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

Ranking (Not Alphabetical)	1	2
Firm Name	The Whiting-Turner Contracting Company	The Weitz Company, LLC
Questions		
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.

# Broward County Board of Broward Op Order Busing Inc. County Commissioners

Z1434304R1 Bid Z1434304R1



# Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z1434304R1 - Terminal 4 Checked Bagg Reference for: The Whiting-Turner Contra		System		
The trinking rainer contact	cting Co.			
Organization/Firm Name providing reference:	South	vest Ai	rlines	Co.
Contact Name: Denise MCEIroy T	itle: Sr. Mar	raser Refe	rence date:	8/1/16
Contact Email: denise.mcelroyav			tact Phone: ¿	712.213.9333
Name of Referenced Project: FLL T1 CBIS/	BHS Project			, , , , , , , , , , , , , , , , , , , ,
Contract No. Date Services			Project Ar	mount:
SWA/WT Contract January 2019		011 \$32N	a rouge arracor conse	e / \$8M WT Value
Vendor's role in Project: Prime Vendor	•			and the same and t
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	I Comments (below).
Description of services provided by Vendor:				
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
referenced Vendor:	mprovement			<i>э</i> фриоало
Vendor's Quality of Service     a. Responsive		П	$\bowtie$	
b. Accuracy	Ħ	Ħ	<b>⊠</b>	
c. Deliverables			$\overline{\square}$	
2. Vendor's Organization:	_	_	\ \ '	r-1
a. Staff expertise	Ц		<u>K</u>	님
b. Professionalism			凶	닐
c. Turnover			X	
3. Timeliness of:			h <del>ed</del> -s	
a. Project	닏	Ц	<u> </u>	
b. Deliverables	Ц	$\Box$	<u> X </u>	Ш
4. Project completed within budget	П	П	X	
			ڪر	<del></del>
Cooperation with:     a. Your Firm	П		X	
b. Subcontractor(s)/Subconsultant(s)	님	H	$\Box$	Ħ
c. Regulatory Agency(ies)	H	님	₩	H
			ΙΣ	ш
Additional Comments: (provide on additional sheet if needed)				
3. 23. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	-55			
***THIS SEC	TION FOR COUNTY U	SE ONLY***		1 1
./	Optitally signed by Bate: 2016 12 12 1	1:45:35	Omo	Date: 12 12 16
Verified via: EMAIL VERBAL Verified by:		Division: _		

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Broward County Board of County Commissioners 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 Reference date: Title: Project Manager 07/20/16 561-471-7411 Contact Email: Contact Phone: cportnoy@pbia.org Name of Referenced Project: PBI BHS Improvements Project Contract No. Date Services Provided: Project Amount: PB County/WT Contract September 2012 June 2016 \$42M Vendor's role in Project: 

☐ Prime Vendor |Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). XYes Description of services provided by Vendor: Needs Excellent Satisfactory Not Please rate your experience with the Improvement **Applicable** 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) 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 Digitally signed by Joan Vi Date: 2016,12:12 11:47:42 -05'00' EMAIL VERBAL Division Verified by:

Broward County Board of County Commissioners Broward County Board of County Commissioners

Z1434304R1

Bid Z1434304R1



# Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z1434304R1 - Terminal 4 Checked Bagga	ge Inspection	System			
Reference for: The Whiting-Turner Contracting Co.					
Organization/Firm Name providing reference: JetBlue Arways					
Contact Name: Debbic Proctor Tit	le: Manager d	faulthe Refe	rence date:	7-23-16	
Contact Email: debbie. proctor Gietblue	. wen	Con	tact Phone:	646-262-4580	
Name of Referenced Project: FLL T3 CBIS/B	HS Project (De	esign-Build)			
Contract No. Date Services F	Provided:		Project A	mount:	
JetBlue/WT Contract September 201	4 to Decem	nber 2016	\$72M	l Value	
Vendor's role in Project:  ☐ Prime Vendor ☐ §	Subconsultant/S	Subcontractor			
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	al Comments (below).	
Description of services provided by Vendor:	_				
•					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables					
<ul><li>2. Vendor's Organization:</li><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>					
<ul><li>3. Timeliness of:</li><li>a. Project</li><li>b. Deliverables</li></ul>			X		
4. Project completed within budget			$\boxtimes$		
<ul> <li>5. Cooperation with:</li> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> <li>c. Regulatory Agency(ies)</li> </ul>					
Additional Comments: (provide on additional sheet if needed)					
/erified via:EMAILVERBAL Verified by:					

All information provided to Broward County is subject to ventication. Vendor acknowledges that inaccurate, unfurthful, or incorrect statements made in support of this response may be used by the 6/26/2019 as a parisy or rejection, rescission of the award, or termination of the contribut and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 45



# **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:						
Solicitation Z1434304R1 - Terminal 4 Checked Baggage Inspection System						
Reference for: The Weitz Company, LLC						
Organization/Firm Nam						
Sky Harbor International Airport, City of Phoenix - Aviation Department - (PHX)						
Contact Name: Anne K	úrtenbach Title	: Airspace & N	loise Program M	lanager Re	ference date:	01/13/17
	kurtenbach@phoenix.gov		Contact Phor			
Name of Referenced Pr	oject: T4 Food and Bevera		& Skytrain Main			tems (PHX)
Contract No.	Date Services Pr	11/20/12		Project Am \$73.1 Milli		
S800600	7/1/09	to 11/30/12		φ/ 3. 1 Willin	OII	
Vendor's role in Project:	Prime Vendor Su	ubconsultant/Su	ıbcontractor			
Would you use this vend	or again? xYes	□No If No	please specify	in Additional	Comments (be	elow).
Description of services	provided by Vendor:					
	ding 3.2 miles of running surfac					perations,
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 Needs Satisfactory Excellent Not						
Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable						
	rience with the	Needs Improvement	Satisfactory	Excellent		
referenced Vendor:  1. Vendor's Quality of			Satisfactory	Excellent		-
referenced Vendor:			Satisfactory	X		-
1. Vendor's Quality of a. Responsive			Satisfactory	X		-
1. Vendor's Quality of a. Responsive b. Accuracy	of Service		Satisfactory	X		-
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertis	of Service ation: se		Satisfactory	X X X		
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables	of Service ation: se			X		-
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertis b. Professional c. Turnover	of Service ation: se			X X X	Applicable	_
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization a. Staff expertise b. Professional	of Service ation: se			X X X X	Applicable	
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertise b. Professional c. Turnover  3. Timeliness of:	of Service ation: se ism			X X X	Applicable	
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertise b. Professional c. Turnover  3. Timeliness of: a. Project	of Service ation: se ism		Satisfactory	X X X X	Applicable	
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization a. Staff expertises b. Professional c. Turnover  3. Timeliness of:     a. Project b. Deliverables  4. Project completed  5. Cooperation with:	of Service ation: se ism			X X X X	Applicable	
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertise b. Professional c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed  5. Cooperation with: a. Your Firm	of Service  ation: se ism  within budget			X X X X	Applicable	
1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organiza a. Staff expertise b. Professional c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed  5. Cooperation with: a. Your Firm	of Service  ation: se ism  within budget  or(s)/Subconsultant(s)			X X X X	Applicable	

**Additional Comments:** 

V Email Verified by: Dance Bruce PMO Date: 1/18/17

Broward County Board of County Commissioners



# **Vendor Reference Verification Form**

	tion System							
			Solicitation Z1434304R1 - Terminal 4 Checked Baggage Inspection System					
Reference for: The Weitz Company, LLC								
Organization/Firm Name providing reference:								
Inspection Services, City of San Jose, Planning, Building, & Code E	nforcement - Sai	n Jose Internati	onal Airport (SJC)					
Contact Name: Bill Mayne Title: Division N	Manager Refe	erence date:	01/13/17					
Contact Email: bill.mayne@sanjoseca.gov	Contact Pho	one: (408) 535-	7756					
Name of Referenced Project: FBO Complex at SJC								
Contract No. Date Services Provided:		Project Ar						
S114300 2/12/14 to 2/29/16		\$76.7 Mill	ion					
Vendor's role in Project: ☒ Prime Vendor ☐Subconsultant/S	Subcontractor							
Would you use this vendor again?	o, please speci	fy in Additiona	I Comments (below).					
Description of services provided by Vendor:								
Phase I and II Renovations inside terminal and all three PBI			oms, finishes, flooring,					
fixtures, exhaust fans, vanites, while maintaining active, unin		y operations.  Excellent	Not					
Please rate your experience with the referenced Vendor:  Needs Improvement	Satisfactory	Excellent	Applicable					
Vendor's Quality of Service		$\Box$	П					
a. Responsive b. Accuracy	H		H					
c. Deliverables		ă						
2. Vendor's Organization:		$\triangleright$						
a. Staff expertise b. Professionalism	H							
c. Turnover		X						
3. Timeliness of:								
a. Project		×						
b. Deliverables								
4. Project completed within budget			$\boxtimes$					
5. Cooperation with:								
a. Your Firm b. Subcontractor(s)/Subconsultant(s)			M					
c. Regulatory Agency(ies)	H	$\bowtie$	Ä					

**Additional Comments:** 

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VErrait verified by: Dance Bruce Pmo Date 1/18/7

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# Vendor Reference Verification Form

Would you use this vendor again? XYes No If No, please specify in Additional Comments (below).	Broward County Solicitation No. and Title: Solicitation Z1434304R1 - Terminal 4 Checked Baggage Inspection System					
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. Date Services Provided: Project Amount: \$4.5 Million  Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? Xi 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:  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)	Reference for: The Weitz Company, LLC					
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. Date Services Provided: Project Amount: \$4.5 Million  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  Vendor's role in Project: \( \text{Y}\) Prime Vendor \( \text{Subconsultant/Subcontractor} \)  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:  1. Vendor's Quality of Service  2. Vendor's Organization:  2. Vendor's Organization:  2. Vendor's Organization:  3. Staff expertise  4. Project completed within budget  3. Timeliness of:  4. Project completed within budget  4. Project completed within budget  5. Cooperation with:  6. Subcontractor(s)/Subconsultant(s)  7. Regulatory Agency(ies)	Organization/Firm Name providing reference:			9		
Contact Email: cportnoy@pbia.org	Palm Beach County Department of Airports -	Palm Beach Inf	ternational Airp	ort (PBI)		
Name of Referenced Project:   Palm Beach International Airport Restroom Renovations	Contact Name: Cindy Portnoy, PE Title: Project Manager Reference date: 01/13/17					
Contract No. F113400	cportito y teppia.org				12-5181 o. 561-471-7411	
Vendor's role in Project:   X  Prime Vendor   Subconsultant/Subcontractor	Name of Referenced Project: Palm Beach Inte	rnational Airpor	t Restroom Re	novations		
Would you use this vendor again?		11/10/	15			
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:  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)	Vendor's role in Project: X Prime Vendor	Subconsultant/	Subcontractor			
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   Satisfactory   Excellent   Not Applicable	Would you use this vendor again? XYes	□No If N	lo, please spec	ify in Addition	al Comments (below).	
finishes, flooring, fixtures, exhaust fans, vanites, while maintaining active, uninterrupted facility operations.  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)	Description of services provided by Vendor:					
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)	finishes, flooring, fixtures, exhaust fans, vanites, while maintaining active, uninterrupted facility operations.  Please rate your experience with the Needs Satisfactory Excellent Not					
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)	<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>		X X X			
a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)	<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>		X X X			
5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)	a. Project					
a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)	4. Project completed within budget		X			
Additional Comments: (provide on additional sheet if peeded)	<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>		X X	X		
Additional Comments. (provide on additional sheet if needed)						
***THIS SECTION FOR COUNTY USE ONLY***						
1.1						

All information provided to Broward County is subject to venfication. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the