

Broward County Board of
County Commissioners

Bld R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: New Millennium Engineering, Inc.

Organization/Firm Name providing reference:

Palm Beach County

Contact Name: David Young Title: Project Manager Reference date: 05/30/2017

Contact Email: dlyoung@pbcgov.org Contact Phone: 561-684-4149

Name of Referenced Project: Widening of West Atlantic Avenue

Contract No. 2004602 Date Services Provided: 12/08/2011 to 09/01/2013 Project Amount: \$ 5,300,000.00

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:

Widening of Atlantic Avenue from Starkey Road to West of Lyons Road from a 2 lane rural section to a 4 lane urban section. This work was accomplished with significant utility relocation, canal relocation, and extensive water main/ drainage work & mast arm installations.

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

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/30/2017

Broward County Board of
County Commissioners

Bld R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: New Millennium Engineering, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation District 4

Contact Name: Albert Salas, P.E. Title: Construction Eng. Reference date: 06/01/2017

Contact Email: albert.salas@dot.state.fl.us Contact Phone: 954-958-7628

Name of Referenced Project: Broward Operations General CEI Consultant Construction Support

Contract No. C9C31 Date Services Provided: 05/05/2014 to 01/30/2016 Project Amount: \$ 5,000,000.00

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:

Responsible for miscellaneous inspection services on an as needed basis, performing highly complex technical assignments in field surveying and construction layout, making, and checking engineering computations, inspecting construction work, and conducting field tests and responsible for coordinating and managing the lower level inspectors.. The Broward Operations CEI Consultant Construction Support Staff Contract will consist of work assignments administered under a task work order-type contract.

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)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/21/2017

Broward County Board of
County Commissioners

Bld R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: New Millennium Engineering, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Albert Salas, P.E. Title: Project Manager Reference date: 05/30/2017

Contact Email: albert.salas@dot.state.fl.us Contact Phone: 954-958-7628

Name of Referenced Project: I-95 Express Lanes (Phase 2)

Contract No.	Date Services Provided:	Project Amount:
<u>C8X78</u>	<u>11/01/2011 to 05/30/2017</u>	<u>\$ 112,000,000.00</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:

The project includes the "HOT" conversion, plus 2 New Express Lanes from the Golden Glades Interchange to South of Broward Boulevard, which is approximately 15 miles and spans two Districts. Phase 2 will tie into Phase 1 at the Golden Glades interchange and be operated with the same dynamically priced toll signs and ITS devices to be monitored from the Traffic Management Centers.

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 type="checkbox"/>	<input checked="" 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: Mayra Manrique, E.I. Division: HCED Date: 06/21/2017

Broward County Board of
County Commissioners

R2114080P1



**Construction Engineering & Inspection Services for
Pembroke Road from Dykes Road to Silver Shores Boulevard**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Carnahan, Proctor, and Cross, Inc.

Organization/Firm Name providing reference:

FDOT District Four

Contact Name: Roxanne Riggs, P.E. Title: Project Manager Reference date: 05/30/2017

Contact Email: roxanne.riggs@dot.state.fl.us Contact Phone: 954.774.0696

Name of Referenced Project: SR 834 (Sample Road) SR 814 (Atlantic Ave) SR 7 (US 441) Grouping

Contract No. _____ Date Services Provided: _____ Project Amount:
to 12/01/2012 \$ 10,000,000.00

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:

Carnahan, Proctor and Cross project team provided outstanding Construction Engineering and Inspection Services to FDOT on this completed three project grouping managing different contractors simultaneously. They were extremely efficient, knowledgeable, experienced, partnered admirably with public municipalities, stakeholders, private property owners and businesses. They were reliable and performed very well managing construction operations which made my job easier. Carnahan, Proctor and Cross successfully completed these projects achieving the Department's goals despite numerous challenges and was awarded accolades for an excellent job.

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)

THIS SECTION FOR COUNTY USE ONLY

Verified via: X EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/29/2017

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 Procurement Code.





**Construction Engineering & Inspection Services for
Pembroke Road from Dykes Road to Silver Shores Boulevard**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Carnahan, Proctor, and Cross, Inc.

Organization/Firm Name providing reference:

City of Coconut Creek

Contact Name: Asaad Akar Title: Sr. Project Mgr Reference date: 05/30/2017

Contact Email: aakar@coconutcreek.net Contact Phone: 954.956.1504

Name of Referenced Project: LAP Project: Education Corridor Improvements, Phase III

Contract No.	Date Services Provided:	Project Amount:
<u>130615</u>	<u>09/01/2013</u> to <u>12/01/2014</u>	<u>\$ 202,295.00</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:

Construction Engineering Inspection for work within the right-of-way.

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 type="checkbox"/>	<input checked="" 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: Mayra Manrique, E.I. Division: HCED Date: 06/22/2017

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**Construction Engineering & Inspection Services for
Pembroke Road from Dykes Road to Silver Shores Boulevard**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Carnahan, Proctor, and Cross, Inc.

Organization/Firm Name providing reference:

Town of Lauderdale-by-the Sea

Contact Name: Albert J. Carbon Title: Public Works Dir. Reference date: 05/30/2017

Contact Email: albertc@oaklandparkfl.gov Contact Phone: 954.630.4414

Name of Referenced Project: West Commercial Boulevard Improvements

Contract No. _____ Date Services Provided: 06/01/2013 to 12/01/2013 Project Amount: \$ 55,000.00

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:

Vendor was the FDOT Grant Administrator/Inspector/Verification consultant on the above project.

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)

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Verified via: EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 6/30/2017

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

J2112395P1- Construction Engineering and Inspection-Wiles Rd from Riverside Dr to Rk Island Rd

Reference for: Eisman & Russo, Inc

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Donald Vanwhervin Title: Project Manager Reference date: 11/17/2016

Contact Email: donald.vanwhervin@dot.state.fl.us Contact Phone: 954-958-7654

Name of Referenced Project: SR-7 (US-441) from Fillmore Street to South of Stirling Road, Broward

Contract No. C9F40 Date Services Provided: 07/16/2014 to 09/01/2018 Project Amount: \$ 29,568,100.00

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:

CEI Services

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 type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

FDOT Personnel are prohibited from completing questionnaire forms. Attached is the Performance Evaluation.

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Verified via: X EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/22/2017

Consultant Evaluation Tests/Responses by Contract

Broward County Board of
County Commissioners

R2114080P1

Note: Below are the contact email addresses to send the report to. Print the report to Adobe .pdf format and then cut and paste the contact addresses into the "Send To:" line in the Outlook E-Mail.

CN406JH;
TMAHFOUD@EISMANRUSSO.COM;

Florida Department of Transportation

Consultant Evaluation Tests/Responses by Contract for Contract C9F40

Most Recently Assigned Evaluations

If the consultant wants to discuss this report, the Consultant Project Manager on this contract should contact the Department Project Manager within ten calendar days of receipt.

CEI Consultant Evaluations Report

Contract Number: C9F40	Financial Mgt. Number: 22777516201	Description: SR-7 FRM N. OF FILLMORE	DOT Project Manager: HARRIS, JEANNETTE
Consultant: EISMAN & RUSSO, INC.	Address: 6455 POWERS AVE JACKSONVILLE, FL 32217-2821		
Sr. Project Engineer:	Project Administrator:	Construction Project Manager:	Construction Amount: .

Performance Rating Scale

1 - Consistently Failed to Meet Expectations	2 - Inconsistently Met Expectations	3 - Consistently Met Expectations	4 - Consistently Met, Often Exceeded Expectations	5 - Consistently Exceeded Expectations
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Note: An overall score of 3 is considered satisfactory

The maximum score attainable is 5

Summary of CEI Evaluations

Type of Work	Quality	Schedule	Management	Weighted Average	Date Graded	Grade Type	Entered By	Reviewed By	PSU Review
10.1	3.6	3.6	3.6	3.6	22DEC2015	INTERIM	LONGWORTH, JENNIE	SASALA, STACEY	RUBIO, JESSICA

Quality Grades for Contract: C9F40

Grading Type: INTERIM	Work Type: 10.1	Firm: EISMAN & RUSSO, INC.	Date Graded: 22DEC2015
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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Eisman & Russo, Inc.

Organization/Firm Name providing reference:

City of Coconut Creek

Contact Name: Liz Aguiar Title: Senior Planner Reference date: 06/05/2017

Contact Email: laguiar@coconutcreek.net Contact Phone: 954-956-1477

Name of Referenced Project: Education Corridor Roadway & Median Project

Contract No. RFQ10-21-10-11 Date Services Provided: 04/10/2011 to 07/13/2012 Project Amount: \$ 118,085.00

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:

Provided construction and engineering inspection services for Education Corridor Roadway/Median project. Also, professional services to administer construction contract required for this FDOT LAP project.

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 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:			<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: X EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 07/05/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

J2112395P1- Construction Engineering and Inspection-Wiles Rd from Riverside Dr to Rk Island Rd

Reference for: Eisman & Russo, Inc

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Roxanne Riggs Title: Project Manager Reference date: 11/17/2016

Contact Email: roxanne.riggs@dot.state.fl.us Contact Phone: 954-774-0696

Name of Referenced Project: SR 820 / Hollywood Boulevard from Young Circle to the Intracoastal

Contract No. C8T79 Date Services Provided: 04/16/2009 to 07/01/2010 Project Amount: \$ 6,500,000.00

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:

CEI Services

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 type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

FDOT Personnel are prohibited from completing questionnaire forms. Attached is the Performance Evaluation.

THIS SECTION FOR COUNTY USE ONLY

Verified via: X EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/29/2017

Consultant Evaluation Tests/Responses by Contract
Broward County Board of
County Commissioners

R2114080P1

Note: Below are the contact email addresses to send the report to. Print the report to Adobe .pdf format and then cut and paste the contact addresses into the "Send To:" line in the Outlook E-Mail.

CN406JH;
TMAHFOUD@EISMANRUSSO.COM;

Florida Department of Transportation

Consultant Evaluation Tests/Responses by Contract for Contract C8T79

Most Recently Assigned Evaluations

If the consultant wants to discuss this report, the Consultant Project Manager on this contract should contact the Department Project Manager within ten calendar days of receipt.

CEI Consultant Evaluations Report

Contract Number: C8T79	Financial Mgt. Number: 41379416201	Description: CEI SRVCS SR5/US1 YOUNG CIRCLE	DOT Project Manager: HARRIS, JEANNETTE
Consultant: EISMAN & RUSSO, INC.	Address: 6455 POWERS AVE JACKSONVILLE, FL 32217-2821		
Sr. Project Engineer:	Project Administrator:	Construction Project Manager:	Construction Amount: .

Performance Rating Scale

1 - Consistently Failed to Meet Expectations	2 - Inconsistently Met Expectations	3 - Consistently Met Expectations	4 - Consistently Met, Often Exceeded Expectations	5 - Consistently Exceeded Expectations
---	--	--	--	---

Note: An overall score of 3 is considered satisfactory
The maximum score attainable is 5

Summary of CEI Evaluations

Type of Work	Quality	Schedule	Management	Weighted Average	Date Graded	Grade Type	Entered By	Reviewed By	PSU Review
10.1	4.3	4.3	4.3	4.3	06OCT2010	FINAL	LONGWORTH, JENNIE	HARRIS, JEANNETTE	RUBIO, JESSICA

Quality Grades for Contract: C8T79

Grading Type: FINAL	Work Type: 10.1	Firm: EISMAN & RUSSO, INC.	Date Graded: 06OCT2010
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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: AE Engineering Inc.

Organization/Firm Name providing reference:

Florida Department of Environmental Protection

Contact Name: Jim Post Title: Project Manager Reference date: 06/12/2017

Contact Email: James.Post@dep.state.fl.us Contact Phone: 305.717.8029

Name of Referenced Project: FLORIDA KEYS OVERSEAS HERITAGE TRAIL; CEI WINDLEY KEY +

Contract No. _____ Date Services Provided: 03/18/2014 to 12/12/2014 Project Amount: \$ 555,000.00

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:

Roderick Myrick, P.E. was the Sr. Project Engineer providing Construction Engineering and Inspection Services (CEI) for the construction of Windley Key Trail Segment along the Florida Keys Overseas Heritage Trail, in Monroe County. The Windley Key Trail Segment, consisted of the construction of a new 8' to 12' variable-width paved bicycle/pedestrian trail segment adjacent to the Ocean side of U.S. 1 within the DOT right-of-way, from Whale Harbor Bridge (South terminus) to Snake Creek Bridge (North terminus). Components include base stabilization, new paved trail, storm water management swales, minor landscaping, sod, signage and striping.

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: X EMAIL VERBAL Verified by: Mayra Manrique, E.I. Division: HCED Date: 06/27/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: AE Engineering Inc.

Organization/Firm Name providing reference:

FDOT D-4

Contact Name: Mathew Carlock, P.E. Title: Project Manager Reference date: 06/12/2017

Contact Email: Matthew.Carlock@dot.state.fl.us Contact Phone:

Name of Referenced Project: CEI Services 23 Street, Tamarind Avenue

Contract No. C9190 Date Services Provided: 05/01/2015 to 02/02/2016 Project Amount: \$ 207,547.09

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:

AE Engineering Inc. was responsible for the construction engineering inspection services on this project. Which included; contract administration, inspection, and materials sampling and testing.

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: Mayra Manrique, E.I. Division: HCED Date: 06/22/2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: AE Engineering Inc.

Organization/Firm Name providing reference:

Florida's Turnpike Enterprise

Contact Name: Roxanne Riggs, MSCE Title: District Construction Reference date: 06/12/2017

Contact Email: Roxanne.Riggs@dot.state.fl.us Contact Phone: (954) 934-1296

Name of Referenced Project: Bridge Painting at Turnpike Spur (870701 & 870702)

Contract No.	Date Services Provided:	Project Amount:
<u>C9S25</u>	<u>12/08/2016</u> to <u>01/26/2017</u>	<u>\$ 2,671,429.00</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:

FM: 435406-1-62-01 Bridge Painting at Turnpike Spur (870701 & 870702) Providing the CEI Sr. Project Engineer and CEI Project Administrator/CEI Project Engineer

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

AE Engineering Inc has demonstrated excellent CEI services. Firm's project personnel are knowledgeable, experienced, exhibit great professionalism and consistently exhibit good project resolutions and customer service to our stakeholders.

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**CONSTRUCTION ENGINEERING INSPECTION
PEMBROKE ROAD (DYKES ROAD-SILVER SHORES BOULEVARD)**

SOLICITATION R2114080P1

3. VENDOR REFERENCE VERIFICATION FORM

Broward County Board of
County Commissioners

Bid R2114080P1

Broward County Florida

Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:
Town of Cutler Bay

Contact Name: Mr. Alfredo Quintero Title: Public Works Director Reference date: 05/30/2017

Contact Email: aquintero@cutlerbay-fl.gov Contact Phone: 305-234-4262

Name of Referenced Project: SW 212th Street Drainage CEI

Contract No. _____ Date Services Provided: 04/27/2015 to 11/05/2015 Project Amount: \$ 727,590.87

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:
Construction Engineering and Inspection Services

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)
R.J. Behar & Company is a very responsible and responsive consultant

Mayra Manrique 6/21/2017

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Broward County Board of
County Commissioners

R2114080P1



CONSTRUCTION ENGINEERING INSPECTION
PEMBROKE ROAD (DYKES ROAD-SILVER SHORES BOULEVARD)

SOLICITATION R2114080P1

Broward County Board of
County Commissioners

Bid R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

Village of Royal Palm Beach

Contact Name: Mr. Timothy Tack, PE Title: Project Manager Reference date: 05/30/2017

Contact Email: ttack@RoyalPalmBeach.com Contact Phone: 561-203-6735

Name of Referenced Project: US-1/Federal Highway Beautification Project

Contract No.	Date Services Provided:	Project Amount:
AQM-22	05/20/2013 to 11/07/2015	\$ 12,486,967.77

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:

Provide Construction Engineering and Inspection Services required for contract administration, inspection and materials sampling and testing for the Federal Highway Beautification Project.

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)

T. J. Tack 6/15/17

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R.J. Behar

Broward County Board of
County Commissioners

R2114080P1



CONSTRUCTION ENGINEERING INSPECTION
PEMBROKE ROAD (DYKES ROAD-SILVER SHORES BOULEVARD)

SOLICITATION R2114080P1

06-06-17 13:50 FROM- cpd

305

T-524 P0001/0001 F-060

Broward County Board of
County Commissioners

Bid R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

City of North Miami

Contact Name: Ms. Tanya Wilson-Sejour Title: City Planning Manager Reference date: 05/30/2017

Contact Email: tsejour@northmiamifi.gov Contact Phone: 305-895-9526

Name of Referenced Project: Arch Creek Bike Path and Pedestrian Bridge Replacement Project

Contract No. Date Services Provided: Project Amount:
AQV56 04/07/2014 to 09/22/2014 \$ 432,950.66

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:

Construction Engineering and Inspection Services

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)

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R.J. Behar



Broward County Board of
County Commissioners
Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS™

R2114080P1

Exhibit 1
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Bid R2114080P1

Broward County Board of
County Commissioners



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Calvin, Giordano & Associates, Inc.

Organization/Firm Name providing reference:

City of Pompano Beach

Contact Name: Horacio Danovich Title: CIP Manager Reference date: 6/6/2017

Contact Email: horacio.danovich@copbfl.com Contact Phone: 954.786.7834

Name of Referenced Project: MLK (Hammondville Road) Roadway Improvements

Contract No.	Date Services Provided:	Project Amount:
ART-05	01/05/2016 to On-going	\$3,532,605.43

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			<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 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:			<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 checked="" type="checkbox"/>	<input 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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Calvin, Giordano & Associates, Inc.
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Broward County Board of
County Commissioners

R2114080P1

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Broward County Board of
County Commissioners

Bid R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Calvin, Giordano & Associates, Inc.

Organization/Firm Name providing reference:
City of Pompano Beach

Contact Name: Anthony Alhashemi Title: Project Manager Reference date: 6/6/2017

Contact Email: anthony.alhashemi@copbfl.com Contact Phone: 954.786.7834

Name of Referenced Project:

Contract No. Date Services Provided: Project Amount:

ART-38 10/17/2016 to 4/03/17 \$628,755.50

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			<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Vendor's Organization:			<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:			<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cooperation with:			<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
Work very well with the Owner and provide great service. Very knowledgeable in their field.

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Broward County Board of
County Commissioners
Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS™

R2114080P1

Exhibit 1
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Bid R2114080P1

Broward County Board of
County Commissioners



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Calvin, Giordano & Associates, Inc.

Organization/Firm Name providing reference:

City of Oakland Park

Contact Name: D. Akin Ozaydin, PE Title: Project Manager Reference date: 6/6/2017

Contact Email: dincero@oaklandparkfl.gov D. Akin Ozaydin Contact Phone: 954.630.4343

Name of Referenced Project: Bid Pack 9 Infrastructure Improvements

Contract No. E4M79 Date Services Provided: 01/05/2015 to 12/01/2016 Project Amount: \$9,640,779.41

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: Water, sewer, drainage, 11-ft station roadway improvements, landscaping (complete engineering)

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service			<input checked="" type="checkbox"/>	
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:			<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:			<input checked="" 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"/>	
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 customer service

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Broward County Board of
County Commissioners

R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Keith and Schnars, P.A.

Organization/Firm Name providing reference:

City of Doral

Contact Name: Carlos Arroyo, CFM Title: Assistant Public Works Reference date: 06/09/2017

Contact Email: carlos.arroyo@cityofdoral.com Contact Phone: (305) 593-6740

Name of Referenced Project: NW 52nd Street/NW 102nd Avenue CEI Services

Contract No. G0049 Date Services Provided: 10/01/2015 to 08/01/2017 Project Amount: \$ 3,000,000.00

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:

CEI services including milling, drainage, and resurfacing from NW 52nd Street to NW 97th Avenue and NW 102nd Avenue from NW 41st Street to NW 58th Street.

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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Keith and Schnars, P.A.

Organization/Firm Name providing reference:

Seminole County

Contact Name: Calvin Landers, P.E. Title: Asst. Co. Engineer Reference date: 06/09/2017

Contact Email: clanders02@seminolecountyfl.gov Contact Phone: (407) 665-5772

Name of Referenced Project: MSA for CEI Services - Old Lake Mary Road Improvements

Contract No. PS-8148-12/DDR Date Services Provided: 03/01/2015 to 02/01/2017 Project Amount: \$ 600,000.00

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:

French drain installation inspection, major drainage upgrade, concrete logging and tracking, concrete reinforcement inspection, concrete form inspection, log book inspection, gauge comparison, verification density testing, comparison material sampling, paving inspection.

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)

Project was completed on-time and under budget with no major issues.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Keith and Schnars, P.A.

Organization/Firm Name providing reference:

Seminole Tribe of Florida

Contact Name: Fabian Lefler, P.E. Title: Sr. Trans. Engineer Reference date: 06/09/2017

Contact Email: FabianLefler@semtribe.com Contact Phone: (954) 894-1060

Name of Referenced Project: East/West Alice Jimmie Circle Residential Development, Phase 1

Contract No. 15-IM-RC-0197 Date Services Provided: 04/01/2015 to 08/01/2016 Project Amount: \$ 2,100,000.00

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:

Project included a 24' wide asphalt paved roadway with curb and gutter, storm sewer system, street lighting, signing, pavement markings, embankment filling of the roadway and home site lots, a wet detention area, underground 8" potable water system and an 8" sanitary gravity sewer system.

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

Additional Comments: (provide on additional sheet if needed)

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Broward County Board of
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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: F&J Engineering Group, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation, District Four

Contact Name: Roxanne Riggs Title: FL T/P Project Manager Reference date: 05/30/2017

Contact Email: roxanne.riggs@dot.state.fl.us Contact Phone: (954)774-0696

Name of Referenced Project: 428726-1-62-01 (SR-5 to US-1 from Broward Blvd)

Contract No.	Date Services Provided:	Project Amount:
C9Q08	02/01/2011 to 10/31/2012	\$ 9,067,112.98

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:

CEI Services for the projects

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 type="checkbox"/>	<input checked="" 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: F&J Engineering Group, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation, District Six

Contact Name: Jacqueline Sequeira Title: Construction Manager
Special Projects Reference date: 05/30/2017

Contact Email: jacqueline.sequeira@dot.state.fl.us Contact Phone: (305)986-2551

Name of Referenced Project: 434922-1-62-01 (Tamiami Trail)

Contract No.	Date Services Provided:	Project Amount:
C9Q08	06/01/2016 to 01/31/2019	\$ 69,547,000.00

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:

CEI Services for Tamiami Trail

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

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: F&J Engineering Group, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation, District Six

Contact Name: Jacqueline Sequeira

Title: Construction Manager
Special Projects

Reference date: 05/30/2017

Contact Email: jacqueline.sequeira@dot.state.fl.us

Contact Phone: (305)986-2551

Name of Referenced Project: 249614-3-62-01 (015 Krome #1)

Contract No.

Date Services Provided:

Project Amount:

C9I07

02/01/2015 to 10/31/2017

\$ 74,261,232.54

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:

CEI Services for Krome Avenue

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 type="checkbox"/>	<input checked="" 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Pinnacle Consulting Enterprises, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Dru Badri, P.E. Title: Asst. Resident Eng. Reference date: 06/09/2017

Contact Email: dru.badri@dot.state.fl.us Contact Phone: 305-401-1560

Name of Referenced Project: 014 Red Road Grouping

Contract No. Date Services Provided: Project Amount:
T6345 10/01/2014 to 03/01/2017 \$ 21,000,000.00

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:

CEI Services for the reconstruction of SR 823 / W 4th Ave / NW 57th Ave / Red Road

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

R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Pinnacle Consulting Enterprises, Inc.

Organization/Firm Name providing reference:

City of Coral Springs

Contact Name: Paul Carpenter Title: Trans. Planner Reference date: 6/9/17

Contact Email: pcarpenter@coralsprings.org Contact Phone: 305-344-1159

Name of Referenced Project: Coral Springs Downtown Pathway

Contract No. Date Services Provided: Project Amount:
15-B-068 11/15 to 7/16 \$352,006

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:

Provided Construction Engineering and Inspection services for a Local Agency Program project in the City of Coral Springs.

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

R2114080P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: Pinnacle Consulting Enterprises, Inc.

Organization/Firm Name providing reference:

Florida Department of Transportation

Contact Name: Andres Berisiartu Title: Resident Engineer Reference date: 6/9/17

Contact Email: Andres.Berisiartu@dot.state.fl.us Contact Phone: 305-525-4976

Name of Referenced Project: Flagler Grouping

Contract No. Date Services Provided: Project Amount:
T6337,T6338,T6339, etc. 3/1/16 to 7/31/18 (EST) \$43 Million

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:

Construction Engineering and Inspection services including contract administration, inspection, and material sampling and testing for the Flagler reconstruction projects

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

As the referenced projects are still in construction, the time and cost are Not Applicable at this time.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: CIMA Engineering Corp.

Organization/Firm Name providing reference:

Miami Dade County Water and Sewer

Contact Name: Luis Rojas Title: Project Manager Reference date: 06/09/2017

Contact Email: Luis.Rojas@miamidade.gov Contact Phone: 786-402-1292

Name of Referenced Project: Miami Dade County Water and Sewer Capital Improvement Program

Contract No.	Date Services Provided:	Project Amount:
WS-S-246	09/01/2016 to 08/30/2017	\$ 5,000,000.00

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:

CIMA is providing, CEI services for the construction of several new water and sewer projects in Miami Dade County, Florida. The projects range from the installation of watermain and services, sewer installations and force mains.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: CIMA Engineering Corp.

Organization/Firm Name providing reference: _____

Miami Dade Expressway Authority

Contact Name: Claudio Diaferia, P.E. Title: Assistant Director of Engineering Project Engineer Reference date: 06/08/2017

Contact Email: cdiaferia@mdxway.com Contact Phone: 305-637-3277

Name of Referenced Project: Miami Dade County Transit Dolphin Station Park and Ride

Contract No. Date Services Provided: Project Amount:

RFQ-18-08 09/30/2016 to 02/28/2018 \$ 16,900,000.00

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:

CEI services for a Design Build Contract for a new park and ride transit facility and access road. The project includes water and sewer, site work, two hub buildings, bus terminal, parking lot, traffic signal installation, adjacent roadway construction and ITS.

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 type="checkbox"/>	<input checked="" 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
Construction Engineering Inspection Services for Pembroke Rd from Dykes Rd to Silver Shores Blvd

Reference for: CIMA Engineering Corp.

Organization/Firm Name providing reference:
Florida Department of Transportation

Contact Name: Albert Salas, P.E. Title: Construction Engineer Reference date: 06/09/2017

Contact Email: albert.salas@dot.state.fl.us Contact Phone: 954-958-7628

Name of Referenced Project: FDOT's D-4 I-95 Express Lane Phase II

Contract No.	Date Services Provided:	Project Amount:
422796-1/2-52-01	05/01/2011 to 06/01/2016	\$ 124,200,000.00

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:

Converting the existing High Occupancy Vehicle (HOV) lanes into two express lanes in each direction. Other work includes: installing Intelligent Transportation System (ITS) and Tolling components.

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