



VENDOR REFERENCE VERIFICATION FORM (RFP/RLV/RFQ)

Solicitation No. & Title: & Marketing				
Reference For (hereinafter, "Vendor"):	Alice Entertainment LLC			
Reference Date:	06.23.2025			
Organization/Firm Providing Reference:	Atlantis Shopping Mall			
Contact Name:	Ms. Miray Kanik			
Contact Title:	CMO			
Contact Email:	miray.kanik@vspartners.com.tr			
Contact Phone:	M. 0530 834 81 49			
Name of Referenced Project:	Atlantis Shopping Mall Christmas Decoration			
Contract Number:	12102021Atlantis			
Date Range of Services Provided:	Start Date: 11.12.2021	End Date: 01.15.2022		
Project Amount:	\$70,000			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Adapting all the concept project concept to applicable production, producing and installing all the related products.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via:	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:	Vish Mandlani	Division: Parks & Recreation Date: 8/19/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RL/RFQ)

Solicitation No. & Title: 2 & Marketing	
Reference For (hereinafter, "Vendor"):	Alice Entertainment LLC
Reference Date:	20.06.2025
Organization/Firm Providing Reference:	Istanbul Port Shopping Mall
Contact Name:	Mr.Yusufcan Hamarat
Contact Title:	Event Assistant Manager
Contact Email:	yuhamarat@galataportistanbul.com
Contact Phone:	M:+90 531 930 80 75
Name of Referenced Project:	Galataport Bosphorus Waves Project
Contract Number:	30102024
Date Range of Services Provided:	Start Date: 15.11.2024 End Date: 29.01.2025
Project Amount:	Euros 275,000
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subconsultant/Subcontractor
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no to the question above, please specify below: (attach additional sheet if needed)
 Click or tap here to enter text.

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)
 Adapting all the concept project concept to applicable production, producing and installing all the related products.

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

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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Vishall Nandlal	Division: Parks & Recreation
		Date: 8/15/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: 2 & Marketing				
Reference For (hereinafter, "Vendor"):	Alice Entertainment LLC			
Reference Date:	06.24.2025			
Organization/Firm Providing Reference:	1220 Exhibits			
Contact Name:	Mr. Matt Carden			
Contact Title:	President/CEO			
Contact Email:	MCarden@1220.com			
Contact Phone:	M:+1 615 425 5144			
Name of Referenced Project:	Lifestream Ministires Stone Fruit Studios – San Diego			
Contract Number:	1220-240016			
Date Range of Services Provided:	Start Date: 13.01.2025	End Date: 01.29.2025		
Project Amount:	\$150,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Complete turnkey fabrication of Stone Fruit TV studios in San Diego, CA. We regularly collaborate with Alice Scenic Studios on various scenic fabrication projects.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: 1 & General Manager				
Reference For (hereinafter, "Vendor"):	Alice Entertainment LLC			
Reference Date:	06.22.2025			
Organization/Firm Providing Reference:	Netherlands Decoration Company, Multi Animation Netherlands			
Contact Name:	Mr.Can Erkci			
Contact Title:	General Manager			
Contact Email:	can@multianimation.nl			
Contact Phone:	M: +31 (0) 6-55728232			
Name of Referenced Project:	SC OVERVECHT			
Contract Number:	20240403 SC OVERVECHT			
Date Range of Services Provided:	Start Date: 12.05.2024	End Date: 01.03.2025		
Project Amount:	Euros 165,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Designing,Producing and Installing All items in the project.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Verified via: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by: Vish Nandlal	Division: Parks & Recreation	Date: 8/15/2025	



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: PNC2127421P1 / Concession for Holiday Fantasy of Lights at Tradewinds Park				
Reference For (hereinafter, "Vendor"):	Brandano Displays, Inc.			
Reference Date:	7/7/2025			
Organization/Firm Providing Reference:	City of Oakland Park			
Contact Name:	Chris Casale			
Contact Title:	Director of Parks & Leisure Services			
Contact Email:	Christopher.casale@oaklandparkfl.gov			
Contact Phone:	954.630.4241			
Name of Referenced Project:	Holiday Lighting/Decorations Installation and Rental RFP#071018			
Contract Number:	R-2018-112			
Date Range of Services Provided:	Start Date: 2018	End Date: Currently on contract		
Project Amount:	\$240k			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) N/A				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Vendor provides holiday decorations that consist: lighted and decorated Christmas trees, Menorah, Kinaras, Multiple custom light displays and street light pole displays				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Verified via:	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by:	Vish Nandlal	Division: Parks & Recreation Date: 8/15/2025



VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: PNC2127421P1 / Concession for Holiday Fantasy of Lights at Tradewinds Park				
Reference For (hereinafter, "Vendor"):	Brandano Displays, Inc			
Reference Date:	July 3, 2025			
Organization/Firm Providing Reference:	City of Key West			
Contact Name:	Karen Olson			
Contact Title:	Deputy Director, Port & Marine Services			
Contact Email:	kolson@cityofkeywest-fl.gov			
Contact Phone:	305-849-2348			
Name of Referenced Project:	Holiday Lighting – Key West Historic Seaport			
Contract Number:	RFP #24-007 / Resolution #24-198			
Date Range of Services Provided:	Start Date: 2024	End Date: 2029		
Project Amount:	\$137,837.96/yr with ability to add/subtract			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Holiday lighting and displays for entire Seaport. Brandano Displays has had a holiday lighting contract with the Seaport since 2018 providing an excellent product.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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VENDOR REFERENCE VERIFICATION FORM (RFP/RLI/RFQ)

Solicitation No. & Title: PNC2127421P1 / Concession for Holiday Fantasy of Lights at Tradewinds Park				
Reference For (hereinafter, "Vendor"):	Brandano Displays			
Reference Date:	07/08/2025			
Organization/Firm Providing Reference:	City of Lauderhill			
Contact Name:	Julie Boukhari			
Contact Title:	Performing Arts & Special Events Director			
Contact Email:	jboukhari@lauderhill-fl.gov			
Contact Phone:	954-730-3002			
Name of Referenced Project:	Holiday Décor Installations			
Contract Number:	Click or tap here to enter text.			
Date Range of Services Provided:	Start Date: approx. 2009	End Date: current		
Project Amount:	\$50,000- \$100,000			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed) Click or tap here to enter text.				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed) Rental & Installation of various outdoor holiday decorations				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Prime Vendor Dashboard - **BRANDANO DISPLAYS INC**

VC0000006845 / VC00006845 - BRANDANO DISPLAYS INC Prime Vendor Summary
3 OE: Expired Thres: PS: \$0.02 Used: \$0.00 Remain: \$0.02
No Fixed Contracts

1 Final/Completed/Renewal Eval Have Been Completed (5 Yrs) For A Overall Average Of: 3.77
From Begining Of Advantage: First PO Issued Date: **10/06/2004**
Purchase Orders: **23 POs With A Total Amt Of: \$1,097,429.48 Paid To Dt: (\$1,094,541.48)**
Balance: \$0.00

Contracts	Purchase Orders	Documents	Finish
Vendor Performance Evaluations			
5yr Final/Complete/Renew (1) Avg: 3.77		Periodic (1) Avg: 4.79	