Three-Question Matrix and Reference Checks RFP Number: R2112554P2 External Audit Services

Ranking	1	2	3	4
Company Name	RSM US LLP	Cherry Bekaert LLP S. Davis & Associates, P.A. BCA Watson		BCA Watson Rice LLP
Questions				
exceptions to the	Article 6.3.1 - Insurance Article 6.3.2 - Insurance Article 9.1 Ownership of Workpapers (All are negotiable)	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
vendors have comparable government	Miami-Dade County, FL Palm Beach County, FL Canaveral Port Authority Hillsborough County Aviation	1. Hillsborough County, Tampa, FL 2. Fairfax County, VA 3. Charlotte County, FL 4. Orange County, FL 5. Miami Int'l Airport (enterprise fund of Miami-Dade County)	1. School Board of Broward County, FL 2. City of West Park, FL 3. Broward County Housing Finance Authority, FL 4. South Florida Regional Planning Council, FL	1. Leon County, FL 2. City of Tallahassee, FL 3. Leon County School Board, FL 4. Leon County Research & Development Authority, FL 5. Miami-Dade County, FL
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)





Brov	vard County Solicitation No. and Title:					
R2	112554P2 - External Audit Servi	ces				
Refe	rence for: RSM US LLP		THE SAME SAME SAME SAME SAME SAME SAME SAM	77111-0011-0111		
Orga	nization/Firm Name providing reference:	***************************************			and the contract of the contra	ima
	n Beach County, Florida					
Conf	act Name: Richard lavarone T	itle: Director Fi	nancial MRefe	rence date:	01/27/2016	-
	act Email: riavarone@pbcgov.org				661-355-4369	-
	e of Referenced Project: External Audit	Services			The second secon	-
	ract No. Date Services			Project Ar	nount:	
13-0	20/DP 09/30/2006	to 09/30/	2015	\$ 7,272,30	00.00	
Vend	or's rate in Project: Prime Vendor	Subconsultant/S	Subcontractor	Comment Shakes and		
	you use this vendor again? Yes			y in Additiona	Comments (below).	
Desc	ription of services provided by Vendor:	June 1				
	al financial audit (GFOA certification),		te single audit	3		
	*					
	se rate your experience with the renced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
The second second	Vendor's Quality of Service					
1,63	a. Responsive			1		
	b. Accuracy			1		
	c. Deliverables		T	1		
2	Vendor's Organization:			-	powej	
for .	a. Staff expertise			1		
	b. Professionalism					
	c. Turnover	Ħ	Ħ	1		
		-	1	Laborat	Second 1	
3.	Timeliness of:			171	F	
	a. Project		님			
	b. Deliverables			A.	LJ'	
4.	Project completed within budget			1		
5.	Cooperation with:		_		-	
	a. Your Firm			1		
	 b. Subcontractor(s)/Subconsultant(s) 	1		1		
	c. Regulatory Agency(ies)			1		
Additio	nal Comments: (provide on additional sheet if needed)					
	THIS SEC	TION FOR COUNTY L	ISE ONLY			

Jed Shank Division: Couly fudit Date: 05-10-17 Verified via: V EMAIL VERBAL Verified by:

All information provided to Broward County is subject to verification. Vendor scknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, resclassion of the award, or termination of the contract and may also serve as the basis for deharment of Vendor pursuant to Section 21.119 of the Broward County 4/26/2017

BidSync



R2112 Reference	554P2 - External Audit Ser e for: RSM US LLP	vices			
Organiza	tion/Firm Name providing reference				
	ool Board of Broward County, F				
Contact N	Name: Pat Reilly	Title: Chief Audi	tor Ref	erence date:	01/27/2016
	mail: patreilly@browardschools.com			ntact Phone: 7	
	Referenced Project: External Aud				
Contract	No. Date Service	es Provided:		Project An	nount:
12-035N	06/30/2013	to 06/30/	2016	\$ 1,210,00	00.00
endor's r	ole in Project: Prime Vendor	Subconsultant/S	ubcontractor		
Vould you	ruse this vendor again? Yes	No If No	o, please speci	fy in Additiona	Comments (below).
escriptio	on of services provided by Vendo	or:			
Annual fir	nancial audit, (GFOA certification	n), federal and sta	te single aud	its	
	ate your experience with the ed Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Transferred Add Activities before the form	dor's Quality of Service		ř-i	רא	[]
	Responsive				H
	Accuracy Deliverables	H			<u> </u>
				IN-I	
	idor's Organization:			1	П
	Staff expertise Professionalism		Ħ	1	Π
	Turnover			V	
3. Tim	eliness of:	-		1	-
	Project			4	
b.	Deliverables			1	
4. Pro	ject completed within budget			1	
5. Coo	peration with:				
	Your Firm			1	
b.	Subcontractor(s)/Subconsultant(s	s)	百	7	F
C.	Regulatory Agency(ies)		目	Z	
dditional Co	ommonts: (provide on additional sheet if needed)			
	/ ***THIS S	ECTION FOR COUNTY U		1.11.	
rified via:	VERBAL Verified by:	1 Jed Shank	Division:	pull Rudet	Date: 05-10-17

Division: Louty Rudet 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 debarrient of Vendor pursuant to Section 21,119 of the Broward County Procurement Code.

4/26/2017

BidSync



Ora	erence for: RSM US LLP				
	anization/Firm Name providing referen	ce:			
	mi-Dade County, Florida				
	tact Name: Berta Rufat	Title: Controller		rence date:	02/14/2017
	tact Email: brufat@miamidade.gov		Con	tact Phone: 2	305-375-3637
Nan	ne of Referenced Project: External Au	udit Services			
Con	tract No. Date Serv	ices Provided:		Project Ar	mount:
RFF	P-00294 09/30/20	11 to 09/30/	2020	\$ 6,490,00	00.00
Vend	or's role in Project: Prime Vendor	Subconsultant/S	Subcontractor	HOSTO OM TO THE ANALYSIS OF	
Woul	d you use this vendor again? Ve	s No If No	o, please specif	y in Additiona	l Comments (below).
Desc	ription of services provided by Veni	dor:			
Annı	ual financial audit (GFOA certification	on), federal and stat	te single audit	\$	
	ase rate your experience with the renced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
-	Vendor's Quality of Service	- James		F-21	
	 Responsive 			∀	
	To American Co.				
	b. Accuracy c. Deliverables			V	H
	c. Deliverables			✓	H
2.	c. Deliverables Vendor's Organization:				
2.	c. Deliverables Vendor's Organization: a. Staff expertise				
2.	c. Deliverables Vendor's Organization:				
2.	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of:				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with:				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: a. Your Firm				
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant	t(s)			
	c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: a. Your Firm	t(s)			

Division: County fully Date: 05-10-17 Verified via: VEMAIL All intermation provided to Broward County is subject to verification. Vendor advisowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, reaclassion 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 Propurement Code.

4/26/2017

BidSync

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Verified by:



Broward County Solicitation No. and Title:				
R2112554P2 - External Audit Service	ces			
Reference for: RSM US LLP				
Organization/Firm Name providing reference:				
City of Miami. Florida				
	tle: Finance Di	rector	erence date:	01/27/2016
Contact Email: jmfemandez@miamigov.com		Cor	ntact Phone: 3	305-416-1324
Name of Referenced Project: External Audit S				5 m
Contract No. Date Services	Provided:		Project Ar	mount:
RFP 439312 09/30/2014	to 09/30/	2018	\$ 2,305,00	00.00
Vendor's role in Project: Prime 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 Vendor:				
Annual financial audit (GFOA certification), I	ederal and stat	e single audit	s and specia	il reports
		2000		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			F-21	
a. Responsive			V	
b. Accuracy c. Deliverables	H		V	
			14.1	1_1
Vendor's Organization: a. Staff expertise			V	
b. Professionalism		Ē	1	
c. Turnover			$ \mathbf{V} $	
3. Timeliness of:				(
a. Project b. Deliverables	Η			H
	لسار		IV.	
Project completed within budget			1	<u>.</u>
Cooperation with: a. Your Firm	[]		(2)	m
b. Subcontractor(s)/Subconsultant(s)		H	V	H
c. Regulatory Agency(ies)	H	-	7	H
	h		الكا	المتا
Additional Comments: (provide on additional sheet if needed)				
THIS SECT	T / () I		1 1 1 11	AC. 14.17
Verified via: V EMAILVERBAL Verified by:	Jed Shunk	Division:	County Audit	Date: 05-10-17

All information provided to Broward County is subject to verification. Vendor scknowledges 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 detramment of Vendor pursuant to Section 25,119 of the Broward County 4/26/2017

BidSync

p. 91



Processed County Published Alexand Title					
Broward County Solicitation No. and Title: R2112554P1 - External Audit Service					
	Jes				
Onchi y Donadir Lui	44				
Organization/Firm Name providing reference: Hillsborough County Property Appraiser					
	~				Name of Street
	tle: Director of	i indition	rence date:	02/07/2017	
Contact Email: AlessiJ@HCPAFL.org		Con	tact Phone: 8	13-276-8947	
Name of Referenced Project: HCPA Audit for	The same of the sa				
Contract No. Date Services			Project An		
11/07/2016	to 01/09/2	2017	\$ 11,000.0	0	
Vendor's role in Project: ☑ Prime Vendor ☐	Subconsultant/S	ubcontractor			
Would you use this vendor again? Yes	No If No	, please specif	y in Additiona	Comments (below).	
Description of services provided by Vendor:					
Planned and performed audit to obtain reasonable	assurance about	whether the fina	incial statemer	nts are free from	10
material misstatement and to render an opinion.	Needs	Cattofootoo	Excellent	Not	
Please rate your experience with the referenced Vendor:	Improvement	Satisfactory	Excenent	Applicable	Ċ
Vendor's Quality of Service	П	in	[7]	- Indiana	
Responsive Accuracy		H	7		
c. Deliverables					
2. Vendor's Organization:		_			
 a. Staff expertise 	H	H		H	
b. Professionalism c. Turnover		7		Ħ	
The second second	1	15.0	Limid	-	
Timeliness of: a. Project	Ш		V		
b. Deliverables			\checkmark		
4. Project completed within budget					
5. Cooperation with:			[7]		
a. Your Firmb. Subcontractor(s)/Subconsultant(s)	H	H	1		
c. Regulatory Agency(ies)		ᆸ	V		
Additional Comments: (provide on additional sheet if needed)					
***THIS SEC	TON FOR COUNTY U	SE ONLY**			
Verified via: VERBAL Verified by:	I Jed Shank	Division:	Gurdy Audit	Date: 05-10-17	52
The state of the s	10 10 10 10 10 10 10 10 10 10 10 10 10 1	NAME OF THE OWNER OWNER OF THE OWNER OWNE	-1		- 1

All information provided to Broward County is pubject 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, resolvation of the award, or terretination of the contract and may also serve as the basis for deburment of Vendor pursuant to Section 21,119 of the Broward County Procurement Code.



	vices	***************************************			
Reference for: Cherry Bekaert LLP	· ·				
Organization/Firm Name providing reference	;				
Hillsborough County Tax Collector		4-3-1			-
	Title: Director		rence date:	02/07/2017	
Contact Email: masonr@hillstax.org		Con	tact Phone: (813) 635-5266	
Name of Referenced Project:					
Contract No. Date Service			Project An	nount:	
	to				
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor			
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	l Comments (below	v).
Description of services provided by Vendo	or;				
Annual audit of financial statements - Fisc	al years 2010 thr	ough 2016			
Distance of the state of the state of the state of	Needs	Satisfactory	Excellent	Not	
Please rate your experience with the referenced Vendor:	Improvement	Satisfactory	LACGROIL	Applicable	
Vendor's Quality of Service			(-21		
	177		1.61	1 1	
a. Responsive			1	1	
			N N		
Responsive Accuracy					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization:					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of:					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project					
a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables					
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					
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. 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)					

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, unruthful, or incorrect statements made in support of this response may be used by the County as a basis for expection, reseasion of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21/118 of the Broward County Procurement Obde.



Refe	erence	for: Cherry Bekaert Ll	_P					
		on/Firm Name providir		***************************************		***************************************		produces
City	of St	. Petersburg, FL						
Con	tact N	ame: Anne Fritz		Title: Finance D	irector Ref	erence date:	02/13/2017	-
Con	tact E	mail: anne,fritz@stpete	e.org	**************************************	Co	ntact Phone: 7	27-892-5113	-
		Referenced Project: au						ine
Con	tract N	lo,	Date Service	s Provided:		Project Am	nount:	
				to		(E100 E) 1		
Vend	or's ro	le in Project: Prim	e Vendor	Subconsultant/S	Subcontractor			-
	105	use this vendor again'			o, please spec	ify in Additional	Comments (below	N)
			- Sudicional	Januari		4		
	CHIRIT	n of services provide	o ov vendo					
	× = 0,0	n of services provide			Comprehens	ive Annual Fir	ancial Report	
	× = 0,0	udit services providi			Comprehens	ive Annual Fir	nancial Report.	
Exte	rnal a se ra	udit services providir te your experience w	ng opinion o	n City prepared	Comprehens Satisfactory	ive Annual Fir	Not.	
Exte Plea refe	rnal a se ra rence	udit services providir te your experience w d Vendor:	ng opinion o	n City prepared				
Exte Plea refe	rnal a ase ra rence Vend	udit services providing te your experience would be designed to design the design of Services and the	ng opinion o	n City prepared			Not.	
Exte Plea refe	rnal a ase ra rence Veno a.	udit services providing te your experience was demoder: dor's Quality of Service Responsive	ng opinion o	n City prepared			Not.	
Exte Plea refe	rnal a rence Veno a. b.	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy	ng opinion o	n City prepared			Not.	
Exte Plea refe	rnal a rence Veno a. b.	udit services providing te your experience was demoder: dor's Quality of Service Responsive	ng opinion o	n City prepared			Not.	
Plearefe 1.	rnal a rence Venc a. b. c.	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables	ng opinion o	n City prepared			Not.	
Plearefe 1.	rnal a ase ra rence Venc a. b. c. Venc	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise	ng opinion o	n City prepared			Not.	
Plearefe 1.	rnal a ase ra rence Venc a. b. c. Venc	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization:	ng opinion o	n City prepared			Not.	
Plearefe 1.	vence Vence b. c. Vence a. b. c.	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise	ng opinion o	n City prepared			Not.	
Plearefe 1.	vence Vence b. c. Vence a. b. c.	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism	ng opinion o	n City prepared			Not.	
Plearefe 1.	vence Vence b. c. Vence a. b. c. Time	te your experience w d Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	ng opinion o	n City prepared			Not.	
Plearefe 1.	vence a. b. c. Vence a. b. c. Time a.	te your experience we develors Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	ng opinion o	n City prepared			Not.	
Plearefe 1. 2.	vence b. c. Vence a. b. c. Time a. b.	te your experience we develors Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project	ng opinion o	n City prepared			Not.	
Plearefe 1. 2. 3.	vence a. b. c. Vence a. b. c. Time a. b. Proje	te your experience we de Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within be	ng opinion o	n City prepared			Not.	
Plearefe 1. 2. 3.	vence a. b. c. Vence a. b. c. Time a. b. Proje	te your experience we de Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within be peration with:	ng opinion o	n City prepared			Not.	
Plearefe 1. 2. 3.	vence a. b. c. Vence a. b. c. Time a. b. Proje	te your experience we de Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within be peration with: Your Firm	ng opinion o	Needs Improvement			Not.	
Plearefe 1. 2. 3.	vence a. b. c. Vence a. b. c. Proje	te your experience we de Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within be peration with:	ng opinion o ith the	Needs Improvement			Not.	

Verified via: VEMAIL VERBAL Verified by JEd Stank Division: Cowly Audit Date: 05-10-17

All information provided to Broward County is subject to verification. Vendor administration, at incorrect statements made in support of this response may be used by the County as a basis for rejection, resolution of the award, or remaination 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.



Cherry Bekaert LLP		100000000000000000000000000000000000000			Startheneuwex - source	Marie State (Marie State)
irm Name providing r	eference:		**************************************			
ty Department of Fir	nance					
Chris Pietsch	Title:	Director of	i firation		02/09/2017	
			Cont	act Phone: 7	03-324-3126	
		0 02/22/	2021	\$ 1,264,47	4.00	
Project: Prime Ve	endor Sub	consultant/S	ubcontractor			
this vendor again?	✓ Yes	No If No	, please specify	in Additional	Comments (below).	
	y Vendor:					
services						
	the In	Needs provement	Satisfactory	Excellent	Not Applicable	in Opid
sponsive curacy				V		
ff expertise fessionalism				V V		
ject				V		
ompleted within budg	et			V		
ur Firm	nsultant(s)					
	irm Name providing noty Department of Firsty Department of Project: Audit Date O2/10 Project: Prime Ventus vendor again? Services provided by services provided by services Our experience with andor: Quality of Service sponsive curacy liverables organization: Iff expertise infessionalism mover services of: oject liverables completed within budgetion with:	irm Name providing reference: ty Department of Finance Chris Pietsch Title: christopher.pietsch@fairfaxcounty.gov renced Project: Audit Services Date Services Prov 02/24/2016 Project: Prime Vendor Substitution again? Yes services provided by Vendor: services Dur experience with the andor: Quality of Service sponsive curacy liverables Organization: off expertise ofessionalism mover ss of: oject liverables completed within budget tion with:	irm Name providing reference: ty Department of Finance Chris Pietsch Title: Director of christopher.pietsch@fairfaxcounty.gov renced Project: Audit Services Date Services Provided: 02/24/2016 to 02/22/2 Project: Prime Vendor Subconsultant/S this vendor again? Yes No If No services provided by Vendor: services Our experience with the andor: Quality of Service sponsive Curacy liverables Organization: off expertise ofessionalism mover ss of: oject liverables completed within budget tion with:	irm Name providing reference: ty Department of Finance Chris Pietsch Title: Director of Finance Reference: christopher.pietsch@fairfaxcounty.gov Contrenced Project: Audit Services Date Services Provided: 02/24/2016 to 02/22/2021 Project: Prime Vendor Subconsultant/Subcontractor this vendor again? Yes No If No, please specify services provided by Vendor: services provided by Vendor: services Our experience with the Needs Satisfactory Improvement Quality of Service sponsive Curacy liverables Organization: off expertise of expertise	irm Name providing reference: ty Department of Finance Chris Pietsch Title: Director of Finance Reference date: christopher.pietsch@fairfaxcounty.gov Contact Phone: 7 renced Project: Audit Services Date Services Provided: Project Am 02/24/2016 to 02/22/2021 \$ 1,264,47 Project: Prime Vendor Subconsultant/Subcontractor this vendor again? Yes No If No, please specify in Additional services provided by Vendor: services pur experience with the Needs Satisfactory Excellent Improvement andor: Quality of Service sponsive curacy Subconsive Curacy Subconsider Sub	irm Name providing reference: ty Department of Finance Chris Pietsch Title: Director of Finance Reference date: 02/09/2017 christopher.pietsch@fairfaxcounty.gov Contact Phone: 703-324-3126 renced Project: Audit Services Date Services Provided: Project Amount: 02/24/2016 to 02/22/2021 \$1,264,474.00 if Project: Prime Vendor Subconsultant/Subcontractor this vendor again? Pyes No If No, please specify in Additional Comments (below). services provided by Vendor: services Dur experience with the Improvement Applicable andor: Quality of Service sponsive suracy Subconsultant/Subcontractor Couglity of Service sponsive suracy Subconsultant/Subcontractor Improvement Excellent Not Applicable Couglity of Service sponsive suracy Subconsultant/Subcontractor Improvement Subconsultant/Subcontractor In Not Applicable Improvement Substantian In Section Subconsultant/Subcontractor In Services Subconsultant/Subcontractor In Subconsul

All information provided to Broward County is subject to verification. Verifor advisoring that inaccurate, instruction of incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the severd, or termination of the cookract and may also serve as the basis for debarment of Vendor pursuant to Section 21,119 of the Broward County-Procurement Code.



Reference for: Cherry Bekaert LLP					
Organization/Firm Name providing reference:				100000000000000000000000000000000000000	
Hillsborough County Clerk of Circuit Court					
Contact Name: Ajay Gajjar T	itle: Assistant F	inance Refe	rence date:	02/09/2017	
Contact Email: gajjar@hillsclerk.com		Con	tact Phone: 8	13-307-7026	edistical Phil Managers Co.
Name of Referenced Project: Audit Services	Agreement for	Hillsborough (County		
Contract No. Date Services	Provided:	and the second s	Project Am	nount:	
BOCC Doc No. 10-0500 06/17/2010	to 06/01/	2017	\$ 3,639,64	5.00	
Vendor's role in Project: ☐ Prime Vendor	Subconsultant/S	ubcontractor			-
Would you use this vendor again? Yes	No If No	, please specif	y in Additional	Comments (below),
Description of services provided by Vendor:	- todoperand				
Entire annual County audit of Hillsborough County Enterprise Funds, State and Federal Single Audits				Officers, two-	JIC U
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	BidSync
Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables					
Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover					
Timeliness of: a. Project b. Deliverables			V		
4. Project completed within budget					
 Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) 		Entrangement Control of Control o		$ \overline{\mathbf{V}} $	
a. Your Firmb. Subcontractor(s)/Subconsultant(s)				\square	



Broward County Solicitation No. and Title: R2112554P2 - External Audit Service	es						
Reference for: S. Davis & Associates, P.A.							
Organization/Firm Name providing reference:							
School Board of Broward County							
Contact Name: Robert Runcie Title: Superintendent Reference date: 02/13/2017							
Contact Email: r.r@browardschools.com Contact Phone: 754-321-2600							
Name of Referenced Project: Attestation and	Consulting Pro	jects					
Contract No. Date Services	Provided:		Project Ar	mount:			
various 01/01/2011	to 02/13/	2017	\$ 700,000	.00			
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	Subcontractor					
Would you use this vendor again?	□No If No	o, please specif	y in Additiona	I Comments (below).			
Description of services provided by Vendor:							
Various special audits, agreed-upon procedures and consulting Not included above is the firm's successful completion of work or							
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable			
Vendor's Quality of Service	<u> </u>	<u> </u>					
a. Responsive		H	V				
b. Accuracyc. Deliverables	H		\\\				
2. Vendor's Organization:		<u></u>					
a. Staff expertise	H		A				
b. Professionalism	님	Н	∀				
c. Turnover	لــا		▼				
3. Timeliness of:			[7]	П			
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4. Desires completed within hydrot		<u>—</u>					
4. Project completed within budget			\checkmark	Ц			
Cooperation with: a. Your Firm	[
b. Subcontractor(s)/Subconsultant(s)	片		<u>~</u>	片			
c. Regulatory Agency(ies)				▼			
Additional Comments: (provide on additional sheet if needed)							
WITUR CEAT	TION FOR COUNTY U	SE ONI V***					
Verified via: VERBAL Verified by:	Jed Shark		oudy Audit	Date: <u>05-18-17</u>			

Verified via: VERBAL Verified by: Jed Sheek Division: Loudy Aud Date: 05-10-17

All Information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incomect statements made in support of this response may be used by the 4/2 Procurement Code

VERBAL Verified by: Jed Sheek Division: Loudy Aud Date: 05-10-17

Date: 05-10-17

Date: 05-10-17



Broward County Solicitation No. and Title:								
R2112554P1 - External Audit Service	ces							
Reference for: S. Davis & Associates, P.A.	The state of the control of the state of the							
Organization/Firm Name providing reference:								
Broward County Housing Finance Authority	y							
Contact Name: Norman Howard Ti	itle: Manager	Refe	rence date:	02/13/2017				
Contact Email: nhoward@broward.org		Con	tact Phone: 9	54-357-4925				
Name of Referenced Project: Broward County Housing Finance Authority Bond Audits								
Contract No. Date Services Provided: Project Amount:								
N/A 10/01/2014	to 09/30/	2017	\$ 251,000.	00				
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		Conference Control of the Control of				
Would you use this vendor again? Yes	□No If No	, please specif	y in Additional	Comments (below).				
Description of services provided by Vendor:								
audits of multiple single-family and multi-family m extensions not included in the above project amount		oonds for FYE 2	014, 2015, 20	16 (with two 1 year				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable				
 Vendor's Quality of Service Responsive 			1					
b. Accuracyc. Deliverables	\exists		✓ ✓					
Vendor's Organization: a. Staff expertise	П	П	\checkmark					
b. Professionalism		Ħ	V					
c. Turnover			\checkmark					
3. Timeliness of:		П	[7]					
a. Projectb. Deliverables		日	V					
4. Project completed within budget			\checkmark					
Cooperation with: a. Your Firm		П	7	П				
b. Subcontractor(s)/Subconsultant(s)		l l	Ħ	Z				
c. Regulatory Agency(ies)				\checkmark				
Additional Comments: (provide on additional sheet if needed)								
Based on current performance, SDA will be extended for the next two years as of this date. The fi knowledgeathe & professional. Finally, all tepods are delivered timely.	im previously performed our opera	lional audit and our bond audits	each for a 5-year period. Ma	nageneni & sisti are				
	TION FOR COUNTY U	SE ONLY***						
Verified viz. / EMAIL VERBAL Verified by	- Jew Shank	Division: /	mult Audit	Date: 05-10-17				

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



Reference for: S. Davis & Associates, P.A.				
Organization/Firm Name providing referen	ce:			The second section of the section of the second section of the section of the second section of the section of the second section of the section of the second section of the section
South Florida Regional Planning Coun	cil			
Contact Name: Isabel Cosio Carballo	Title: Executive	Director Refe	erence date:	02/13/2017
Contact Email: isabelc@sfrpc.com		Cor	ntact Phone: g	54-985-4416
Name of Referenced Project: External Au	udit, Tax & Consul	ting Services		
Contract No. Date Servi	ices Provided:	Control of the Control of the Control	Project An	nount:
N/A 10/01/20	06 to 02/13	1/2017	\$ 400,000.	00
'endor's role in Project: 📝 Prime Vendor	Subconsultant/	Subcontractor		
Vould you use this vendor again?	s TNo If N	lo, please speci	fy in Additiona	Comments (below
DA provided financial statement and single audit services on a rom 2010 to present, the firm has performed various consulting Please rate your experience with the				
referenced Vendor:	Improvement	and to to to ty	Dassinon	Applicable
Vendor's Quality of Service a. Responsive	П		N	
b. Accuracy c. Deliverables	Ħ	Ħ		Ē
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b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables	(s)			

All information provided to Broward County is subject to verification. Vender solonowledges that inaccurate, untruffills, or incorrect statements made in support of this response may be used by the County as a basis for rejection, resolation of the award, or termination of the contract and may also serve as the basis for determent of Vender pursuant to Section 21.118 of the Broward County Procuration of the several County is a basis for rejection.

4/25/2017



Broward County Solicitation No. and Title:					
R2112554P2 - External Audit Services					
Reference for: S. Davis & Associates, P.A.					
Organization/Firm Name providing reference:					
City of West Park					
Contact Name: W. Ajibola Balogun Title: City Manager Reference date: 02/13/2017					
Contact Email: abalogun@cityofwestpark.org Contact Phone: 954-989-2688					
Name of Referenced Project: City of West Park, Florida audits and consulting					
Contract No. Date Services Provided: Project Amount:			nount:		
N/A 03/01/2006	to 03/01/	2017	\$ 180,000.	00	
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	Subcontractor			
Would you use this vendor again?	□No If N	o, please speci	fy in Additional	Comments (below).	
Description of services provided by Vendor:					
Financial statement and single audits FYE 9/30/2005 to 9/30/2014. Contract compliance consulting services 5/1/2016 to present.					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
 Vendor's Quality of Service Responsive 			1		
b. Accuracy			1		
c. Deliverables			\checkmark		
2. Vendor's Organization:			1		
a. Staff expertise b. Professionalism			V		
c. Turnover			\checkmark		
3. Timeliness of:					
a. Projectb. Deliverables			1	H	
Project completed within budget			\checkmark		
Cooperation with: a. Your Firm			1		
b. Subcontractor(s)/Subconsultant(s)	H			7	
c. Regulatory Agency(ies)				\checkmark	
Additional Comments: (provide on additional sheet if needed)					
The firm is always available to answer questions year-round, whether the questions relate to internal controls, accounting, GASE pronouncement; or other technical questions.					
THIS SECTION FOR COUNTY USE ONLY					
Verified via: VEMAIL VERBAL Verified by:	Jed Showk	Division: /	Louis & Andy	Date: 05-10-17	

All information provided to Broward County is subject to ventication. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 4/250 years a basis for rejection, rescission of the award, or termination of the contract and may assist serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 70 processing the contract and may assist the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 70 processing the contract and may assist the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 70 processing the contract and may be used by the description of the contract and may be used by the description of the award.



Broward County Solicitation No. and Title:					
R2112554P2 - External Audit Service	es				
Reference for: BCA Watson Rice LLP					
Organization/Firm Name providing reference:					
Miami-Dade Expressway Authority					
Contact Name: Marie Schafer Tit	le:		Control of the Contro	4/24/2017	
Contact Email: mschafer@mdxway.com		Con	tact Phone: 305-	637-3277 ext.	1136
Name of Referenced Project:					
Contract No. Date Services F	Provided:		Project Amou	unt;	500 MARKETAN III
N/A 4/2005	to 6/	2010	50,000	- 60,	000
Vendor's role in Project: Prime Vendor ☐	Subconsultant/S	ubcontractor		Per i	4coan
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additional C	omments (b	S THE STREET
Description of services provided by Vendor:	* 4	±*			
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		Superior and a superior		Y	A. J.L
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	na-mal
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b. Accuracy					
c. Deliverables					
Vendor's Organization:					
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b. Professionalism c. Turnover	H	H	A	H	
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a. Your Firm		<u> </u>			
 b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) 					
c. Regulatory Agency(les)					
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AND			2 22 22 22 22 22 22 22 22 22 22 22 22 2		



Broward County Solicitation No. and Title:					
R2112554P2 - External Audit Service	es				
Reference for: BCA Watson Rice LLP	<u> </u>	*************************		All and the second seco	
Organization/Firm Name providing reference:					
Broward County Housing Authority					
Contact Name: Steve Cortese Title: CFO Reference date: 04/24/2017					
Contact Email: scortese@hchafl.org Contact Phone: 954-739-1114					
Name of Referenced Project: Annual Financial Statement Audits					
Contract No. Date Services Provided: Project Amount:				nount:	
N/A 2005 to 2015 \$561,200.00				00	
Vendor's role in Project: ✓ Prime Vendor □	Subconsultant/Su	ubcontractor			
Would you use this vendor again? Yes	No If No	, please specif	y in Additional	Comments (below).	
Description of services provided by Vendor:					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not	
referenced Vendor: 1. Vendor's Quality of Service	Improvement			Applicable	
a. Responsive			\checkmark		
b. Accuracy c. Deliverables			√		
			[4]		
Vendor's Organization: a. Staff expertise			1		
b. Professionalism		20-000-000	7		
c. Turnover			\checkmark	LJ	
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Project completed within budget	_				
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Cooperation with: a. Your Firm	П		1	П	
b. Subcontractor(s)/Subconsultant(s)			V	Ħ	
c. Regulatory Agency(ies)			1		
Additional Comments: (provide on additional sheet if needed)					
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All information provided to Broward County is subject to verification. Vendor advinowedges that snecturate, untuithful, or incorrect statements made in support of this response may be used by the 4/6 charty as a day selfor rejection, rescission of the award, or termination of the contract said may also serve as the basis for determinant of Vendor pursuant to Section 21,119 of the Broward County 38 recoverable County 38.



Broward County Solicitation No. and Title:				
R2112554P2 - External Audit Service	ces			
Reference for: BCA Watson Rice LLP				
Organization/Firm Name providing reference:	Company of the Company of the Assessment of the Section of the Sec			
South Florida Regional Transportation Auth	nority			
Contact Name: Christopher Bross Tr	tle: Procureme	nt Dir Re	ference date:	04/24/2017
Contact Email: brosso@sfrta.fl.gov	en kal (Mart list och en kalende i sammatisti Samt (Mart list på samtinet i den en kalend sam	Co	ontact Phone: (9	954) 788-7911
Name of Referenced Project: Annual Financia	al Statement Au			
Contract No. Date Services Provided: Project Amount:				nount:
07-723 07/03/2007	AND			
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor	***************************************	
Would you use this vendor again? Yes	No If No	, please spec	cify in Additional	Comments (below).
Description of services provided by Vendor:				
	120	200 PK 100 B		Directory.
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			F-53	
a. Responsive	-		V	H
b. Accuracy c. Deliverables		H		
			TA.	
Vendor's Organization: a. Staff expertise			1	
b. Professionalism			\ <u>\</u>	
c. Turnover			\checkmark	
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Project Deliverables		H		and the same of th
All and a second and another translation between			区	
Project completed within budget			\checkmark	
5. Cooperation with:		[]		F
a. Your Firmb. Subcontractor(s)/Subconsultant(s)				
c. Regulatory Agency(ies)		H	×	H
			LV.	
Additional Comments: (provide on additional sheet if needed)				
	TION FOR COUNTY U		01111	100
Verified via: V EMAILVERBAL Verified by:	- Jed Shoak	Division	County AndA	Date: 05'10-17

All information provided to Broward County is subject to verification. Vendor acknowledges that insecurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, readsolven of the sweet, 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 Solicitation No. and Title: R2112554P2 - External Audit Services Reference for: BCA Watson Rice LLP Organization/Firm Name providing reference: City of Grenta, Florida Contact Name: Antonio Jefferson Reference date: Title: City Manager 05/03/2017 Contact Phone: 850-856-5257 Contact Email: ajefferson@mygrenta.com Name of Referenced Project: Annual Financial Statement Audit Contract No. Date Services Provided: Project Amount: 10/01/2001 to 09/30/2016 \$ 568,000.00 Vendor's role in Project: **☐** Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? √ Yes \neg No If No, please specify in Additional Comments (below). Description of services provided by Vendor: **Annual Financial Audits** Satisfactory Needs **Excellent** 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) ***THIS SECTION FOR COUNTY USE ONLY***

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 Programment Code