

**Three-Question Matrix and Reference Checks**  
**RFP Number: Z1434304P1**  
**RFP Name: Terminal 4 Checked Baggage Inspection System**

Ranking (Not Alphabetical)	1	2
<b>Firm Name</b>	<b>The Whiting-Turner Contracting Company</b>	<b>The Weitz Company, LLC</b>
<b>Questions</b>		
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?	Palm Beach County, Department of Airports FLL - Terminal 1 for Southwest Airlines FLL - Terminal 3 for Jet Blue Airways	City of Phoenix- Aviation Department; City of San Jose and Palm Beach County, Department of Airports
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)

Note: Five firms were qualified to participate in Step Two of a Two-Step Design-Build Solicitation. Three proposers responded to the Step Two solicitation, however only two firms of the three proposers were found both responsive and responsible and move forward for presentation, evaluation and ranking.

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Z1434304R1  
Bid Z1434304R1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**Z1434304R1 - Terminal 4 Checked Baggage Inspection System**

Reference for: The Whiting-Turner Contracting Co.

Organization/Firm Name providing reference: Southwest Airlines Co.

Contact Name: Denise McElroy Title: Sr. Manager Reference date: 8/1/16

Contact Email: denise.mcelroy@wn.co.com Contact Phone: 972.213.9333

Name of Referenced Project: FLL T1 CBIS/BHS Project

Contract No.	Date Services Provided:	Project Amount:
SWA/WT Contract	January 2010 to July 2011	\$32M Total Value / \$8M WT Value

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)

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Verified via:  EMAIL  VERBAL Verified by: Wary Digitally signed by Joan Vargas Date: 2016.12.12 11:45:35 Division: pmo Date: 12/12/16

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Broward County Board of  
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Bid Z1434304R1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
Z1434304R1 - Terminal 4 Checked Baggage Inspection System

Reference for: The Whiting-Turner Contracting Co.

Organization/Firm Name providing reference:  
Palm Beach County Department of Airports

Contact Name: Cynthia M Portnoy, PE Title: Project Manager Reference date: 07/20/16

Contact Email: cportnoy@pbia.org Contact Phone: 561-471-7411

Name of Referenced Project: PBI BHS Improvements Project

Contract No. PB County/WT Contract Date Services Provided: September 2012 to June 2016 Project Amount: \$42M

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"/>
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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)

It was a pleasure working with the WT team. The project was a CMAR contract that included 2 years of preconstruction services coordinating with the TSA. Staff was very responsive to the Owner, TSA, Airlines/tenants throughout the project

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Broward County Solicitation No. and Title:  
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Reference for: The Whiting-Turner Contracting Co.

Organization/Firm Name providing reference: *JetBlue Airways*

Contact Name: *Debbie Proctor* Title: *Manager of facilities* Reference date: *7-23-16*

Contact Email: *debbie.proctor@jetblue.com* Contact Phone: *646-262-4580*

Name of Referenced Project: FLL T3 CBIS/BHS Project (Design-Build)

Contract No. Date Services Provided: Project Amount:  
JetBlue/WT Contract September 2014 to December 2016 \$72M Value

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:**

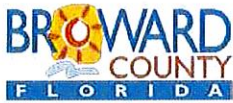
	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
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a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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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Solicitation Z1434304R1 - Terminal 4 Checked Baggage Inspection System

Reference for: The Weitz Company, LLC

Organization/Firm Name providing reference:  
Sky Harbor International Airport, City of Phoenix - Aviation Department - (PHX)

Contact Name: Anne Kurtenbach Title: Airspace & Noise Program Manager Reference date: 01/13/17

Contact Email: anne.kurtenbach@phoenix.gov Contact Phone: (602) 273-3347

Name of Referenced Project: T4 Food and Beverage Infrastructure & Skytrain Maintenance and Ops Building systems (PHX)

Contract No. S800600 Date Services Provided: 7/1/09 to 11/30/12 Project Amount: \$73.1 Million

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:**

Automated Train System including 3.2 miles of running surfaces maintenance including the control center for the train systems and operations, offices for operating staff, maintenance area for light and heavy work on the 18 train cars, and the main power supply.

**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 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:

✓ Email verified by: Dance Bruce PMO Date: 1/18/17

Broward County Board of  
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Reference for: The Weitz Company, LLC

Organization/Firm Name providing reference:

Inspection Services, City of San Jose, Planning, Building, & Code Enforcement - San Jose International Airport (SJC)

Contact Name: Bill Mayne Title: Division Manager Reference date: 01/13/17

Contact Email: bill.mayne@sanjoseca.gov Contact Phone: (408) 535-7756

Name of Referenced Project: FBO Complex at SJC

Contract No. S114300	Date Services Provided: 2/12/14 to 2/29/16	Project Amount: \$76.7 Million
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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:**

Phase I and II Renovations inside terminal and all three PBI concourses including restrooms, finishes, flooring, fixtures, exhaust fans, vanites, while maintaining active, uninterrupted facility operations.

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

*✓ Email verified by: Darce Bruce PMO Date 1/18/17*



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Broward County Solicitation No. and Title:  
Solicitation Z1434304R1 - Terminal 4 Checked Baggage Inspection System

Reference for: The Weitz Company, LLC

Organization/Firm Name providing reference:  
Palm Beach County Department of Airports - Palm Beach International Airport (PBI)

Contact Name: Cindy Portnoy, PE Title: Project Manager Reference date: 01/13/17

Contact Email: cportnoy@pbia.org Contact Phone: c. 954-242-5181 o. 561-471-7411

Name of Referenced Project: Palm Beach International Airport Restroom Renovations

Contract No. F113400 Date Services Provided: 5/19/14 to 11/10/15 Project Amount: \$4.5 Million

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:**

Phase I and II Restroom renovations inside terminal and all three PBI concourses (12 restrooms) including, finishes, flooring, fixtures, exhaust fans, vanites, while maintaining active, uninterrupted facility operations.

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 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 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"/>
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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)

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