

**Three-Question Matrix and Reference Checks**  
**RFP Number: R2111778P1**  
**RFP Name: Architectural and Engineering Services for Works of a Specified Nature**

<b>Ranking</b> (Not Alphabetical)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Firm Name</b>	<b>Cartaya and Associates Architects, P.A.</b>	<b>Synalovski Romanik Saye, LLC</b>	<b>Walters Zackria Associates, PLLC</b>	<b>ACAI Associates, Inc</b>
<b>Questions</b>				
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	1. City of Miramar, FL - Police Headquarters Facility. 2. City of Pompano Beach, FL - Continuing Architectural Services 3. Broward County Housing Authority - Continuing Contract for Architectural and Engineering Services	1. City of Lauderhill, FL - Bus Shelter Program. 2. City of Pembroke Pines, FL - Programming, Architectural Design. 3. City of Plantation, FL - Programming, Architectural Design.	1. City of Coconut Creek, FL - Public Works Building. 2. City of North Lauderdale, FL - Design Services. 3. City of Pompano Beach, FL - Design Services.	1. City of Fort Lauderdale, FL - Executive Airport Fire Station. 2. Nova Southeastern University - Center for Collaborative Research. 3. Nova Southeastern University - Flight Deck Facility.
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)

Broward County Board of  
County Commissioners

R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: *Carriaya and Associates Architects, P.A.*

Organization/Firm Name providing reference:

Broward County Housing Authority

Contact Name: Ann Delibert

Title: CEO

Reference date: 06/06/2017

Contact Email: adeibert@bchaff.org

Contact Phone: 954-739-1114 x2329

Name of Referenced Project: Continuing Contract for Architectural and Engineering Services

Contract No.

Date Services Provided:

Project Amount:

n/a

01/01/2010

to

02/29/2012

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:** Architectural and Engineering Services for Broward County Housing Authority under a Continuing Services Contract for projects which do not exceed \$2M. Work included surveying existing apartments to develop As-Built drawings and based on the As-Built documents. They provided numerous designs for the existing facilities to meet current Street Guidelines for Affordable Housing, ADA requirements and Fair Housing Act Requirements. They also developed plans for kitchen and bathroom renovations as well as general renovations of entire units. Multiple projects and the project amount varied.

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

\*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\*

Verified via:  EMAIL  VERBAL

Verified by: Rachel Davidson

Division: CMO

Date: 6/22/17

Broward County Board of  
County Commissioners

R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: Cartaya and Associates

Organization/Firm Name providing reference:

City of Miramar - Construction and Facilities Management Department

Contact Name: Luisa Millan Title: Director Reference date: 05/31/2017

Contact Email: lmmillan@miramarfl.gov Contact Phone: 954 602-3316

Name of Referenced Project: City of Miramar Police Headquarters Facility

Contract No. 53001 Date Services Provided: 11/01/2012 to 06/02/2016 Project Amount: \$ 23,118,914.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

architects to design build team

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:			<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL  VERBAL Verified by: Rachel Davidson Division: CMO Date: 6/21/17

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Broward County Board of  
County Commissioners

R2111778P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: Cartaya and Associates Architects

Organization/Firm Name providing reference:

City of Pompano Beach/Community Redevelopment Agency (CRA)

Contact Name: Horacio Danovich

Title: CIP Manager

Reference date: 05/31/2017

Contact Email: horacio.danovich@copbfll.com

Contact Phone: 954-786-7834

Name of Referenced Project:

Architectural Continuing Services Contract (20)

Contract No.

Date Services Provided:

Project Amount:

03/01/2013 to 09/01/2016

\$ 2,000,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Cartaya and Associates Architects provided architectural services as part of a continuing services contract for projects, \$2M or less, which included the Laundromax Demolition, Pompano Beach Light Pole Replacement and Harbor Village Marquee Signs.

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"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

The firm was retained by the Community Redevelopment Agency (CRA) to provide architectural services on a continuing services contract. The contract is still valid. Each time the firm was call into action, the firm responded with superior services. Staff assigned to the project(s) has always been a pleasure to work with. Projects handled by the firm have proceeded smoothly and CRA contractors have had no issues with the designs and services.

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Broward County Board of  
County Commissioners

R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: Cartaya and Associates Architects, P.A.

Organization/Firm Name providing reference:

Broward College

Contact Name: Jonathan Hornung Title: Senior Construction PM Reference date:

Contact Email: jhornung@broward.edu Contact Phone: 954-201-4589

Name of Referenced Project: Bailey Hall Interior Renovations

Contract No.	Date Services Provided:	Project Amount:
PO-7574	08/01/2016 to 05/30/2017	\$ 80,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

Architectural Services and sub-consulted engineering services for installation of a ADA chair lift in a theater, and related work.

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via:  EMAIL  VERBAL Verified by: Rachel Davidson Division: CMD Date: 6/20/17



SYNALOVSKI ROMANIK SAYE  
Architects + Planning + Interior Design

# VENDOR REFERENCE FORM

Broward County Board of  
County Commissioners

Bid R2111778P1



## Vendor Reference Verification Form

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: SYNALOVSKI ROMANIK SAYE, LLC

Organization/Firm Name providing reference:

City of Lauderdale

Contact Name: Desorae Giles-Smith Title: Deputy City Mgr. Reference date: 05/31/2017

Contact Email: dgiles@lauderdale-fl.gov Contact Phone: 954.730.3000

Name of Referenced Project: Bus Shelter Programme

Contract No. Date Services Provided: Project Amount:  
04/04/2012 to 07/23/2013 \$ 60,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

Schematic Design, Permitting, Construction Documents

**Please rate your experience with the referenced Vendor:**

	Needs improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Our bus shelters are beautiful and structurally sound - residents and visitors comment on them and users enjoy the use of the shelters.

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SYNALOVSKI ROMANIK SAYE  
Architects • Planning • Interior Design

Broward County Board of  
County Commissioners

Bid R2111778P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: SYNALOVSKI ROMANIK SAYE, LLC

Organization/Firm Name providing reference:

City of Pembroke Pines

Contact Name: Steve Buckland

Title: Asst. Director

Reference date: 05/31/2017

Contact Email: sbuckland@ppines.com

Contact Phone: 954.437.1116

Name of Referenced Project: Western Police Substation

Contract No.

Date Services Provided:

Project Amount:

01/01/2002 to 01/06/2003

\$ 1,500,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Programming, Architectural Design, Contract Administration

Please rate your experience with the  
referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via:  EMAIL  VERBAL

Verified by: Rachel Davidson

Division: CMD

Date: 6/21/17

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SYNALOVSKI ROMANIK SAYE  
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Broward County Board of  
County Commissioners

Bid R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:  
**R2111778P1, Architectural and Engineering Services for Works of a Specified Nature**

Reference for: **SYNALOVSKI ROMANIK SAYE, LLC**

Organization/Firm Name providing reference:  
City of Plantation

Contact Name: **Danny Ezzeddine, AIA** Title: **Building Official** Reference date: **05/31/2017**

Contact Email: **dezzeddine@plantation.org** Contact Phone: **954.797.2258**

Name of Referenced Project: **Fleet Maintenance Facility**

Contract No. \_\_\_\_\_ Date Services Provided: **01/02/2008** to **01/06/2009** Project Amount: **\$ 2,200,000.00**

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

Programming, Architectural Design, Contract Administration

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Broward County Board of  
County Commissioners

R2111778P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: Watters Zackria Associates, PLLC

Organization/Firm Name providing reference:

City of Coconut Creek

Contact Name: Brian Rosen

Title: Senior Project Manager

Reference date: 05/08/2017

Contact Email: BRosen@coconutcreek.net

Contact Phone: 954-545-8814

Name of Referenced Project: Public Works Building

Contract No.

Date Services Provided:

Project Amount:

02/01/2010 to 12/31/2014

\$ 535,215.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Design, CA, and LEED services for new public works building with regional 911 center.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL  VERBAL

Verified by: Rachel Davidson

Division: CMD

Date: 6/21/17

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Broward County Board of  
County Commissioners

R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**R2111778P1, Architectural and Engineering Services for Works of a Specified Nature**

Reference for: Walters Zackie Associates, PLLC

Organization/Firm Name providing reference:

City of North Lauderdale

Contact Name: George Krawczyk Title: Public Works Director Reference date: 06/08/2017

Contact Email: gkrawczyk@nlauderdale.org Contact Phone: 954-650-4654

Name of Referenced Project: Water Plant Improvements

Contract No.	Date Services Provided:	Project Amount:
	<u>02/01/2012 to 08/01/2016</u>	<u>\$ 500,000.00</u>

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Design, CA services for water treatment plant renovations.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL  VERBAL Verified by: Rachel Davidson Division: cmd Date: 6/23/17

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County Commissioners

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Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: Walters Zackria Associates, PLLC

Organization/Firm Name providing reference:

City of Pompano Beach

Contact Name: Tammy Good

Title: Project Manager

Reference date: 06/06/2017

Contact Email: Tammy.Good1@copbf.com

Contact Phone: 954-786-5512

Name of Referenced Project: Pompano Community Park

Contract No.

Date Services Provided:

Project Amount:

06/01/2008 to 06/01/2014

\$ 750,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Design, CA services for park renovation over three phases.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

*Excellent consultant/Architect. Would highly recommend using Quality works*

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Verified via: EMAIL  VERBAL

Verified by: Rachael Davidson

Division: CMD

Date: 6/21/17

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County Commissioners

R2111778P1



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**R2111778P1, Architectural and Engineering Services for Works of a Specified Nature**

Reference for: ACAI Associates, Inc.

Organization/Firm Name providing reference:

Nova Southeastern University

Contact Name: Dr. Fred Lippman Title: Chancellor Reference date: 06/05/2017

Contact Email: flippman@nova.edu Contact Phone: 954-262-1501

Name of Referenced Project: Center for Collaborative Research

Contract No. Date Services Provided: Project Amount:  
10/27/2006 to 06/01/2016 \$ 49,000,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

**Description of services provided by Vendor:**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL  VERBAL  Verified by: Rochel Davidson Division: CMD Date: 6/21/17

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

R2111778P1, Architectural and Engineering Services for Works of a Specified Nature

Reference for: ACAI Associates, Inc.

Organization/Firm Name providing reference:

City of Fort Lauderdale

Contact Name: Fernando Blanco Title: Project Engineer Reference date: 06/14/2017

Contact Email: fblanco@fortlauderdale.gov Contact Phone: 954-828-6536

Name of Referenced Project: Fort Lauderdale Executive Airport Fire Station & Emergency Operations

Contract No. Date Services Provided: Project Amount:  
05/09/2007 to 07/02/2008 \$ 7,500,000.00

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Architectural Design, Programming, Construction Administration, Modeling

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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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?  Yes  No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Architectural Design, Programming, Construction Administration, Modeling

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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