

Three-Question Matrix and Reference Checks
RFP Number: V2112712P1
RFP Name: Transit Advertising Program

Ranking	1	2
Firm Name	Direct Media, Inc.	Lamar Transit, LLC
Questions		
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	SEE ATTACHED REFERENCES	SEE ATTACHED REFERENCES
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)

Broward County Board of
County Commissioners

V2112712P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid V2112712P1

Reference for: Direct Media Inc

Organization/Firm Name providing reference:

LYNX

Contact Name: Matthew Friedman

Title: Mgr. Media Relations

Reference date: 10/18/2016

Contact Email: mfriedman@golynx.com

Contact Phone: 407-254-6206

Name of Referenced Project: Transit Advertising Sales

Contract No.

Date Services Provided:

Project Amount:

01/01/2012 to Present

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:

Transit Bus and Shelter Advertising Sales

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: Natalie Silverstein

Division: Transportation

Date: 11-15-16

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.

Broward County Board of
County Commissioners

V2112712P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid V2112712P1

Reference for: Direct Media Inc.

Organization/Firm Name providing reference:

RIPTA

Contact Name: Daniel Bannister

Title: Project Manager

Reference date: 10/18/2016

Contact Email: dbannister@ripta.com

Contact Phone: 401-784-9500 x 21

Name of Referenced Project: Transit Advertising Sales

Contract No.

Date Services Provided:

Project Amount:

01/01/2002 to Present

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:

Transit Advertising Sales

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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Broward County Board of
County Commissioners

V2112712P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid V2112712P1

Reference for: Direct Media Inc.

Organization/Firm Name providing reference:

JTA

Contact Name: Michael Miller

Title: Dir. Bus Dev.

Reference date: 10/18/2016

Contact Email: mmiller@jtafla.com

Contact Phone: 904-630-3109

Name of Referenced Project: Transit Advertising Sales

Contract No.

Date Services Provided:

Project Amount:

01/01/2011 to Present

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:

Transit and Shelter Advertising Sales

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 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)

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Verified via: ☐ EMAIL ☒ VERBAL

Verified by: Natake Silverstein

Division: Transportation Date: 11-14-16

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation V2112712P1 - Transit Advertising Program

Reference for: Lamar Transit, LLC

Organization/Firm Name providing reference:

Palm Tran

Contact Name: Paula Girard

Title: Marketing Manager

Reference date:

Contact Email: ngirard@pbcbgov.org

Contact Phone: 561-841-4245

Name of Referenced Project: Transit Advertising Services

Contract No.

15-044/SC

Date Services Provided:

01/01/2016

to

12/31/2020

Project Amount:

\$ 2,600,000.00

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:

Advertising on Palm Tran's fleet of buses-exterior and interior displays in addition to farebox tickets and Intermodal Transit Center displays. (Prior contract 7/1/2010-12/31/15 - 09-037R/SC Advertising on Palm Tran buses)

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)

Lamar has been a long-time vendor for Palm Tran and is an exemplary partner for transit advertising services. Highly recommended.

Additional Comments: (provide on additional sheet if needed)

Verified via: ☒ EMAIL ☒ VERBAL

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Verified by: Natalie Silverstein Division Transportation Date 11-14-16

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Broward County Board of
County Commissioners

V2112712P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation V2112712P1 - Transit Advertising Program

Reference for: Lamar Transit, LLC

Organization/Firm Name providing reference:

Capital District Transportation Authority (CDTA)

Contact Name: Carm Basile

Title: CEO

Reference date:

Contact Email: carmb@cdta.org

Contact Phone: 518-437-6840

Name of Referenced Project: Transit Advertising Services

Contract No.

Date Services Provided:

Project Amount:

CDTA Marketing 05-0009

10/01/2016

to

09/30/2021

\$ 4,250,000.00

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:

Advertising sales on buses and in facilities. This includes the exterior and interior of buses, in customer waiting areas (shelters), and, at both the Rensselaer Rail Station and Sarasota Springs Train Stations. (Pre contract 10/1/2007 - 9/30/16 001-6000 Facility Advertising Sale and placement of advertising on buses and other)

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"/>
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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)

Verified via: ☒ EMAIL ☒ VERBAL

*** THIS SECTION FOR COUNTY USE ONLY ***

Verified by:

Natalie Silverstein

Division Transportation

Date 11-14-16

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Solicitation V2112712P1 - Transit Advertising Program

Reference for: Lamar Transit, LLC

Organization/Firm Name providing reference:

NFTA (Niagara Frontier Transportation Authority)

Contact Name: C. Douglas Hartmayer Title: Director Public Affairs Reference date: 10.18.16

Contact Email: doug_hartmayer@nfta.com Contact Phone: 716-855-7420

Name of Referenced Project: Bus and Rail Transit Advertising

Contract No. RFP 4166 Date Services Provided: 09/01/2012 to 08/31/2017 Project Amount: \$ 2,325,000.00

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 sale of advertising on all Metro buses, railcars, bus shelters and in Metro transportation facilities

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)

C.D. Hartmayer 10.18.16

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Verified via ☐ EMAIL ☒ VERBAL

Verified by: Natalie Silvestri Division: Transportation Date: 11-14-16

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