



TO: Marie Williams, Purchasing Agent, Senior
Purchasing Division
FROM: Tim Garling, Director
Transit Division
SUBJECT: Solicitation No.: V2114207B1
ADA Paratransit Functional Assessments

Recommended Vendor: IPS Lynx, Inc.
Recommended Group(s)/Line Item(s): All line items - 1 through 6
Initial Award Amount: \$922,650 Potential Total Amount: \$1,537,750
Initial Contract Term: Three Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Paul Strobis TITLE: Paratransit Manager
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 7.13.2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114207B1 ADA Paratransit Functional Assessments
 Reference for: (Name of Firm) IPS Lynx, Inc.
 Organization/Firm Name providing reference: Jacksonville Transportation Authority
 Contact Name/Title: Helen Perez/ Senior Manager
 Contact E-mail: hperez@ftafla.com
 Contact Phone: 904-265-8939
 Name of Referenced Project: ADA Paratransit Eligibility Functional Assessments
 Contract No. P-12-015
 Contract Amount: \$114,000.00
 Date Services Provided: 10/9/2012-9/29/2017

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Performed Functional Assessments Physical and Cognitive with Mock Bus . Tested physical ability to ride the bus. Documented on form established by Projection Acton. They performed initial interview for JTA in person. JTA made final determiniations.

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

Additional Comments: (provide on additional sheet if needed)
 Very satisfied with services. Good vendors. Great partners.
 Wayne Beck started as a vendor in 2007 then he opened his own company in 2012.

References Checked By
 Name: Joy Mathis Title: Paratransit Eligibility Supervisor
 Division/Department: Transit/ Paratransit Date of Verification: 05/31/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114207B1 ADA Paratransit Functional Assessments

Reference for: (Name of Firm) IPS Lynx, Inc.

Organization/Firm Name providing reference: GE Aviation (Jacksonville, FL)

Contact Name/Title: Patrick Curlin

Contact E-mail: patrick.curlin@ge.com

Contact Phone: 609-845-2096

Name of Referenced Project: Staff on-site Clinic

Contract No. Not available

Contract Amount: \$11,000.00 per month

Date Services Provided: 2012 - present

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Perform clinical-based functional and performance assessments. Also perform ergonomic assessments, massage therapy, musculoskeletal therapy, injury response, and behavioral training.

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"/>

Additional Comments: (provide on additional sheet if needed)
Some turnover. But they continue to staff the clinic.

References Checked By: Joy Mathis Title: Paratranist Eligibility Supervisor

Division/Department: Transit/Paratransit Date of Verification: 06.05.17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: V2114207B1 ADA Paratransit Functional Assessments

Reference for: (Name of Firm) IPS Lynx, Inc.

Organization/Firm Name providing reference: Occupational Safety & Health Depart. - NE FL Safety Council

Contact Name/Title: Bruce R. Press

Contact E-mail:

Contact Phone: 904.399.3119 ext. 127

Name of Referenced Project: Functional Assessments

Contract No. Not available

Contract Amount: Not available

Date Services Provided: 2016 - present
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Perform on-site functional assessments for staff of Coach, Cocoa Cola and Innovative Construction.

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 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"/>

Additional Comments: (provide on additional sheet if needed)
 Received no complaints. Very happy with provider. We use them because they are the Subject Matter Experts.

References Checked By: Name: Joy Mathis Title: Paratransit Eligibility Supervisor

Division/Department: Transit/Paratransit Date of Verification: 06/08/2017