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

Vendo	or Reference Ve	erification For	n	
Broward County Solicitation No. and Title:				
Bid V2112712P1				
Reference for: Direct Media Inc				
Organization/Firm Name providing reference:	*******			
LYNX				
	le: Mgr. Media			10/18/2016
Contact Email: mfriedman@golynx.com		Con	tact Phone: 4	07-254-6206
Name of Referenced Project: Transit Advertis	and the second second			
Contract No. Date Services F			Project Ar	nount:
01/01/2012	to Present			
	Subconsultant/S			
Would you use this vendor again? Yes	No If No	, please specify	/ in Additiona	l Comments (below).
Description of services provided by Vendor:				
Transit Bus and Shelter Advertising Sales				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
referenced Vendor:	Improvement			Applicable
 Vendor's Quality of Service Responsive 			\checkmark	
b. Accuracy			\checkmark	
c. Deliverables			\checkmark	
 Vendor's Organization: a. Staff expertise 			\checkmark	
b. Professionalism			\checkmark	
c. Turnover			\checkmark	
3. Timeliness of:				
a. Project b. Deliverables			\checkmark	
4. Project completed within budget			\checkmark	
5. Cooperation with:				
a. Your Firm			\checkmark	
b. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies)			\checkmark	
c. Regulatory Agency(les)	and the second second		\checkmark	
Additional Comments: (provide on additional sheet if needed)				
THIS SECT	ION FOR COUNTY U	SE ONLY		
	lie Silverster	Division:	vansportatio	M 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

BROWARD	Vendor Re	ference Verif	ication Form		
Broward County Solicitation No. ar	d Title:				
Bid V2112712P1					
Reference for: Direct Media Inc.					
Organization/Firm Name providing	reference:				
RIPTA					
Contact Name: Daniel Bannister	Title: P	roject Mana	ger Refere	ence date:	10/18/2016
Contact Email: dbannister@ripta.co	m		Conta	act Phone: 401	1-784=9500 x 21
Name of Referenced Project: Trai	nsit Advertising S	ales			
Contract No. Da	te Services Provid	ed:		Project Amo	unt:
0	1/01/2002 to	Present			
Vendor's role in Project: Vendor's role in Project:	/endor Subco	nsultant/Subo	ontractor		
Would you use this vendor again?	Yes N	o lf No, p	ease specify	in Additional C	Comments (below).
Description of services provided	by Vendor:				
Transit Advertising Sales					
Please rate your experience with referenced Vendor:		Needs S rovement	atisfactory	Excellent	Not Applicable
 Vendor's Quality of Service Responsive 		П		\checkmark	
b. Accuracy				\checkmark	
c. Deliverables				\checkmark	
2. Vendor's Organization:		<u> </u>			

	c. Deliverables		\checkmark	
2.	Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover		$\mathbf{\mathbf{V}}$	
3.	Timeliness of: a. Project b. Deliverables		\checkmark	
4.	Project completed within budget		\checkmark	
5.	Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)		$\mathbf{\mathbf{V}}$	

Additional Comments: (provide on additional sheet if needed)

/	***THIS SECTION FOR COUNTY USE ONL'	Y***	
Verified via:EMAIL VERBAL	Verified by Matalie Silverstein	Division: Transportation Date:	11-15-16

All information provided to Broward County is subject to venification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.

V2112712P1

Broward County Board of **County Commissioners**

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 Reference date: Title: Dir. Bus Dev. 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: Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes If No, please specify in Additional Comments (below). No

Description of services provided by Vendor:

Transit and Shelter Advertising Sales

	se rate your experience with the renced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1.	Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables			\checkmark	
2.	Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover			\checkmark	
3.	Timeliness of: a. Project b. Deliverables			\checkmark	
4.	Project completed within budget				\checkmark
5.	Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)			$\mathbf{\mathbf{V}}$	
Additio	nal Comments: (provide on additional sheet if needed)				

rovide on additional sheet if needed

EMAIL VERBAL

THIS SECTION FOR COUNTY USE ONLY Verified by Matale

Division: Transportation Date: 11-14-165 Silverstein

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.

Verified via:



Vendor Reference Verification Form

Broward County Solicitation No. and Title:				
Solicitation V2112712P1 - Transit	Advertising Pr	ogram		
Reference for: Lamar Transit, LLC				
Organization/Firm Name providing reference	c			
Palm Tran				
Contact Name: Paula Girard	Title: Marketing	wanager	erence date:	
Contact Email: ngirard@pbcgov.org		Cor	ntact Phone:	561-841-4245
Name of Referenced Project: Transit Adve	rtising Services			
Contract No. Date Service	s Provided:	· · ·	Project Ar	mount:
15-044/SC 01/01/2016	6 to 12/31/	2020	\$ 2,600,00	0.00
Vendor's role in Project: Vendor [Subconsultant/S	ubcontractor		
Would you use this vendor again? Yes	No If No	, please speci	fy in Additiona	I Comments (below).
Description of services provided by Vendo	r:			
Advertising on Palm Tran's fleet of buses-exterior				
Transit Center displays. (Prior contract 7/1/2010				-
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 	H		\mathbf{V}	
			¥	
 Vendor's Organization: a. Staff expertise 			\checkmark	
b. Professionalism			\mathbf{V}	
c. Turnover			\checkmark	
3. Timeliness of:				_
a. Project			✓	
b. Deliverables			V	
Project completed within budget			\checkmark	
5. Cooperation with:	_	_	_	_
a. Your Firm	. 🔲		\checkmark	
 b. Subcontractor(s)/Subconsultant(s c. Regulatory Agency(ies))			
c. Regulatory Agency(ica)			✓	
Additional Commente: (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)

	****			d County Board o y Commissioners			
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BR	CC CC	AKD DUNTY	Vend	lor Reference V	erification For	m	
Brow	ward C	ounty Solicitation N	o. and Title:				
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2.600	rence	for: Lamar Transit, on/Firm Name provi	and the second se	un nin au angu p u kapa kapa kata angu kata au			8.2. A.
		istrict Transportati		DTA)			
Cont	tact Na	ame: Carm Basile	TI	tle: CEO	Refe	rence date:	
Cont	lact En	nail: carmb@cdta.o		<u></u>	Čca	tact Phone: 5	18-437-6840
		eferenced Project:					
	tract N		Date Services		2024	Project An	
		rketing 05-0009	10/01/2016	10 09/30/		\$ 4,250,00	0.00
		le in Project: Pri		Subconsultant/S		in Additional	Comments (below
		use this vendor aga	haven		r, hisase specia	y in Additional	Continents (Celow
		colbuses and in facilities. The loga Springs Train Stallors		no interior of buses, in a • 9/30/16 (/01-60/0 Eaci	usionar waiting areas Bly Arbertision Sala ar	(sheltars); and, at b id placement of adv	oth the Rensselator Rall ordision on humen and other
				Needs	Satisfactory	Excellent	Not
rofe	renced	e your experience d Vendor:		Improvement	Salisfactory	r.xcenom	Applicable
1.		lor's Quality of Serv Responsive	ice			\checkmark	
	54.						and a
	b.	Accuracy				V	H
2	b. с.	Accuracy Deliverables				\checkmark	H
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	b. c. Vend a. b. c.	Accuracy Deliverablos lor's Organization: Staff expertise Professionalism					
	b. c. Vond a. b. c. Time a.	Accuracy Deliverablos lor's Organization: Staff expertise Professionalism Turnover liness of: Project					
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3. 4.	b. c. Vond a. b. c. Time a. b. Proje	Accuracy Deliverablos lor's Organization: Staff expertise Professionalism Turnover liness of: Project Deliverables ect completed within	budget				
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BROWARD					
COUNTY Vend	or Reference Ve	erification Forn	1		
Broward County Solicitation No. and Title:					
Solicitation V2112712P1 - Transit A	dvertising Pr	ogram		and a second	
Reference for: Lamar Transit, LLC Organization/Firm Name providing reference:		and the second	and the second	and the second	
NFTA (Niagara Frontier Transportation Aut	hority)				
	tle: Director Pu	ublic Aff	ence date:	10.18.12	
Contact Email: doug_hartmayer@nfta.com		the second s	act Phone: 7	16-855-7420	
Name of Referenced Project: Bus and Rail T Contract No. Date Services		ng	Project An	nount:	
RFP 4166 09/01/2012	to 08/31/	2017	\$ 2,325,00	00.00	
The sale of advertising on all Metro buses,					
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs			Not	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy	Needs			Not	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables	Needs			Not	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise	Needs			Not	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover	Needs			Not	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism	Needs			Not	
Please rate your experience with the referenced Vendor: 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	Needs			Not	
Please rate your experience with the referenced Vendor: 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	Needs			Not	
Please rate your experience with the referenced Vendor: 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	Neods Improvement			Not	
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Please rate your experience with the referenced Vendor: 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)					
Please rate your experience with the referenced Vendor: 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)					
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Please rate your experience with the referenced Vendor: 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)		Satisfactory	Exceilent EX EX EX EX EX EX EX EX EX EX EX EX EX	Not Applicable	16