Three-Question Matrix and Reference Checks RFP No. R2114326P1 Architectural and Engineering Services for Lauderhill Mall New Transit Center

Ranking	1	2	3
Firm Name	Saltz Michelson Architects, Inc.	BEA Architects	ACAI Associates, Inc.
Questions			
Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
	Miami-Dade County Public Schools City of Weston Broward College	Miami-Dade County Seaport Department Port of Miami Terminal Operating Company Ransom Everglades School	Nova Southeastern University School Board of Broward County City of Fort Lauderdale
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)

R2114326P1



Vendor Reference Verification Form

Reference for: Saltz Michelson Architects, Inc.				
Organization/Firm Name providing reference:				
Q,Fit LLC				
Contact Name: John Allen T	itle: Owner	Ref	erence date:	05/22/2017
Contact Email: jallen@quantumhydraulic.com		Co	ntact Phone: (954) 587-8685
Name of Referenced Project: Quantum Mari	ne			
Contract No. Date Services	Provided:		Project An	nount:
Not applicable. 02/01/2013	to 12/07/	2016	\$6,800,00	0.00
'endor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Vould you use this vendor again? √Yes	□No If No	, please spec	ify in Additional	Comments (below)
Description of services provided by Vendors				
architectural and project management through		tion.		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
 Responsive 			√	
b. Accuracy c. Deliverables	H		∀	
			4	
Vendor's Organization: Stoff exporting			✓	
Staff expertise Professionalism		Ħ		
c. Turnover			✓	
3. Timeliness of:	_			
a. Project			✓	
b. Deliverables			\checkmark	
 Project completed within budget 			✓	
	100		_	
5. Cooperation with:			\checkmark	
a. Your Firm			✓	
 a. Your Firm b. Subcontractor(s)/Subconsultant(s) 				
a. Your Firm	\exists		✓	
 a. Your Firm b. Subcontractor(s)/Subconsultant(s) 			$\overline{\checkmark}$	

All information provided to Broward County is subject to verification. Vestor acknowledges that inaccurate, unruthful, or incorrect statements made in support of this response may be used by the 5/16/94/15 and agree of response may be used by the support of the su

R2114326P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2114326P1 Architectural and Engineering Services for Lauderhill Mall New Transit Center Reference for: Saltz Michelson Architects, Inc. Organization/Firm Name providing reference: Stiles Corporation Contact Name: Terry Hardmon Reference date: Title: Project Executive 05/22/2017 Contact Phone: (954) 627-9226 Contact Email: Terry.Hardmon@stiles.com Name of Referenced Project: Big Cypress Family Medical Center Contract No. Date Services Provided: Project Amount: 18-18814 10/01/2014 to 11/11/2016 \$8,400,040.00 Vendor's role in Project: Prime Vendor √ Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Full architectural services. Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable referenced Vendor: Vendor's Quality of Service Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) THIS SECTION FOR COUNTY USE ONLY*** Verified by: Kachel DavidSon Division: X VERBAL EMAIL

All information provided to Broward County is subject to verification. Vender advirowindages that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 5/18/99/99 see deplay in rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vender persuant to Section 21.119 of the Broward County 20.

**Contract and may also serve as the basis for debarment of Vender persuant to Section 21.119 of the Broward County 20.

R2114326P1



Vendor Reference Verification Form

Reference for: Saltz Michelson Architects	s, Inc.			
Organization/Firm Name providing refere	ence:			
City of Weston				
Contact Name: Karl C. Thompson, P.	E. Title: Dir of Pub			05/25/2017
Contact Email: kthompson@westonfl.org			tact Phone: g	54-385-2600
Name of Referenced Project: Weston F	Parks Restroom Rend	ovations		
Contract No. Date Se	rvices Provided:		Project An	nount:
2013-01 10/01/2	2015 to 09/30/	/2016	\$ 1,500,00	0.00
rendor's role in Project: Prime Vendo	or Subconsultant/S	Subcontractor		
Vould you use this vendor again?	res No If No	o, please specif	y in Additional	Comments (below
Description of services provided by Ve	endor:			
Architectural Services for Weston Par		tions		
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
referenced Vendor: 1. Vendor's Quality of Service	improvement			Applicable
a. Responsive		✓		
b. Accuracy		✓		
		▼		
b. Accuracy c. Deliverables 2. Vendor's Organization:				
b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise				
b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism				
b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover				
b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of:				
b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project				
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b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project				
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All information provided to Broward County is subject to verification. Vendor advisorable that inaccurate, untruthilit, or incorrect statements made in support of this response may be used by the 5/10-2009 95-2009 per report of the award, or termination of the contract and may also serve as the basis for determinent of Vendor pursuant to Section 21.119 of the Broward County 20 Processing and C

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R21	1143	326P1 Archit	ootarar arra E					W Transit Com
Refe	rence	e for: BEA Arc	hitects, Inc.					
7.7			e providing refer	rence:				
		eaport Depar						
Cont	act N	lame: Vivian	Alfonso	Title: A	Architect 3	Refe	erence date:	05/22/2017
Cont	act E	mail: alfonsv@	miamidade.gov			Cor	ntact Phone: 3	305-347-5520
Nam	e of F	Referenced Pr	oject: PortMiar	mi Terminal	E Concou	rse Renovation	ons & Runwa	y Upgrades
	ract N			ervices Provid			Project An	
A13-	-SEA	N-02	02/27/	2015 to	05/22/	2017	\$ 10,000,0	00.00
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	ipuo	n or services	provided by Ve	endor:				
Plea: refer	se ra	te your exper	ience with the		Needs provement	Satisfactory	Excellent	Not Applicable
Pleas	se ra	te your expered Vendor:	ience with the			Satisfactory	Excellent	
Pleas	se ra rence Venda. b.	te your exper d Vendor: dor's Quality o Responsive Accuracy	ience with the			Satisfactory	Excellent	
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2. 3.	se ra ence Venne a. b. c. Venn a. b. c. Time a. b. Proje Coop a. b.	te your expered Vendor: dor's Quality o Responsive Accuracy Deliverables dor's Organiza Staff expertis Professionali Turnover eliness of: Project Deliverables ect completed peration with: Your Firm Subcontracto	rience with the f Service ition: ie sm	Imp		Satisfactory		



Broward County Solicitation No. and Title: R2114326P1 Architectural and Engin	eering Service	s for Lauder	hill Mall No	w Transit Cent
Reference for: BEA Architects, Inc.	cerning dervice	3 IOI Laudell	Tilli Mali Ne	W Transit Oerite
Organization/Firm Name providing reference:				
IMG Tennis				
Contact Name: Catherine Stock	itle: VP of Faci	lities Refe	erence date:	04/27/2017
Contact Email: Catherine.Stock@img.com			ntact Phone: g	
Name of Referenced Project: IMG Improven	nents to Crando			
Contract No. Date Services			Project An	nount:
09/01/2012	to 04/27/	2017	\$ 1,500,00	00.00
endor's role in Project: 📝 Prime Vendor	Subconsultant/S	ubcontractor		
/ould you use this vendor again? ✓ Yes	No If No	o, please specif	y in Additiona	I Comments (belo
escription of services provided by Vendor				
	Master Plan pro	piect to smalle	er individual r	projects.
EA has provided architectural services for	Master Plan pro	oject to smalle	er individual p	projects.
EA has provided architectural services for Please rate your experience with the	Master Plan pro	oject to smalle Satisfactory	er individual p	Not
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs			
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive	Needs			Not
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 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	Needs			Not
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 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	Needs			Not
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 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	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:	Needs		Excellent V V V V V V V	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 b. Subcontractor(s)/Subconsultant(s)	Needs		Excellent V V V V V V V	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 b. Subcontractor(s)/Subconsultant(s)	Needs		Excellent V V V V V V V	Not



BRC	WARD COUNTY Ver	ndor Reference V	erification Fo	rm	
Browa	ard County Solicitation No. and Title:				
	14326P1 Architectural and Engir	neering Service	s for Lauder	hill Mall Nev	w Transit Center
Refere	ence for: BEA Architects, Inc.				
Organ	nization/Firm Name providing reference:				
lvey's	s Construction, Inc.				
Conta	act Name: Rocky Johnson	Title: Vice Presi	dent Refe	erence date:	
	act Email: rjohnson@iveycon.org		Cor	ntact Phone: 3	321-453-3812
Name	of Referenced Project: Cruise Termin	nal No. 1 at Port			
	act No. Date Service			Project An	nount:
213.6	55 12/01/2013	to 12/31/	2014	\$ 64,000,0	00.00
Descri Lead de	you use this vendor again? Yes ption of services provided by Vendor esign services for a new state of the art created and egress.	r:			I Comments (below
refere	e rate your experience with the enced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1, \	Vendor's Quality of Service a. Responsive				П
	b. Accuracy			V	
	c. Deliverables			\checkmark	
2. \	Vendor's Organization:				
	Staff expertise Professionalism			7	H
	c. Turnover			✓	
3. 7	Timeliness of:				
	a. Project			✓	
	b. Deliverables			✓	
4. F	Project completed within budget			\checkmark	
5. (Cooperation with:				
	a. Your Firmb. Subcontractor(s)/Subconsultant(s)			✓	
	c. Regulatory Agency(ies)			✓	
dditiona	al Comments: (provide on additional sheet if needed)			V	
	***THIS SEC	CTION FOR COUNTY US		100	
erified via	ia:EMAIL X VERBAL Verified by: 100	chel David	SOM Division:	cmo	Date: 6/8/17
All information	on provided to Broward County is subject to verification. Vendor ackno- basis for rejection, rescission of the award, or termination of the conti-	wledges that inaccurate, untruth	ful, or incorrect statements	s made in support of this	response may be used by



BROWARD COUNTY Vend	dor Reference V	erification For	m	
Broward County Solicitation No. and Title:				
R2114326P1 Architectural and Engine	ering Service	s for Lauderl	nill Mall Nev	w Transit Center
Reference for: BEA Architects, Inc.	9			0.1139/08/05/05/05/05/05
Organization/Firm Name providing reference:				
POMTOC (Port of Miami Terminal Operation	ng Company)			
Contact Name: Jorge Rovirosa Ti	tle: POMTOC	Director Refe	erence date:	05/23/2017
Contact Email: Jorge@farovi.com		Con	tact Phone: g	305-373-4765
Name of Referenced Project: POMTOC Carg	o Gate Comple			
Contract No. Date Services			Project An	nount:
02/20/2006	to 04/27/	2007	\$ 3,500,00	0.00
Would you use this vendor again? Yes Description of services provided by Vendor: Design Build services for a new cargo gate of				Comments (below) Port of Miami
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			\checkmark	
2. Vendor's Organization:				
a. Staff expertise b. Professionalism			7	
c. Turnover				✓
3. Timeliness of:				
a. Project b. Deliverables	H		✓	
			V	
Project completed within budget			\checkmark	
Cooperation with: a. Your Firm			\checkmark	
b. Subcontractor(s)/Subconsultant(s)	H	H	7	
c. Regulatory Agency(ies)			V	
Additional Comments: (provide on additional sheet if needed)				
The gate system designed/installed by BEA was the first manless :	system in South Florid	a. The entire project	was delivered on ti	me and within budget.
THIS SECT	ION FOR COUNTY U	SE ONLY	1 112	
Verified via:EMAIL X_VERBAL Verified by: Rack	nel Davids	Division:	cmo	Date 4/12/17
All information provided to Broward County is subject to verification. Vendor acknowle County as a basis for rejection, rescission of the award, or termination of the contract	dges that inaccurate, untruth and may also serve as the	iful, or incorrect statements basis for debarment of Ver	made in support of this	response may be used by the 21 119 of the Broward County



Broward County Solicitation No. and Title: R2114326P1 Architectural and Engine	eering Service	s for Lauderl	hill Mall Nev	v Transit Cent
Reference for: BEA Architects, Inc.		V-2000000000	200 Ch 230 Tria	
Organization/Firm Name providing reference:				
Ransom Everglades School				
Contact Name: Andy De Angulo T	itle: Aquatics D	irector Refe	erence date:	05/20/2017
Contact Email: adeangulo@ransomeverglades.			ntact Phone: 3	05-460-8832
Name of Referenced Project: Ransom Everg				
Contract No. Date Services	And the second s		Project An	nount:
01/01/2011	to 02/10/	2012	\$7,000,00	0.00
'endor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Vould you use this vendor again? ✓ Yes	□No If No	o, please specif	v in Additional	Comments (belo
Description of services provided by Vendor:		(brease speek	,	
or promote promote by vendon				
compliant of our residue by remain				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory	Excellent	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive	Needs	Satisfactory	Excellent	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory	Excellent V V	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy	Needs	Satisfactory	Excellent ✓	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory	Excellent V V	
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory	Excellent V V V	
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	Satisfactory	Excellent	
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	Satisfactory	Excellent	
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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	Needs	Satisfactory	Excellent V V V V V V V	
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	Needs	Satisfactory		
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	Needs	Satisfactory		
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory		
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	Needs	Satisfactory		
Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service	Needs	Satisfactory		





Vendor Reference Verification Form

Reference for: ACAI Associates, Inc.			W	
Organization/Firm Name providing reference:				
Nova Southeastern University				
Contact Name: Dr. Fred Lippman Ti	tle: Chancellor	Health PRefe	erence date:	05/26/2017
Contact Email: flippman@nova.edu			tact Phone: 9	54-262-1501
Name of Referenced Project: Center for Colla	aborative Resea	arch Facility		
Contract No. Date Services	Provided:		Project An	nount:
N/A 10/27/2006	to 06/01/	2016	\$ 49,000,0	00.00
Would you use this vendor again?				Comments (below
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			✓ ✓	
2. Vendor's Organization:			√	H
a. Staff expertiseb. Professionalismc. Turnover			✓	\exists
b. Professionalism			✓	
b. Professionalism c. Turnover 3. Timeliness of: a. Project			\ \ \ \	
 b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 				
 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) 			\ \ \ \ \ \	

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R2114326P1



Vendor Reference Verification Form

Reference for: ACAI Associates, Inc.				
Organization/Firm Name providing reference:				
School Board of Broward County				
Contact Name: Shelley Meloni T	itle: Director	Refe	rence date:	05/26/2017
Contact Email: shelley.meloni@browardschools.com			tact Phone: 7	54-321-1515
Name of Referenced Project: Southwest and	West Central E	Bus Maintenan	ce Facilities	
Contract No. Date Services	Provided:		Project Am	ount:
N/A 10/25/1999	to 07/16/	2009	\$ 4,500,00	0.00
/endor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Vould you use this vendor again? \(\sqrt{es} \)	No If No	, please specif	y in Additional	Comments (below).
Description of services provided by Vendor:		200000 0000	a to observe a	
Architecture, Programming, Landscape Arc		eering Const	ruction Mana	gement
Tomostars, Fregramming, Earlessape 7 to	intootaro, Engin	coming, contain	dollori mana	gomons
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
referenced Vendor:	Improvement	100000000000000000000000000000000000000		Applicable
Vendor's Quality of Service			1	
a. Responsiveb. Accuracy	H		1	
c. Deliverables	H		1	
	_		_	
O Mandada Ossasinations		-		
Vendor's Organization: Staff expertise			V	_
a. Staff expertise			√	
			√ √	
a. Staff expertiseb. Professionalism			✓ ✓	
 a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project 			X X	
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 a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project 			\ \ \ \ \	
 a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 				
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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 6/11 Syngly as a basis for rejection, rescission of the award, or termination of the contract and may be used by the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 42 Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2114326P1 Architectural and Engineering Services for Lauderhill Mall New Transit Center Reference for: ACAI Associates, Inc. Organization/Firm Name providing reference: Nova Southeastern University Contact Name: Jessica Brumley Title: Executive Director Reference date: 06/14/2017 Contact Email: jw1263@nova.edu Contact Phone: 954-262-8835 Name of Referenced Project: **NSU Flight Deck Facility** Contract No. Date Services Provided: Project Amount: 03/03/2013 to 04/21/2014 \$ 500,000.00 Vendor's role in Project:

✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? If No, please specify in Additional Comments (below). No Description of services provided by Vendor: Architectural Design, Programming, Construction Administration, Modeling Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable referenced Vendor: Vendor's Quality of Service a. Responsive Accuracy Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables 4. Project completed within budget Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) ***THIS SECTION FOR COUNTY USE ONLY*** Division: CMD Verified by: Kache VERBAL **EMAIL**

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Vendor Reference Verification Form

	ce for: ACAI Associates, Inc.				
	ation/Firm Name providing reference:				
City of	Fort Lauderdale				
Contact	Name: Fernando Blanco Ti	tle: Project En	gineer Ref	ference date:	06/14/2017
Contact	Email: fblanco@fortlauderdale.gov		Co	ontact Phone: ç	954-828-6536
Name of	Referenced Project: Fort Lauderdale	e Executive Air	port Fire Stat	tion & Emerge	ency Operations
Contract	No. Date Services	Provided:	Man	Project Ar	mount:
	05/09/2007	to 07/02/	2008	\$ 7,500,00	00.00
Vould yo	role in Project: Prime Vendor u use this vendor again? Yes on of services provided by Vendor: cural Design, Programming, Constru	No. of Carrier	o, please spec		ll Comments (below)
	rate your experience with the sed Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
а	ndor's Quality of Service Responsive Accuracy Deliverables			V	
а	ndor's Organization: . Staff expertise . Professionalism . Turnover			✓✓	
а	neliness of: a. Project b. Deliverables			✓	
4. Pro	eject completed within budget			\checkmark	
	operation with: . Your Firm . Subcontractor(s)/Subconsultant(s) . Regulatory Agency(ies)			✓	

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Davidson, Rachel

From:

Fernando Blanco <FBlanco@fortlauderdale.gov>

Sent:

Monday, June 19, 2017 11:54 AM

To:

Davidson, Rachel

Cc:

Shim, Jack

Subject:

RE: Vendor Reference Verification for ACAI Associates

Hi Rachel. I would say that the vendor response is accurate except for the project cost. That was not completed within budget. There were substantial change orders during construction, the majority of which were not due to errors from the vendor.

Regards,

Fernando Blanco

Airport Engineer/Project Manager II Fort Lauderdale Executive Airport (954) 828-6536 fblanco@fortlauderdale.gov

From: Davidson, Rachel [mailto:RADAVIDSON@broward.org]

Sent: Monday, June 19, 2017 11:40 AM

To: Fernando Blanco Cc: Shim, Jack

Subject: RE: Vendor Reference Verification for ACAI Associates

Good Morning Fernando,

Per our conversation, please confirm the attached Vendor Reference Verification for the Fort Lauderdale Executive Airport Fire Station & Emergency Operations are true and accurate for ACAI Associates. Please let me know if you have any questions.

Thank you,



Rachel Davidson
Contract/Grant Administrator
Construction Management Division
115 S Andrews Ave, Room A550
Fort Lauderdale, Florida 33301
radavidson@broward.org

Office: 954-357-8534 Fax: 954-357-6411

www.broward.org

From: Davidson, Rachel

Sent: Friday, June 16, 2017 1:44 PM

To: 'fblanco@fortlauderdale.gov' <fblanco@fortlauderdale.gov>

Cc: Shim, Jack < JSHIM@broward.org>

Subject: Vendor Reference Verification for ACAI Associates

Good Afternoon Fernando,

I am following up on my voicemails to confirm the Vendor Reference Verification provided by ACAI Associates regarding work performed for the Fort Lauderdale Executive Airport Fire Station & Emergency Operations. ACAI Associates is bidding a project with Broward County and we will need to verify the information provided is true and accurate. Please give me a call at (954) 357-8534 to confirm the reference.

Thank you,



Rachel Davidson
Contract/Grant Administrator
Construction Management Division
115 S Andrews Ave, Room A550
Fort Lauderdale, Florida 33301
radavidson@broward.org

Office: 954-357-8534 Fax: 954-357-6411

www.broward.org

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