Provider (SSP). The awarded SSP Contractor may integrate services from multiple subcontractors to configure a solution that meets the requirements in the Request For Proposal (RFP). The Contractor will be the prime contractor accountable and responsible for delivery of all 9-1-1 traffic from ingress to the ESInet, through the NGCS platform, to the egress point of the traffic. The Contractor will supply the operational oversight and assume accountability for any subcontractors, suppliers, and any other resource used within their NG9-1-1 service configuration.</p>				
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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 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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			Date: 09/24/25

Vendor Reference Verification – RFP/RLI/RFQ
Form Date 4/1/25



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: GEN2129421P1, Next Generation 911 (NG 911)				
Reference For (hereinafter, "Vendor"):	Motorola Solutions Connectivity, Inc.			
Reference Date:	July 28, 2025			
Organization/Firm Providing Reference:	Utah Communications Authority			
Contact Name:	Melanie Crittenden/Tina Mathieu			
Contact Title:	911 SME/Executive Director			
Contact Email:	mcrittenden@uca911.org / tmathieu@uca911.org			
Contact Phone:	435-640-3882 // 801-548-3551			
Name of Referenced Project:	Utah Next Generation 9-1-1(NG9-1-1) Emergency Services Internet Protocol Network (ESInet), NG9-1-1 Core Services (NGCS), and Call Handling Solution			
Contract Number:	CO20022			
Date Range of Services Provided:	Start Date:6/19/2020	End Date:6/30/2030 (with the option to extend for a final 5-year term to expire 6/30/2035)		
Project Amount:	\$6,700,000.00 (non-recurring costs for project implementation); \$360,000 monthly recurring charges for managed services (first 5 years).			
Vendor's Role in Project:	<input checked="" type="radio"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="radio"/> 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)				
<p>Project Implementation: a cost-effective, hosted/managed services and equipment solution to provide a National Emergency Number Association ("NENA") i3-compliant, Next Generation 9-1-1 ("NG911") network and emergency call answering system interconnecting Public Safety Answering Points ("PSAPs") and Dispatch Centers across Utah.</p> <p>SaaS contract: Motorola Solutions provides a Utah Program Manager and two dedicated technicians to maintain twenty-seven PSAPs and four Dispatch Centers. Motorola Solutions is also responsible for maintenance, equipment replacements, refreshes, NG Core Services, and anything that pertains to the NG911 solution statewide.</p>				
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: MOHAMMAD AHMADPOUR	 <small>Digitally signed by MOHAMMAD AHMADPOUR Date: 2025.09.25 08:29:20 -04'00'</small>	Division: ORCAT
			Date: 09/24/25

Vendor Reference Verification – RFP/RLI/RFQ
Form Date 4/1/25

Services OE Contract: A1360608A1 - AT&T Network
Transmission Svcs

Prime Vendor: AT&T ENTERPRISES LLC AT&T DW HOLDINGS, INC.

[CA:DOMENIC
DILULLO](#)

Renewal Service Evaluation (From: 04/15/2025 To: 04/15/2025) - Status: Approved

Evaluation Rated By Using Agency: **ENTERPRISE TECHNOLOGY SERVICES**

Start Dt: 4/15/2025 End Dt: 4/15/2025

Evaluation Score: **4.76**

**AT&T ENTERPRISES LLC AT&T DW HOLDINGS, INC. Is RECOMMENDED
For Future Contracts**

Remarks:

Rated By: **Keith Wolf** On 4/15/2025

Reviewed By: **Keith Wolf** On 4/15/2025

Numerical Score : 4.76

Quality		Category Average: 5
How well did the vendor's services meet the contract specifications?		5
How accurate and timely were any necessary repairs or reconfigurations?		5
How appropriate were vendor recommended repairs or upgrades?		5
How accurate were vendor reports of services provided?		5
How proactive was vendor in self-monitoring to ensure required service quality was met?		5
How well did vendor pass inspections of services on the first inspection?		5
How complete and timely did the vendor submit warranties, manuals, etc.?		N/A
How qualified and knowledgeable were the vendor's staff in the performance of the specified work?		5
How would you rate the overall quality of work?		5
Comments:		

Quantity		Category Average: 5
How accurate were the estimated service hours to the actual hours of service provided?		5
How accurate were estimated services to those actually needed to complete the project?		5
Comments:		

Delivery		Category Average: 4.12
		4

How well did the vendor comply with the contract requirements for delivery and/or scheduling for completion of services?	
How timely was the vendor's response to replacing damaged goods?	5
How timely was the vendor in requesting inspections or submittal of completion reports?	5
How responsive was the vendor to correcting inspection failures?	5
How clear and understandable were vendor invoices and reports?	3
How accurate were vendor invoices?	3
How prompt and responsive was the vendor when sending invoices and resolving any invoice discrepancies?	3
How complete and accurate was documentation of pass thrus for invoices?	N/A
How accurate were close out procedures followed (e.g. documents provided at closeout - packing slips, invoices, technical manuals, etc.) ?	5
Comments:	

Customer Service	Category Average: 5
How promptly were County staff's communications responded to, including requests for information, proposals, and quotes?	5
How proactive was the vendor in addressing County staff's problems or concerns regarding the service?	5
How courteous/professional was the vendor in working with the County, sub-vendors, County tenants/customers?	5
How sensitive/responsive was the vendor to working around County operational needs?	5
How consistent and clear were the vendor communications with County staff?	5
How responsive and timely was the vendor in providing emergency services and/or support?	N/A
Comments:	

Support	Category Average: 5
How close was the level of vendor technical expertise to what was needed to support the service?	5
How timely was the vendor response compared to the contract requirements?	5
How clear was the vendor information regarding the warranty or replacement policy?	5
How well did the vendor respond to warranty service requests?	5
How timely were repairs completed?	5
How well did the vendor coordinate any sub vendors?	5
Comments:	

Living Wage Compliance	Category Average: N/A
How prominent was the Living Wage rate provision poster displayed in workplace?	N/A
	N/A

How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months thereafter in accordance with the Living Wage Ordinance?	
How timely and complete were the required compliance payroll reports submitted?	N/A
How proactive was the vendor in ensuring Living Wage compliance, including inserting into subcontracts, by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	N/A
If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?	N/A
Comments:	

Professional Services (Non Construction) OE Contract:

R1373502P1 - Countywide Data Circuits

Prime Vendor: AT&T ENTERPRISES LLC AT&T DW HOLDINGS, INC.

[CA:DOMENIC
DILULLO](#)

Renewal Service Evaluation (From: 11/16/2022 To: 11/16/2022) - Status: Approved

Evaluation Rated By Using Agency: **ENTERPRISE TECHNOLOGY SERVICES**

Start Dt: **11/16/2022** End Dt: **11/16/2022**

Evaluation Score: **4.77**

**AT&T ENTERPRISES LLC AT&T DW HOLDINGS, INC. Is RECOMMENDED
For Future Contracts**

Remarks: **Recommended for Renewal.**

Rated By: **Walter Ocampo** On **11/16/2022**

Reviewed By: **Walter Ocampo** On **11/16/2022**

Numerical Score : 4.77

Quality		Category Average: 4.78
How well did the vendor's services meet the contract specifications?		5
How accurate and timely were any necessary repairs or reconfigurations?		4
How appropriate were vendor recommended repairs or upgrades?		5
How accurate were vendor reports of services provided?		5
How proactive was vendor in self-monitoring to ensure required service quality was met?		4
How well did vendor pass inspections of services on the first inspection?		5
How complete and timely did the vendor submit warranties, manuals, etc.?		5
How qualified and knowledgeable were the vendor's staff in the performance of the specified work?		5
How would you rate the overall quality of work?		5
Comments:		

Quantity		Category Average: 5
How accurate were the estimated service hours to the actual hours of service provided?		5
How accurate were estimated services to those actually needed to complete the project?		5
Comments:		

Delivery		Category Average: 4.89
		5

How well did the vendor comply with the contract requirements for delivery and/or scheduling for completion of services?	
How timely was the vendor's response to replacing damaged goods?	5
How timely was the vendor in requesting inspections or submittal of completion reports?	5
How responsive was the vendor to correcting inspection failures?	5
How clear and understandable were vendor invoices and reports?	5
How accurate were vendor invoices?	5
How prompt and responsive was the vendor when sending invoices and resolving any invoice discrepancies?	4
How complete and accurate was documentation of pass thrus for invoices?	5
How accurate were close out procedures followed (e.g. documents provided at closeout - packing slips, invoices, technical manuals, etc.) ?	5
Comments:	

Customer Service	Category Average: 4.5
How promptly were County staff's communications responded to, including requests for information, proposals, and quotes?	5
How proactive was the vendor in addressing County staff's problems or concerns regarding the service?	5
How courteous/professional was the vendor in working with the County, sub-vendors, County tenants/customers?	4
How sensitive/responsive was the vendor to working around County operational needs?	4
How consistent and clear were the vendor communications with County staff?	5
How responsive and timely was the vendor in providing emergency services and/or support?	4
Comments:	

Support	Category Average: 4.8
How close was the level of vendor technical expertise to what was needed to support the service?	5
How timely was the vendor response compared to the contract requirements?	5
How clear was the vendor information regarding the warranty or replacement policy?	5
How well did the vendor respond to warranty service requests?	5
How timely were repairs completed?	4
How well did the vendor coordinate any sub vendors?	N/A
Comments:	

Living Wage Compliance	Category Average: N/A
How prominent was the Living Wage rate provision poster displayed in workplace?	N/A
	N/A

How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months thereafter in accordance with the Living Wage Ordinance?	
How timely and complete were the required compliance payroll reports submitted?	N/A
How proactive was the vendor in ensuring Living Wage compliance, including inserting into subcontracts, by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	N/A
If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?	N/A
Comments:	



Contracts Central

Broward County Purchasing Division

Prime Vendor Dashboard

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

No Vendors Found For Your Search. Try Again



Prime Vendor Dashboard - AT&T FLORIDA

VC0000019005 / VC00019005 - AT&T FLORIDA Prime Vendor Summary

2 OE: Expired

Thres: Adv: **\$3,437,323.06** PS: **\$9,381,481.25** Total: **\$12,818,804.31** Used: **\$37,121,035.95** Remain: **(\$24,302,231.64)**

No Fixed Contracts

No Final/Completed/Renewal Performance Evaluations Over Past 5 Years

From Begining Of Advantage: First PO Issued Date: **11/01/2004**

Purchase Orders: **266 POs With A Total Amt Of: \$37,239,540.88 Paid To Dt: (\$37,234,410.56) Balance: \$0.00**

Contracts

Purchase Orders

Documents

Finish

Vendor Performance Evaluations

Archived Final/Complete/Renew (1) Avg: 4.98

Prime Vendor Dashboard

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

No Vendors Found For Your Search. Try Again

Prime Vendor Dashboard

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

No Vendors Found For Your Search. Try Again

Prime Vendor Dashboard - **MOTOROLA SOLUTIONS CONNECTIVITY, INC.**

NEW PS / 0000010118 - MOTOROLA SOLUTIONS CONNECTIVITY, INC. Prime Vendor Summary

1 OE: Open Thres: PS: \$1,540,000.00 Used: \$1,057,909.76 Remain: \$482,090.24

No Fixed Contracts

No Final/Completed/Renewal Performance Evaluations Over Past 5 Years

From Begining Of Advantage: First PO Issued Date: **06/24/2021**

Purchase Orders: **9 POs With A Total Amt Of: \$1,057,909.76 Paid To Dt: (\$1,009,561.76)**

Balance: \$48,348.00

Contracts

Purchase Orders

Documents

Finish

No Vendor Performance Evaluations



Prime Vendor Dashboard - **MOTOROLA SOLUTIONS INC**

VC0000012750 / VC00012750 - MOTOROLA SOLUTIONS INC Prime Vendor Summary

4 OE: Open

Thres: Adv: **\$856,253.20** PS: **\$122,997,012.80** Total **\$123,853,266.00** Used: **\$79,870,370.62** Remain: **\$43,982,895.38**

10 OE: Expired

Thres: Adv: **\$11,333,157.68** PS: **\$15,834,228.76** Total: **\$27,167,386.44** Used: **\$23,058,973.72** Remain: **\$4,108,412.72**

14 OE: Total: Thres: **\$151,020,652.44** Used: **\$102,929,344.34** Remain: **\$48,091,308.10**

No Fixed Contracts

No Final/Completed/Renewal Performance Evaluations Over Past 5 Years

From Begining Of Advantage: First PO Issued Date: **11/05/2004**

Purchase Orders: **439 POs With A Total Amt Of: \$104,274,577.10 Paid To Dt: (\$94,073,095.16) Balance: \$10,084,043.67**

Contracts

Purchase Orders

Documents

Finish

Vendor Performance Evaluations

Archived Final/Complete/Renew (1) Avg: 4.95

Periodic (3) Avg: 4.48