

From: [Carter, Janice](#)
To: [Lemire, Michelle](#)
Cc: [Jensen, Candace](#)
Subject: RE: Vendor Reference Checks for JOC
Date: Wednesday, January 22, 2020 3:04:09 PM
Attachments: [Akerblom Contracting, Inc..pdf](#)
[Alen Construction Group, Inc..pdf](#)
[Big Dog Construction.pdf](#)
[Consugas LLC.pdf](#)
[Cytas Construction.pdf](#)
[Danto Builders, LLC.pdf](#)
[Danz Contracting.pdf](#)
[FHP Tectonics Corp.pdf](#)
[Florida Palm Construction, Inc..pdf](#)
[J Stephens Construction.pdf](#)
[Lanzo Construction Co..pdf](#)

Please be advised that Com Esco, Metro Express and Raflo Construction did not provide references. I am waiting to finish getting references for Johnson-Laux and will send ASAP.

Janice Carter, Contract Grant Administrator
Facilities Management Division (Contracts Section)
Broward County Public Works Department
115 S. Andrews Avenue, Room 501, Ft. Lauderdale, FL 33301
Office: (954) 357-8252, Fax: (954) 357-5544
Email: jacarter@broward.org



From: Lemire, Michelle <MLEMIRE@broward.org>
Sent: Wednesday, January 22, 2020 2:13 PM
To: Carter, Janice <JACARTER@broward.org>; Jensen, Candace <CJENSEN@broward.org>
Subject: Vendor Reference Checks for JOC

Hi ladies,

I am putting together the PD recommendation memo for the 1st step of JOC.

Have you completed the Vendor reference verifications?

Can you please send them to me?

I will be scheduling the preparation meeting for the evaluation committee meeting soon (aiming for week of Feb 2nd) and the evaluation committee meeting will be a few weeks after that (aiming for 1st week of march).

Thank you,

Michelle Lemire, Purchasing Agent
Broward County Purchasing Division

115 S. Andrews Avenue, Room 212
Fort Lauderdale, FL 33301
Office: 954-357-6782

www.broward.org



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



Vendor Reference Verification Form

Broward County Solicitation No. and Title: DNC 211954381 - Job order contract act

Reference for: (Name of Firm) Akechlan Contracting Inc.

Organization/Firm Name providing reference: GlobalTech

Contact Name/Title: Tyler Davis, P.E.

Contact E-mail: Tdavis@globaltechdb.com, Tdavis@globaltechdb.com

Contact Phone: 561-415-5880

Name of Referenced Project: Town of Highland Beach, Pipe Replacement

Contract No.

Contract Amount: \$108,720.00

Date Services Provided: Jan 2 - March 27, 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Elevated Storage tank Inlet/outlet Pipe Replacement

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Never worked with anyone better.

References Checked By

Name: V. Cadman

Title: Office Assistant

Division/Department: Facilities

Date of Verification: 1/14/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2119543R1 Job Order Contract Program

Reference for: Akerblom Contracting, Inc.

Organization/Firm Name providing reference:

Town of Davie/ Calvin Giordano & Assoc.

Contact Name: Karl Kennedy

Title: Vice President

Reference date:

Contact Email: KKennedy@PPines.com

Contact Phone: (954)224-1766

Name of Referenced Project: Master Pump Station #1

(954)824-4507

Contract No.

Date Services Provided:

Project Amount:

#96-1630.28

8/2014

to 4/2015

\$1,194,733.40

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the
referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 1

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 Section 21.119 of the Broward County Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2119543R1 Job Order Contract Program

Reference for: Akerblom Contracting, Inc.

Organization/Firm Name providing reference:
Florida Keys Aqueduct Authority

Contact Name: Brett Cranney Title: Operation Manager Reference date:

Contact Email: bcranney@fkaa.com Contact Phone: (305) 809-2600

Name of Referenced Project: FKAA Marathon Booster Pump Station

Contract No. 1075-02 Date Services Provided: 11/09 to 9/10 Project Amount: \$ 836,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/6/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid # PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Alen Construction Group, Inc.

Organization/Firm Name providing reference:

City of Naples Airport Authority

Contact Name: Kerry Keith Title: Sr. Director of Dev Reference date:

Contact Email: kkeith@flynaples.com Contact Phone: 239-643-0733

Name of Referenced Project: Naples Airport Hangar Repairs

Contract No. _____ Date Services Provided: 06/01/2018 to 11/30/2019 Project Amount: \$ 1,316,461.20

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Partition drywall repair, wall sheeting, roofing replacement, painting, repair canopy structure, replace roll-up doors and installation of new t-hangar hydraulic doors

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

This was a difficult hurricane repair project with supplier issues, delaying the project, that were out of the control of Alen Construction. They were able to work with the supplier to resolve the issues and successfully complete the project.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid # PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Alen Construction Group, Inc.

Organization/Firm Name providing reference:

The Morganti Group

Contact Name: Stephen Sines Title: Sr.Project Manager Reference date:

Contact Email: ssines@morganti.com Contact Phone: 561-689-0200

Name of Referenced Project: PBIA M28 3rd Level Ticketing

Contract No. _____ Date Services Provided: 06/01/2018 to 02/01/2019 Project Amount: \$ 932,200.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Architectural millwork, acoustical tile, acoustical grid, painting and ceramic tile

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid # PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Alen Construction Group, Inc.

Organization/Firm Name providing reference:

Charlotte County Airport Authority

Contact Name: Ron Ridonour

Title: Project Manager

Reference date:

Contact Email: rridonour@flypgd.com

Contact Phone: 941-639-1101

Name of Referenced Project: T-Hangar Door Replacement Ph I, II, & III

Contract No.

Date Services Provided:

Project Amount:

05/01/2018 to 04/15/2019

\$ 1,680,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Hangar doors Installations at Punta Gorda Airport.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

I highly recommend Alen Construction Group, Inc.

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Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2119543R1 - JOB ORDER CONTRACT

Reference for: Big Dog Construction

Organization/Firm Name providing reference:
Rockridge Capital Holdings, LLC

Contact Name: Donna Brandt Title: Exec Asst. Reference date: 11/06/2019

Contact Email: dbrandt@rockridge-llc.com Contact Phone: 954-495-2309

Name of Referenced Project: Multiple Projects

Contract No. Various Date Services Provided: 01/15/2014 to 11/06/2019 Project Amount: \$ 1,400,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Miscellaneous maintenance and numerous sites, Office Buildout, Home Remodels, GC for Pool construction.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Nashua Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2119543R1 JOB ORDER CONTRACT

Reference for: BIG DOG CONSTRUCTION SERVICES, INC.

Organization/Firm Name providing reference:

HUIZENGA HOLDINGS, INC.

Contact Name: ALEX MUXO Title: S.V.P. Reference date: 11/6/2019

Contact Email: amuxo@huizenaga.com Contact Phone: 954-627-5015

Name of Referenced Project: WILLIAMS ISLAND MARINA & BENNETT RESIDENCE

Contract No. N/A Date Services Provided: 2013²⁰¹⁹ to 2014 Project Amount: 1.0 million (BR.) #2.5 million (WI)

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Full Construction Services.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2119543R1, Job Order Contract

Reference for: Big Dog Construction Services, Inc.

Organization/Firm Name providing reference:
City Of Coconut Creek

Contact Name: Louis Italico Title: Project Manager Reference date: 11/06/2019

Contact Email: litalico@coconutcreek.net Contact Phone: 954 973-6780

Name of Referenced Project: City Hall remodel

Contract No. 09-26-18-11 Date Services Provided: 01/10/2019 to 11/06/2019 Project Amount: \$ 1,100,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Remodeled City Hall Lobby and City Mangers Suite

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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 Section 21.119 of the Broward County Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1- Request for Qualifications- Job Order Contract

Reference for: Cosugas LLC

Organization/Firm Name providing reference:

City of Miami Public Works Division

Contact Name: Bernard Buxton- Tetteh Title: Assistant Public Works Director Reference date: 12/02/2019

Contact Email: bbuxton-tetteh@miamigardens-fl.gov Contact Phone: (786) 279-1270

Name of Referenced Project: City Hall 2nd Floor Remodel Project

Contract No. 19-00718 Date Services Provided: October 2019 to Present Project Amount: \$42,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Interior Office Renovation including new interior partitions, install new interior doors and electrical work.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ONGOING
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid#PNC2119543R1 - Request for Qualification Job Order Contract

Reference for: Cosugas llc

Organization/Firm Name providing reference:

Grace & Naeem Uddin Inc

Contact Name: Naeem Uddin

Title: President

Reference date: 12/03/2019

Contact Email:

Contact Phone: 305-970-8120

Name of Referenced Project: Terminal 3 Expansion/Relocation Fort Lauderdale Hollywood Airport

Contract No.

Date Services Provided:

Project Amount:

05

08/12/2010 to 12/31/2011

\$ 385,265.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Interior improvement including demolition, new interior partitions, new accoustical ceiling, new flooring, concrete work, finish floor/wall tiles, fire stop and painting.

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

4. Project completed within budget

5. Cooperation with:

a. Your Firm

b. Subcontractor(s)/Subconsultant(s)

c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: Naeem Uddin

Division: Facilities

Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1- Request for Qualifications- Job Order Contract

Reference for: Cosugas LLC

Organization/Firm Name providing reference:

City of Tamarac / Public Services Department

Contact Name: Thomas Vreeland Title: Superintendent Reference date: 12/02/2019

Contact Email: Tom.Vreeland@tamarac.org Contact Phone: (954)597-3731

Name of Referenced Project: Multi-Purpose Center Impact Windows Project

Contract No.	Date Services Provided:	Project Amount:
<u>PO# 220735</u>	<u>09/01/2019 to 12/01/2019</u>	<u>\$99,240.00</u>

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

- Demolition and replace of existing windows (8), store fronts (2) and exterior doors (14) with new hurricane impact.
- Demolition of existing glass block and fill in with CMU blocks and concrete work including columns (4).

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC 2119543R1
Job Order Contract

Reference for: Cytas Construction

Organization/Firm Name providing reference: Norma Foster

Contact Name: Norma Foster Title: Owner/Builder Reference date: 11/30/2019

Contact Email: Nil Contact Phone: 754-715-9261

Name of Referenced Project: Addition

Contract No. 004/17 Date Services Provided: 10/17 to 5/18 Project Amount: \$4,700

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Slab, Foundation, Tie Beam, and Column

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/14/2020

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC 2119543R1 Job Order Contract

Reference for: Cytas Construction

Organization/Firm Name providing reference:

Walpert Cole

Contact Name: Walpert Cole Title: Builder

Reference date: 12/2/19

Contact Email: Nil

Contact Phone: 954-297-4467

Name of Referenced Project: Addition

Contract No.

006/17

Date Services Provided:

Sept. 2017 to Feb. 2018

Project Amount:

\$16,200

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Slab; Site Dev., Formwork

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: McGowan

Division: Facilities Date: 1/13/2020

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Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC 2119543R1
Job Order Contract

Reference for: Cytas Construction

Organization/Firm Name providing reference:

Contact Name: Lance Gibbs Title: Owner/Builder Reference date: 10/29/2019

Contact Email: Gibbscc@yahoo.com Contact Phone: 954 600 5915

Name of Referenced Project: Foundation Slab, Roof Framing - Enclosed Patio

Contract No. 003/17 Date Services Provided: August 2017 to April 2018 Project Amount: \$12,500

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Foundation, Slab, Roof Framing -

Please rate your experience with the referenced Vendor:

	Needs improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: M. Suman Division: Facilities Date: 12/30/2019

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request For Qualifications - Job Order Contract Broward County Board of County Commissioners, FL

Reference for: Danto Builders, LLC

Organization/Firm Name providing reference:

The Villages of Renaissance Master Association, Inc

Contact Name: Steven DePaul Title: Vice President Reference date: 12/03/2019

Contact Email: alpha1intel@gmail.com Contact Phone: 954-232-5008

Name of Referenced Project: The Villages of Renaissance Master Association, Inc

Contract No. _____ Date Services Provided: _____ Project Amount: _____
05/22/2018 to 06/01/2020 \$ 1,800,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Landscaping, installing precast privacy wall, security and new entrance gates, and construction management.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/2/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request For Qualifications - Job Order Contract Broward County Board of County Commissioners, FL

Reference for: Danto Builders, LLC

Organization/Firm Name providing reference:

City of Fort Lauderdale

Contact Name: Irina Tokar

Title: Senior Project Manager

Reference date: 11/18/2019

Contact Email: irinat@fortlauderdale.gov

Contact Phone: 954.828.6891

Name of Referenced Project: Airport Administration Building Addition and Interior Renovations

Contract No:

Date Services Provided:

Project Amount:

12188

07/18/2018 to 05/08/2019

\$ 1,493,994.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

General Contractor-addition and interior renovations of the existing Fort Lauderdale Executive Airport Administration Building.

Please rate your experience with the referenced Vendor:

Needs improvement Satisfactory Excellent Not Applicable

	Needs improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 12/30/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request For Qualifications - Job Order Contract Broward County Board of County Commissioners, FL

Reference for: Danto Builders, LLC

Organization/Firm Name providing reference:

Shoppes of Dadeland/Scott A. Harrison (Sr. Property Manager)

Contact Name: Scott Harrison Title: S. Property Mgr Reference date: 11/18/2019

Contact Email: sharrison@haymanco.com Contact Phone: 248 688 7528

Name of Referenced Project: Shoppes of Dadeland

Contract No. _____ Date Services Provided: _____ Project Amount: _____
04/30/2018 to 01/30/2020 \$ 435,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Roof repairs, exterior concrete restoration and waterproofing, painting, site lighting, security, parking lot and asphalt repairs.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/21/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BID # PNC 2119543R1 - RFQ JOB ORDER CONTRACT

Reference for: DANZ CONTRACTING

Organization/Firm Name providing reference: AJAX PAVING INDUSTRIES OF FLORIDA

Contact Name: ELLIOTT KRESSE Title: P.M. Reference date: 12/2/19

Contact Email: EKRESSE@AJAXPAVING.COM Contact Phone: (239) 994-3647

Name of Referenced Project: US27/MOORE HAVEN UTILITY RELOCATION

Contract No. T-1742 Date Services Provided: 5/19 to 12/19 Project Amount: 2,994,275.92

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Utilities (WM, FM), grading

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

still actively working on project

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title: BID #2119543R1 - RFQ Job ORDER Contract

Reference for: DANZ CONTRACTING, LLC

Organization/Firm Name providing reference: General Asphalt Company

Contact Name: ALONSO MARCUCCI Title: P.M. Reference date: 12/2/19

Contact Email: ALONSO@GeneralAsphalt.com Contact Phone: 786-612-5058

Name of Referenced Project: Boynton Beach Blvd. / SR 804

Contract No. T-4510 Date Services Provided: to Project Amount: \$1,436,071.01

Vendor's role in Project: [] Prime Vendor [X] Subconsultant/Subcontractor

Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Broward County Board of County Commissioners

BidSync

Table with 5 columns: Please rate your experience with the referenced Vendor, Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness of, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed)

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Verified via: [X] EMAIL [] VERBAL Verified by: [Signature] Division: Facilities Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title: BID # PNC 2119543R1 - RFQ JOB ORDER CONTRACT

Reference for: DANZ CONTRACTING, LLC

Organization/Firm Name providing reference: City of Miami Beach

Contact Name: FIRAT AKCAY Title: P.M.

Reference date: 12/2/19

Contact Email: FIRATAKAY@MIAMI BEACH FL.GOV

Contact Phone: 305-673-7000 EXT. 266337

Name of Referenced Project: Nautilus Traffic Calming

Contract No.

Date Services Provided:

Project Amount:

July 2019 to DEC 2019

\$441,693.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Installation and construction of speed tables, associated signage and markings, and the installation of green bicycle lanes.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL

Verified by: Adriana

Division: Facilities

Date: 12/30/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation PNC2119543R1 | Job Order Contract

Reference for: F.H. Paschen, S.N. Nielsen & Associates LLC (Affiliated through common Ownership with FHP Tectonics Corp.)

Organization/Firm Name providing reference:

Illinois State Toll Highway Authority

Contact Name: Patricia Taylor Title: Chief of Operations Reference date: 11/06/2019

Contact Email: ptaylor@getipass.com Contact Phone: 630.241.6800 x 6400

Name of Referenced Project: Garfield Center Life Safety Repairs

Contract No. _____ Date Services Provided: (dates are for project) 12/06/2017 to 05/02/2018 Project Amount: \$ 303,845.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

F.H. Paschen is providing services under a Job Order Contract for repair to a variety of Illinois State Toll Highway Authority Facilities. For this project, F.H. Paschen removed and replaced four interior mounted high-speed spiral doors & accessories

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

I want to further mention that FHPaschen is a company whose quality of work and company ethics is that which stands above most.

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11.15.19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation PNC2119543R1 - Broward County - Job Order Contract

Reference for: FHP Tectonics Corp.

Organization/Firm Name providing reference:

City of Deerfield Beach / Construction & Facilities

Contact Name: E. DEAN PAYNE, JR. Title: CONSTRUCTION MGR. Reference date: 11.15.19

Contact Email: edpayne@deerfield-beach.com Contact Phone: 954.427.3343

Name of Referenced Project: PIER REPAIRS / TURN CENTER / WEST COMMUNITY CENTER

Contract No. _____ Date Services Provided: _____ Project Amount: _____
to _____

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: GENERAL CONTRACTING SERVICES

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive			✓	
b. Accuracy			✓	
c. Deliverables			✓	
2. Vendor's Organization:				
a. Staff expertise		✓		
b. Professionalism			✓	
c. Turnover				✓
3. Timeliness of:				
a. Project			✓	
b. Deliverables			✓	
4. Project completed within budget			✓	
5. Cooperation with:				
a. Your Firm			✓	
b. Subcontractor(s)/Subconsultant(s)			✓	
c. Regulatory Agency(ies)		✓	✓	

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation PNC2119543R1 | Job Order Contract

Reference for: F.H. Paschen, S.N. Nielsen & Associates LLC (Affiliated through common Ownership with FHP Tectonics Corp.)

Organization/Firm Name providing reference:

City of Park Ridge

Contact Name: Tom Gadomski Title: Executive Officer Reference date: 11/06/2019

Contact Email: tgadomski@parkridgepolice.org Contact Phone: 847.318.5267

Name of Referenced Project: Park Ridge City Hall Basement / Police Dept. Remodel

Contract No. _____ Date Services Provided: (dates are for project) 02/04/2019 to 08/30/2019 Project Amount: \$ 725,892.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

F.H. Paschen was the Design/Builder on the remodel of the Park Ridge City Police Department.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

F.H. Paschen completed a remodel of our police station's patrol division area. We were very pleased with both their work and their constant communication and on site management. We have worked with other construction companies in the past and would rate F.H. Paschen as one of the best.

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/6/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

N/A

Reference for: Florida Palm Construction, Inc.

Organization/Firm Name providing reference:

Haut Dog Salon

Contact Name: Charles Cabrera Title: Owner Reference date: 11/13/2019

Contact Email: ccabrer2@gmail.com Contact Phone: (954) 991-0802

Name of Referenced Project: 8964 Cleary Blvd. Remodel

Contract No. 18-042 Date Services Provided: 08/04/2018 to 02/05/2019 Project Amount: \$ 33,563.59

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Business remodel.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

I would definitely hire FPC again! When I eventually expand, I will use them for everything.

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/14/2020

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

N/A

Reference for: Florida Palm Construction, Inc.

Organization/Firm Name providing reference:

Isn't This Great, LLC.

Contact Name: Solomon Schoonover Title: General Counsel Reference date: 11/13/2019

Contact Email: Solomon@itgcor.com Contact Phone: 954-243-8910

Name of Referenced Project: Isn't This Great Warehouse Remodel

Contract No. 18-038 Date Services Provided: 11/15/2017 to 04/08/2019 Project Amount: \$1,115,127.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

30,000 sq. ft. warehouse remodel

Please rate your experience with the referenced Vendor:	Needs improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Would hire again!

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

N/A

Reference for: Florida Palm Construction, Inc.

Organization/Firm Name providing reference:

Matt Latimer

Contact Name: Matt Latimer

Title: Owner

Reference date: 11/13/2019

Contact Email: matt@konaflo.com

Contact Phone: (412) 353-3333

Name of Referenced Project: Latimer Residence Remodel

Contract No.

Date Services Provided:

Project Amount:

19-001

05/15/2018 to 05/13/2019

\$381,818.42

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

6,500 sq. ft. home remodel.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Currently using them again for additional remodel work in my home.

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Verified via: EMAIL VERBAL

Verified by: M. Latimer

Division: Facilities

Date: 11/13/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC 2119-543R1

Reference for:

J STEPHENS CONSTRUCTION

Organization/Firm Name providing reference:

US CONSTRUCTION CORP

Contact Name:

PETE COWDEN

Title:

PROJ MGR

Reference date:

305-443-5808

Contact Email:

Pete@USCONSTRUCTIONCORP.COM

Contact Phone:

850-368-2441

Name of Referenced Project:

COCO BAMBU

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by:

J. Cooper

Division:

Facilities

Date:

1/6/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC 2119-543R1

Reference for:

J STEPHENS CONSTRUCTION

Organization/Firm Name providing reference:

BUTTERS CONSTRUCTION + DEVELOPMENT

Contact Name:

MIKE SIRACUSA

Title: PROJ MGR

Reference date:

Contact Email:

MSIRACUSA@BUTTERS.COM

Contact Phone:

954-817-2960

Name of Referenced Project:

CHASAD OF PARKLAND

Contract No.

Date Services Provided:

499,797

Project Amount:

2015 to 2019

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

FOUNDATION, CONCRETE, SITEWORK, Demo

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 11/6/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC 2119-543R1

Reference for:

J STEPHENS CONSTRUCTION

Organization/Firm Name providing reference:

PARKWAY CONSTRUCTION

Contact Name:

NICK WILLETTE

Title: PROJ. MGR

Reference date:

Contact Email:

n.willette@pkwy.com

Contact Phone:

464-322-3762

Name of Referenced Project:

CHYS PANSLOKE PUBS

Contract No.

Date Services Provided:

Project Amount:

4Q19 to 1Q20

260,299

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

concrete footers, slab, flatwork, CMU masonry

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

3. Timeliness of:

- a. Project
- b. Deliverables

4. Project completed within budget

5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL

Verified by: M. Anderson

Division: Facilities Date: 1/16/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 Request For Qualifications - Job Order Contract

Reference for: Sheltair Orlando Aviation Center, Inc.

Organization/Firm Name providing reference:

Johnson-Laux Construction, LLC

Contact Name: Todd Anderson

Title: Vice President

Reference date: 12/02/2019

Contact Email: tanderson@sheltairaviation.com

Contact Phone: (407)854-1818

Name of Referenced Project: Sheltair Executive Airport - FBO

Contract No.

Date Services Provided:

Project Amount:

2675

10/01/2018 to 04/30/2019

\$ 9,000,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Construct a 32,000sf 4-story terminal building including office space. Johnson-Laux oversaw all aspects of the project working with architect, vendors and interior designer.

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 1/22/20

*1/22/20
left message
for Barbara
conboy to call
back*



Vendor Reference Verifica

Broward County Solicitation No. and Title:

Solicitation PNC2119543R1 Request for Qualifications- Job Order Contract

Reference for: Johnson-Laux Construction LLC

Organization/Firm Name providing reference:

City of Boynton Beach

Contact Name: Barbara Conboy

Title: Administration and Finance Manager

Reference date: 11/18/19

Contact Email: ConboyB@bbfl.us

Contact Phone: 561-742-6406

Name of Referenced Project: Utilities Building Interior Renovation

Contract No.

Date Services Provided:

Project Amount:

10073 / PO # 180506

07/01/2018 to 12/04/2018

\$ 232,859.89

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Vendor perform interior re-model, to strengthen security and redesign office space, with a difficult data room relocate. Vendor listened carefully and fully understood importance and scope, the project was a great success.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified by: [Signature]

Division: Facilities

Date: 1/22/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation PNC2119543R1 Request for Qualifications- Job Order Contract

Reference for: Johnson-Laux Construction LLC

Organization/Firm Name providing reference:

City of Boca Raton

Contact Name: Elsa Tellez

Title: Chief Const. Inspector

Reference date:

Contact Email: Etellez@myboca.us

Contact Phone: 561-416-3424

Name of Referenced Project: 14th Street Seawall Replacement

Contract No.

Date Services Provided:

Project Amount:

10025 / PO # 062767

06/01/2017 to 01/26/2018

\$ 232,859.89

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

4. Project completed within budget

5. Cooperation with:

a. Your Firm

b. Subcontractor(s)/Subconsultant(s)

c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

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Verified by: [Signature]

Division: Facilities

Date: 1/22/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 REQUEST FOR QUALIFICATIONS - JOB ORDER CONTRACT

Reference for: LANZO CONSTRUCTION CO., FLORIDA

Organization/Firm Name providing reference:

MIAMI-DADE COUNTY WATER AND SEWER DEPARTMENT

Contact Name: NELSON CESPEDES Title: PROJECT MANAGER Reference date: 12/03/2019

Contact Email: NCESP@MIAMIDADE.GOV Contact Phone: (305) 607-0799

Name of Referenced Project: 36-INCH WATER MAIN ON SW 152ND STREET

Contract No.	Date Services Provided:	Project Amount:
W-931	02/04/2016 to 06/06/2017	\$ 10,125,379.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

The project encompassed demolition of the existing metal culverts, construction of a temporary bypass road with 3-84" culverts, traffic management plans, cofferdam double-barrel cast-in-place box culverts, each 10' W by 8' H, fitted with...

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Excellent Contractor, very Professional employees and the Company have all the equipment to do any Underground Project.

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Verified via: EMAI VERBAL Verified by: [Signature] Division: Facilities Date: 1/13/2020

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 REQUEST FOR QUALIFICATIONS - JOB ORDER CONTRACT

Reference for: LANZO CONSTRUCTION CO., FLORIDA

Organization/Firm Name providing reference:

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Contact Name: ASHIE AKPOJI

Title: PROJECT MANAGER

Reference date: 12/04/2019

Contact Email: AAKPOJI@SFWMD.GOV

Contact Phone: (561) 682-2571

Name of Referenced Project: SFWMD S-39A CULVERT REPLACEMENT & AUTOMATION

Contract No.

Date Services Provided:

Project Amount:

S-39A

04/12/2017 to 09/10/2018

\$ 4,535,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

The project encompassed demolition of the existing metal culverts, construction of a temporary bypass road with 3-84" culverts, traffic management plans, cofferdam, double-barrel cast-in-place box culverts, each 10' W by 8' H, fitted with...

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Timeliness of:

- a. Project
- b. Deliverables

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Project completed within budget

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Lanzo completed the project satisfactorily. The project quality was good. Lanzo needs to be more organized to complete projects on schedule. Our project deliverables were late.

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Verified via: EMAIL VERBAL

Verified by: Y. S. [Signature]

Division: Facilities

Date: 11/6/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: LEE Construction Group, Inc.

Organization/Firm Name providing reference:

City of Miami Beach Parks and Recreation Department

Contact Name: Elizabeth Estevez Title: Project Manager Reference date: 11/13/2019

Contact Email: elizabethestevez@miamibeachfl.gov Contact Phone: 305-970-5814

Name of Referenced Project: Miami Beach Flamingo Park Restroom Renovations

Contract No.	Date Services Provided:	Project Amount:
18-341-01	08/07/2018 to 10/12/2018	\$ 197,646.43

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

LEE Construction Group renovated the restrooms & locker rooms at the Flamingo Park Pool Facility.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

LEE Construction Group provides excellent, quality work. They are friendly, courteous, professional and very responsive. I highly recommend them.

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/13/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: LEE Construction Group, Inc.

Organization/Firm Name providing reference:

Miami Dade County Public Schools

Contact Name: Dave Warner

Title: Project Manager

Reference date: 11/13/2019

Contact Email: DFWarner@dadeschools.net

Contact Phone: 786-256-4338

Name of Referenced Project: John I. Smith

Contract No.

Date Services Provided:

Project Amount:

01965600

05/13/2019 to 02/08/2020

\$ 565,020.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified by: *[Signature]*

Division: *Facilities*

Date: *11/21/19*



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: LEE Construction Group, Inc.

Organization/Firm Name providing reference:

City of Miami Office of Capital Improvements

Contact Name: Richard A. Pope

Title: Construction Manager

Reference date: 11/13/2019

Contact Email: rpope@miamigov.com

Contact Phone: 786-626-1504

Name of Referenced Project: City of Miami Barnyard Improvements Restrooms and Office construction

Contract No.

Date Services Provided:

Project Amount:

B-173405.01

06/10/2019

to 10/22/2019

\$ 146,376.72

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

The contractor is one of the best that I have worked with in my 20+ years in construction.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified by: [Signature]

Division: Facilities

Date: 11/21/20

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Mejia International Group Corp

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Derek Quallo

Title: Project Manager

Reference date:

Contact Email: Derek.Quallo@dot.state.fl.us

Contact Phone: 954.547.0192

Name of Referenced Project: Bluetooth devices installation Turnpike

Contract No.

Date Services Provided:

Project Amount:

E8R12

05/28/2018 to 08/16/2018

\$ 120,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Install around 60 devices in poles across Turnpike system for vehicle monitoring devices used in Turnpike system. This included device installation and testing with FDOT personnel, conduits installation, wiring and others.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: M. Casanova

Division: Facilities

Date: 11/4/2020

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 Section 21 119 of the Broward County Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Mejia International Group Corp

Organization/Firm Name providing reference:

Dattum Developments

Contact Name: Lizaida Ramos Title: Project Manager Reference date:

Contact Email: lizaida@dattumdevelopments.com Contact Phone: 813-3168900

Name of Referenced Project: La Milgrosa - Turnkey project

Contract No.	Date Services Provided:	Project Amount:
<u>TO12-001659</u>	<u>01/07/2014 to 03/16/2014</u>	<u>\$ 216,000.00</u>

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Excavation, earthwork, civil works, electrical works, installation of 150ft steel structure, foundation of 150cyd, grounding, access road, 400 LF of fence, concrete pads.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 1/13/2020

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 Section 21.119 of the Broward County Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Mejia International Group Corp

Organization/Firm Name providing reference:

Federal Aviation Administration

Contact Name: Kamili Hitchmon

Title: Civil Engineer

Reference date:

Contact Email: Kamili.Hitchmon@faa.gov

Contact Phone: 404-3057248

Name of Referenced Project: Orlando-Tampa LLWAS installation

Contract No.

Date Services Provided:

Project Amount:

DTFAEN-15-D-00008/0003

06/06/2016

to

01/31/2017

\$ 464,891.90

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Install LLWAS poles at TPA and MCO locations for air traffic control. Work included repairs and upgrades to the system too.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: [Signature]

Division: Facilities

Date: 11/6/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

JOB ORDER CONTRACTING

PRIMUS

Reference for: PNC2119543R1

Organization/Firm Name providing reference:
OWNER

Contact Name: MARIA

Title: OWNER

Reference date: 12/02/2019

Contact Email: minteriano@arffinancial.com

Contact Phone: 786-281-8669

Name of Referenced Project: TWO STORY BUILDING ADDITION

Contract No.

Date Services Provided:

Project Amount:

07/10/2017 to 04/01/2018

\$ 289,000

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: *M. Minteriano*

Division: *Facilities*

Date: *1/2/20*

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
JOB ORDER CONTRACTING

Reference for: PNC2119543R1 *PRIMUS*

Organization/Firm Name providing reference:
NLPC

Contact Name: BIDEMI AJAYI Contact Title: Project Manager Reference date: 10/02/2017

Email: imediba81@gmail.com, Contact Phone: 954-531-2395 *954-330-6047*

Name of Referenced Project: NEW LIFE PENTECOSTAL CHURCH: NEW CONSTRUCTION *6047*

Contract No. Date Services Provided: to 12/24/2019 Project Amount: \$ 700,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: *[Signature]* Division: *Facilities* Date: *11/2/20*

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

JOB ORDER CONTRACTING

Reference for: PNC2119543R1 *PRIMUS*

Organization/Firm Name providing reference:

CITY OF CORAL SPRINGS

Contact Name: RON STEIN

Title: PM

Reference date: 10/02/2017

Contact Email: Ron.Stein@tamarac.org

Contact Phone: 954-531-2395

Name of Referenced Project: HUMANE BUILDING ADDITION

Contract No.

Date Services Provided:

Project Amount:

to 12/24/2017

\$ 300,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

GENERAL CONTRACTOR FOR AN ADDITION & RENOVATION TO THE HUMANE BUILDING.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: *Mason*

Division: *Facilities* Date: *11/2/20*

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

REQUEST FOR QUALIFICATIONS- JOB ORDER CONTRACT

Reference for: RIC-MAN INTERNATIONAL, INC

Organization/Firm Name providing reference:
CITY OF CORAL GABLES

Contact Name: ERNESTO PINO Title: Reference date: 11/19/2019

Contact Email: EPINO@CORALGABLES.COM Contact Phone: 3054605001

Name of Referenced Project: MIRACLE MILE & GIRALDA AVENUE STREETScape

Contract No. Date Services Provided: Project Amount:
07/01/2016 to 12/01/2018 \$ 24,462,288.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

DRAINAGE, ROADWAY & STREETScape IMPROVEMENTS, DECO PAVERS, DECO STREETLIGHT AND STREET FURNITURE, AND WAY FINDING SIGNAGE

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/31/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

REQUEST FOR QUALIFICATIONS- JOB ORDER CONTRACT

Reference for: RIC-MAN INTERNATIONAL, INC

Organization/Firm Name providing reference:
MIAMI DADE WATER AND SEWER DEPARTMENT

Contact Name: ALEXIS VALDES Title: Reference date: 11/19/2019

Contact Email: ALEXIS.VALDES@MIAMIDADE.GOV Contact Phone: 7862999008

Name of Referenced Project: SOUTH MIAMI HEIGHTS PHASE B

Contract No. Date Services Provided: Project Amount:
16RMII001/DB14-WASD-07 11/18/2016 to 05/01/2019 \$ 15,732,076.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

DESIGN BUILD WM AND SERVICE CONVERSIONS

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 1/2/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

REQUEST FOR QUALIFICATIONS- JOB ORDER CONTRACT

Reference for: RIC-MAN INTERNATIONAL, INC

Organization/Firm Name providing reference:
CITY OF SUNRISE

Contact Name: TIM WECLH Title: Reference date: 11/19/2019

Contact Email: TWELCH@SUNRISEFL.GOV Contact Phone: 9548886055

Name of Referenced Project: SPRINGTREE OFFSITE DRAINAGE & UTILITIES IMPROVEMENT

Contract No. Date Services Provided: Project Amount:
C17-15-03-CM 12/01/2018 to 07/24/2019 \$ 2,100,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

IMPROVEMENTS OF WATER MAINS AND DRAINAGE UTILITIES

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/2/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: S3S Construction, Inc.

Organization/Firm Name providing reference:

R.L. Schreiber

Contact Name: Jason Massengale Title: Director of Marketing Reference date: 11/04/2019

Contact Email: Jason@rlsinc.com Contact Phone: 954-647-6642

Name of Referenced Project: R.L. Schreiber Office Renovation

Contract No.	Date Services Provided:	Project Amount:
<u>170107</u>	<u>03/01/2018</u> to <u>04/06/2018</u>	<u>\$ 45,000.00</u>

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Interior office demolition and remodeling. Conference Room remodeling and soundproofing.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 11/14/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: S3S Construction, Inc.

Organization/Firm Name providing reference:

Seminole Tribe of Florida

Contact Name: **Noemi Serur** Title: **Project Manager** Reference date: **11/04/2019**

Contact Email: **NoemiSerur@semtribe.com** Contact Phone: **954-551-3046**

Name of Referenced Project: **IM Pre-School Patio Enclosure**

Contract No. **3800591606** Date Services Provided: **03/01/2018 to 07/05/2018** Project Amount: **\$ 75,000.00**

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Complete interior demolition and remodeling. Closed exterior walls and create new window and door openings. Install new AC system, lighting, floor, stucco and paint.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: M. Adams Division: Facilities Date: 12/31/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2119537C1 Renovation of Boulevard Gardens Community Ctr
 Reference for: (Name of Firm) S3S Construction, Inc.
 Organization/Firm Name providing reference: Walker Ostrowski Williams CPAs / Formally J.D. Gilbert & Assoc.
 Contact Name/Title: Mark Ostrowski, Partner
 Contact E-mail: mark@wowadvisors.com
 Contact Phone: 954-500-1040
 Name of Referenced Project: Office Buildout & Space Planning
 Contract No. NA
 Contract Amount: \$100,000
 Date Services Provided: June 2007 - February 2008
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Remodel existing storage space into executive offices and file room, in order to meet the demand of a growing CPA firm.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 Kevin's hands on owner managed approach resulted in his team going above and beyond exceeding our expectations.

References Checked By
 Name: McSwain Title: office Assistant
 Division/Department: Facilities Date of Verification: 11/3/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: SDP, Inc.

Organization/Firm Name providing reference:

Starplex Scientific

Contact Name: Frank Cerminara

Title: SR Project Mgr.

Reference date: 11/04/2019

Contact Email: fcermina@yahoo.com

Contact Phone: 416-801-7965

Name of Referenced Project: APOTEX US EXPANSION

Contract No.

Date Services Provided:

Project Amount:

07/06/2009 to 04/26/2010

\$ 7,800,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Design/Build/Green Field Site Plastic Bottling Manufacturing Plant. New Construction 85,916 SF. Initial build with a Facility Maintenance Contract through 20

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL

Verified by: Y. [Signature]

Division: Facilities

Date: 11/13/2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: SDP, Inc.

Organization/Firm Name providing reference:

CB&I Chicago Bridge& Iron

Contact Name: Tim Butzke

Title: SR Project Mgr.

Reference date: 11/04/2019

Contact Email: tim.butzke@mcdermott.com

Contact Phone: 713-805-5909

Name of Referenced Project: CB&I End Stamp Building

Contract No.

Date Services Provided:

Project Amount:

05/01/2009 to 10/30/2019

\$ 650,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Design/Build Green Field Site - Construction Maintenance Bldg., initially utilized for the Nuclear End Stamp Certification of a Nuclear Containment Steel and Vessel Fabrication Manufacturing Plant to be built on site.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Timeliness of:

- a. Project
- b. Deliverables

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Project completed within budget

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

They were pleasant to work with.

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Verified by: *[Signature]*

Division: *Facilities*

Date: *11/3/2020*



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request for Qualifications - Job Order Contract

Reference for: SDP, Inc.

Organization/Firm Name providing reference:

APOTEX USDC

Contact Name: Jim Rodebush

Title: Director USDC

Reference date: 11/20/2019

Contact Email: jrodebush@apotex.com

Contact Phone: 954-614-9962

Name of Referenced Project: APOTEX US Pharma Distribution Center

Contract No.

Date Services Provided:

Project Amount:

11/01/2012 to 10/20/2017

\$ 4,500,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Design/Build Pharmaceutical Distribution Center Renovations Offices, Server room, Base building infrastructure upgrage, Security, DEA Cage, Hazmat Unit , Drive in Cooler, BBAS, Racking System and Shipping & Receiving.

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service

a. Responsive

b. Accuracy

c. Deliverables

2. Vendor's Organization:

a. Staff expertise

b. Professionalism

c. Turnover

3. Timeliness of:

a. Project

b. Deliverables

4. Project completed within budget

5. Cooperation with:

a. Your Firm

b. Subcontractor(s)/Subconsultant(s)

c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL

Verified by: Mason

Division: Facilities

Date: 12/31/19



CONSTRUCTION + DEVELOPMENT



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Shiff Construction & Development, Inc.

Organization/Firm Name providing reference:

City of Boca Raton

Contact Name: Mike Dyko Title: Capital Improver Reference date: 11/15/2019

Contact Email: mdyko@ci.boca-raton.fl.us Contact Phone: 561-416-3413

Name of Referenced Project: Police Storage Building

Contract No. 066107 Date Services Provided: 03/05/2018 to 12/31/2018 Project Amount: \$ 780,000.00

Vendor's role in Project: [X] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Prime Contractor to Build a 6000SF Parking Building, CMU Building/Double T Rood Structure.

Table with 5 columns: Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include: 1. Vendor's Quality of Service (Responsive, Accuracy, Deliverables), 2. Vendor's Organization (Staff expertise, Professionalism, Turnover), 3. Timeliness of (Project, Deliverables), 4. Project completed within budget, 5. Cooperation with (Your Firm, Subcontractor(s)/Subconsultant(s), Regulatory Agency(ies)).

Additional Comments: (provide on additional sheet if needed)

SHIFF CONSTRUCTION HAS DONE MANY PROJECTS FOR THE CITY OF BOCA RATON. ALL PROJECTS HAVE BEEN COMPLETED WITH ABOVE AVERAGE RESULTS. JUSTIN SHIFF IS A TEAM PLAYER AND DOES WHAT EVER HE NEEDS TO DO TO COMPLETE A PROJECT.

THIS SECTION FOR COUNTY USE ONLY

Verified via: [] EMAIL [X] VERBAL Verified by: [Signature] Division: Facilities Date: 11/14/2020

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CONSTRUCTION + DEVELOPMENT



Vendor Reference Verification Form

Broward County Solicitation No. and Title: PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Shiff Construction & Development, Inc.

Organization/Firm Name providing reference: City of Pompano Beach

Contact Name: Tammy Good Title: CIP Manager Reference date: 11/12/19

Contact Email: tammy.good1@copbf.com Contact Phone: 954-786-5512

Name of Referenced Project: Air Park

Contract No. 182113 Date Services Provided: 2017 to 2019 Project Amount: \$1,000,000.00

Vendor's role in Project: [X] Prime Vendor [] Subconsultant/Subcontractor

Would you use this vendor again? [X] Yes [] No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Complete renovation of interior space of administration building 3000sf. All new MEP's, roof system, interior buildout, finishes. Design was included with these services as well.

Table with 5 columns: Please rate your experience with the referenced Vendor, Needs Improvement, Satisfactory, Excellent, Not Applicable. Rows include Vendor's Quality of Service, Vendor's Organization, Timeliness, Project completed within budget, and Cooperation with.

Additional Comments: (provide on additional sheet if needed)

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Verified via: [] EMAIL [X] VERBAL Verified by: [Signature] Division: Facilities Date: 11/14/20

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CONSTRUCTION + DEVELOPMENT



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Shiff Construction & Development, Inc.

Organization/Firm Name providing reference:

Pace Center for Girls, Inc. Broward - Alexandra Stark

Contact Name: Alexandra Stark

Title: Assoc. Executive Dir. Reference date: 11/12/19

Contact Email: Alexandra.stark@pacecenter.org

Contact Phone: 954-707-1301

Name of Referenced Project: Building Renovation

Contract No.

Date Services Provided:

Project Amount:

n/a

2017

to 2019

400,000

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

interior renovation of two buildings, flooring, lighting, paint, construction of two new bathrooms, splitting of existing office space

Please rate your experience with the referenced Vendor:

	Needs improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified by: Honey Rosman Division: Facilities Date: 12/31/19

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: Inverrary Golf Resort and Hotel *VPR*

Organization/Firm Name providing reference:

Chateau Mar Golf Resort- Previously named Inverrary Gold Resort and Hotel

Contact Name: Galina Ilcheva Title: General Manager Reference date: 11/12/2019

Contact Email: galina@chateaumargolfresort.com Contact Phone:

Name of Referenced Project: Inverrary Golf Resort and Hotel

Contract No. _____ Date Services Provided: 10/10/2019 to 11/12/2019 Project Amount: \$ 1,110,209.45

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Drywall renovation, roofing repair, repainting of the building, door replacement throughout the building, flooring installation and architectural/ engineering drawings.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: VPR Construction Corporation

Organization/Firm Name providing reference:

Relocation Solutions Inc.

Contact Name: Robert Williams Title: Project Manager Reference date: 12/02/2019

Contact Email: robert@romarindustriesinc.com Contact Phone: 786-295-9198

Name of Referenced Project: William "Bill" Kling VA Clinic

Contract No. Date Services Provided: Project Amount:
01/06/2014 to 12/12/2014 \$ 335,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Install new plumbing lines in public area, bathrooms build-out, installation of new drywall for separation walls in the creation of new office spaces, finish, prime, and paint coats of super paint, installation of new air vents returns and additional air ducts for new office build out. Repair damaged sidewalks.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Facilities Date: 12/31/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid #PNC2119543R1 - Request For Qualifications - Job Order Contract

Reference for: VPR Construction Corporation

Organization/Firm Name providing reference:

Miami Dade School Board

Contact Name: Rene Hackshaw

Title: Project Manager

Reference date: 12/02/2019

Contact Email: renehackshaw@gmail.com

Contact Phone: 954-610-1799

Name of Referenced Project: Miami Dade Schools

Contract No.

Date Services Provided:

Project Amount:

06/19/2017 to 09/08/2017

\$ 305,000.00

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Pressure clean exterior of the building, prime and paint with 3 colors, remove carpet, clean and prep floor for installation of new LVT flooring and base in classroom, new epoxy flooring in common area's including hallways, removal and replacement of old florescent light fixtures and LED light fixtures. Replacement of old gate installation of new fabricated automated gate and new fence line. Installation of acoustic ceiling and install new HVAC 10 tons system for theater.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL

Verified by: M. Duran

Division: Facilities

Date: 3/31/19