Three-Question Matrix and Reference Checks RFP No. T2112588P1 Coastal Engineering Consultant Services for Segment III Shore Protection

9	Atkins North America, Inc.		NO EXCEPTIONS	nty West	
				Martin County City of Key West	
5	Coastal Systems . International, Inc.		NO EXCEPTIONS	City of Hollwood Martin Hillsboro Inlet District City of City of Hallandale Beach FDEP	
4	Applied Technology and Management, Inc.		NO EXCEPTIONS	Sebastian Inlet District Town of Jupiter Island City of Boca Raton	
3	Gahagan & Bryant Assoicaties, Inc.		NO EXCEPTIONS	Town of Jupiter Island Martin County New Hanover County	
2	CB&I Coastal Planning & Engineering, Inc. n/k/a APTIM		NO EXCEPTIONS	Collier County City of Deerfield Beach Manatee County	
-	Olsen Asssociates, Inc.		NO EXCEPTIONS	Palm Beach County Martin County Florida Department of Environmental Protection	
Ranking	Firm Name	Questions	<ol> <li>Have the vendors taken any exceptions to the County's Standard Terms and Conditions?</li> </ol>	2. Do the vendors have comparable government experience?	

T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:					
T2112588P1, Coastal Engineering Consultant Services  Reference for: Olean Associates Inc.	s for Segment III Sn	ore Protection			
Olsell Associates, Ilic.					
Organization/Firm Name providing reference:	ironmontal Das	Auros Manas	· cmcnt		
Palm Beach County (Florida), Dept. of Env					
	tle: Environme			05/03/2017	
Contact Email: MStahl@pbcgov.org			tact Phone: 56	SHEET OF THE CONTROL	
Name of Referenced Project: Coastal and Ma	arine Engineeri	ng Services or	a Task Orde	er Basis	
Contract No. Date Services	Provided:		Project Am	ount:	
R2013-1190, R2015-1135 09/10/2013	to 05/10/	2017	\$ 1,012,000	0.00	
Vendor's role in Project:   ✓ Prime Vendor	Subconsultant/S	ubcontractor			
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additional	Comments (below).	
Description of services provided by Vendor:					
Professional coastal engineering services related to the Cou above is related to prime vendor and sub-consultants fees.					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not	
referenced Vendor:	Improvement			Applicable	
<ol> <li>Vendor's Quality of Service         <ul> <li>a. Responsive</li> </ul> </li> </ol>			$\checkmark$		
b. Accuracy			$\checkmark$		
c. Deliverables	Ш		$\checkmark$		
2. Vendor's Organization:			<b>/</b>		
a. Staff expertise     b. Professionalism		H	<b>\overline{\cdot}</b>		
c. Turnover			$\checkmark$		
3. Timeliness of:					
a. Project	님	H	<u> </u>		
b. Deliverables			<b>V</b>		
Project completed within budget			$\checkmark$		
5. Cooperation with:					
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H	H	<u>v</u>	H	
c. Regulatory Agency(ies)		d	<u>~</u>		
Additional Comments: (provide on additional sheet if needed)  Very professional staff and deliverables from OAI are currently a	among the highest gua	ality which reduces o	ur staff effort for re	view and revisions	
)	TION FOR COUNTY U		a. Juli olivitioi le	To Turid To Hololio.	
	Sharp		EPCRD	Date: (0/21/17	
Verified via: VERBAL Verified by: IV.	Short	Division: _	STURY	Date: WZI	

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 5/16 outly 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 12.

T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: T2112588P1, Coastal Engineering Consultant Services	for Segment III Sh	ore Protection					
Reference for: Olsen Associates, Inc.							
Organization/Firm Name providing reference:							
Martin County, Florida							
Contact Name: Kathy FitzPatrick, PE Ti	Contact Name: Kathy FitzPatrick, PE Title: Coastal Engineer Reference date: 05/01/2017						
Contact Email: kfitzpat@martin.fl.us Contact Phone: 772-288-5429							
Name of Referenced Project: Bathtub Beach	Park - Sailfish	Pt Beach Nou	rishment 201	6 - 2017			
Contract No. Date Services Provided: Project Amount:							
RFQ#2014-2680 12/15/2014	to 05/01/	2017	\$ 8,500,000	0.00			
Vendor's role in Project:   ✓ Prime Vendor	Subconsultant/S	ubcontractor					
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additional	Comments (below).			
Description of services provided by Vendor:							
Professional Coastal Engineering services related to ophysical monitoring for joint County-Sailfish Point bear							
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable			
Vendor's Quality of Service			1				
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>	Ħ	H	<b>V</b>	H			
c. Deliverables			$\overline{\checkmark}$				
2. Vendor's Organization:			1				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>	H	H	7				
c. Turnover			<b>✓</b>				
3. Timeliness of:							
a. Project b. Deliverables	H	H	<b>✓</b>	H			
			<u>v</u>				
Project completed within budget			$\checkmark$				
Cooperation with:     a. Your Firm			./				
b. Subcontractor(s)/Subconsultant(s)	H	H	7	H			
c. Regulatory Agency(ies)			<b>V</b>				
Additional Comments: (provide on additional sheet if needed)							
/							
N.	TON FOR COUNTY U	-	DON	10/11/11			
Verified via: VERBAL Verified by: Verified by:	Sharp	Division: 🖠	TURD	Date: UZIII			

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 5/16 curying 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 16

T2112588P1



#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:					
T2112588P1, Coastal Engineering Consultant Services for Segment III Shore Protection					
Reference for: Olsen Associates, Inc.					
Organization/Firm Name providing reference:					
Florida Department of Environmental Prote	ction - Coral R	eef Conservati	on Program		
	le: Reef Injur	y Preven <del>ti</del> <sup>Refe</sup>		05/09/2017	
Contact Email: Mollie.Sinnott@dep.state.fl.us				305) 795-2167	
Name of Referenced Project: Spar Orion/Clip		Grounding Re	eef Restorati	on Project	
Contract No. Date Services F		orthonic Atlanta	Project Am		
CN029 03/01/2013	to 12/31/	2015	\$ 600,000.	00	
Vendor's role in Project:   ✓ Prime Vendor   ☐	Subconsultant/S	Subcontractor			
Would you use this vendor again?  Yes	□No If N	o, please specify	in Additional	Comments (below).	
Description of services provided by Vendor:					
Professional coastal engineering services for all activities related to the site evaluation, feasibility study, design, permitting, bidding, and construction oversight for a coral reef restoration project offshore of Ft. Lauderdale (Broward County, FL).					
Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable					
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables			<b>✓ ✓</b>		
<ul><li>Vendor's Organization:</li><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>			<b>✓ ✓</b>		
Timeliness of:     a. Project     b. Deliverables			<b>✓</b>		
4. Project completed within budget			$\checkmark$		
<ul> <li>5. Cooperation with:</li> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> <li>c. Regulatory Agency(ies)</li> </ul>			<b>✓ ✓ ✓</b>		
Additional Comments: (provide on additional sheet if needed)					
	ION FOR COUNTY U		EDC DN	1 10 1110	

T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:	for Sogmont III Sh	oro Protoction			
T2112588P1, Coastal Engineering Consultant Services  Reference for: CB&I Environmental & Infrastruction		ore Protection	ari may en immedia		
CDAI LIMIOIIII a IIII astructi	Organization/Firm Name providing reference:				
Collier County Coastal Zone Management					
	tle: Manager	Refe	erence date:	04/24/2017	
Contact Email: GaryMcAlpin@colliergov.net	3	Cor	tact Phone:	(239) 252-5342	
Name of Referenced Project: Collier County	Beach Nourish				
Contract No. Date Services Provided: Project Amount:				mount:	
12-6382 01/01/2002	to 06/08/	2017	\$ 10,200,0	00.00	
Vendor's role in Project:	Subconsultant/S	ubcontractor			
Would you use this vendor again?  Yes	□No If No	o, please specif	y in Additiona	al Comments (below).	
Description of services provided by Vendor:				,	
For 15 years, CB&I has provided the following services to Collier C	County in support of th	eir comprehensive s	hore protection pro	ogram: engineering, borrow	
area design, permitting, BOEM leasing, plans and specifications, of	construction services, p	onysical and biologica	al monitoring, and	coastal modeling.	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service					
a. Responsive     b. Accuracy	H	H	<u>~</u>	H	
c. Deliverables		H	7	H	
2. Vendor's Organization:					
a. Staff expertise	$\vdash$		<u> </u>	$\vdash$	
b. Professionalism	H		V	$\vdash$	
c. Turnover			<b>V</b>		
3. Timeliness of:					
<ul><li>a. Project</li><li>b. Deliverables</li></ul>	H	H	<u>v</u>	H	
Project completed within budget			$\checkmark$		
Cooperation with:     a. Your Firm					
b. Subcontractor(s)/Subconsultant(s)	H	H		H	
c. Regulatory Agency(ies)	H	H	<u>v</u>	H	
			V		
Additional Comments: (provide on additional sheet if needed)					
CB&I is an outstanding engineering firm exceeding expectations in the coast	tal engineering disciplines	they always place the	needs of their client fi	rst by going the extra mile.	
and the second s	ION FOR COUNTY U		-000-	. 1. 1.0	
Verified via: Verified by: Verified by:	snarp	Division:	EPUKD	Date: 6/21/17	

5/16/QDAfformation provided to Broward County is subject to verification. Vendor acknowledges PMS Moderate, untruthful, or incorrect statements made in support of this response may be used by the 34 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.

T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:				
T2112588P1, Coastal Engineering Consultant Services  Reference for: CR&I Environmental & Infrastructual		ore Protection		
Organization/Firm Name providing reference:	ure, Inc.			
City of Deerfield Beach, Florida				Ŧ
		u . Pofo	rongo doto:	as developed vision when
The contract of the contract o	tle: Coastal Co	See Les Management & Colors		05/02/2017
Contact Email: pbardes@deerfield-beach.com			tact Phone: 9	
Name of Referenced Project: City of Deerfield		Coordination		
Contract No. Date Services		2010	Project Am	
RFQ#2012-13/16 03/01/2017	to 03/31/	2018	\$ 16,824.0	0
Vendor's role in Project: ✓ Prime Vendor	Bubconsultant/S	ubcontractor		
Would you use this vendor again? ✓/es	No If No	o, please specify	/ in Additional	Comments (below).
Description of services provided by Vendor:				
FEMA coordination services including gathering and submitting existing danalysis and prepare cost estimates to support FEMA request for beach damage assessment.				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			1	
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>	H		<b>✓</b>	
c. Deliverables			$\checkmark$	
2. Vendor's Organization:				
a. Staff expertise	H	H	1	H
<ul><li>b. Professionalism</li><li>c. Turnover</li></ul>	H	Н	<b>V</b>	
3. Timeliness of:	_			_
a. Project			V	
b. Deliverables			$\checkmark$	
4. Project completed within budget			$\checkmark$	
5. Cooperation with:				
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	$\vdash$		<u>v</u>	$\vdash$
c. Regulatory Agency(ies)	H		<b>7</b>	
Additional Comments: (provide on additional sheet if needed)				
/ ***THIS SECT	TION FOR COUNTY U	SE ONLY***		
Verified via: VERBAL Verified by: N			EPCRD	Date: 6/21/17

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 5/16/9/PM 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 30 Procurement Code.

T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: T2112588P1, Coastal Engineering Consultant Services for Segment III Shore Protection						
Reference for: CB&I Environmental & Infrastruct	Reference for: CB&I Environmental & Infrastructure, Inc.					
Organization/Firm Name providing reference:						
Manatee County						
Contact Name: Charlie Hunsicker T	Contact Name: Charlie Hunsicker Title: Director Reference date: 04/27/2017					
Contact Email: charlie.hunsicker@mymanatee.org Contact Phone: 941-737-4765						
Name of Referenced Project: Manatee Coun	ity Coastal Man	agement Progr	am			
Contract No. Date Services Provided: Project Amount:						
13-3222BG (current) 01/01/1989	to 06/16/	2017	\$ 10,000,0	00.00		
Vendor's role in Project: ✓ Prime Vendor	subconsultant/S	ubcontractor				
Would you use this vendor again? ✓/es	No If No	, please specify	in Additional	Comments (below).		
Description of services provided by Vendor:						
Since 1989, CB&I has assisted the County with their comprehensive bear program, including: project design, geotechnical investigations, environm construction administration required to build the County's coastal project	nental studies, hardbottom					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service			1			
Responsive     Accuracy	H		7			
c. Deliverables	<b></b>		<b>✓</b>			
2. Vendor's Organization:			1			
a. Staff expertise     b. Professionalism	H		7			
<ul><li>b. Professionalism</li><li>c. Turnover</li></ul>			<b>✓</b>			
3. Timeliness of:		_				
a. Project		$\vdash$	<b>V</b>	$\vdash$		
b. Deliverables	Ш		<b>V</b>			
4. Project completed within budget			$\checkmark$			
5. Cooperation with:						
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H	H	1			
c. Regulatory Agency(ies)	$\exists$		<b>✓</b>			
Additional Comments: (provide on additional sheet if needed)						
There are no concerns with this vendor.	TION FOR COUNTY U	SE ONI V***				
Verified via: VERBAL Verified by: N.	AND THE RESERVE THE STATE OF THE PROPERTY OF T	Division:	PCRD	Date: 621/17		
vertice vertically.	21.0014	Division		5410.		

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 5/12 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 40.

Bid T2112588P1



#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:						
T2112588P1, Coastal Engineering Consultant Services for Segment III Shore Protection						
Reference for: Gahagan & Bryant Associates, Inc	Reference for: Gahagan & Bryant Associates, Inc.					
Organization/Firm Name providing reference:						
Town of Jupiter Island						
The state of the s						
Contact Email: jduchock@tji.martin.fl.us Contact Phone: 772 545 0100						
Name of Referenced Project: Coastal Engine	ering, Continui	ng Services Co	ontract			
Contract No. Date Services	Provided:		Project An	nount:		
N/A - CSC 08/01/2013	to 04/01/	2017	\$ 1,051,48	6.00		
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor				
Would you use this vendor again?  Yes	□No If No	o, please specify	/ in Additiona	I Comments (below).		
Description of services provided by Vendor:						
Professional consulting and construction services in connection with planning, permitting, engineering, inspection, and monitoring of Town's beach restoration, coastal, and environmental projects.						
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables			<b>✓</b> <b>✓</b>			
<ul><li>2. Vendor's Organization:</li><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>			<b>✓ ✓ ✓</b>			
Timeliness of:     a. Project     b. Deliverables			<b>✓</b>			
4. Project completed within budget			$\checkmark$			
<ul><li>5. Cooperation with:</li><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li><li>c. Regulatory Agency(ies)</li></ul>			<b>V V V</b>			
Additional Comments: (provide on additional sheet if needed)						
GBA has supported the Town's coastal and environmental needs since 1976. We are happy to retiquestions or wish to learn more about GBA's role in shaping the Town's coastal program.	ain GBA as a continuing services	contractor moving into the future	Please feel free to contact	ct me if you have any further		
	ION FOR COUNTY U		TO 10 N	1.10 110		
Verified via: VERBAL Verified by: Verified b	Sharp	Division: E	CYCKD	Date: (22 17)		

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 3/16/04/14/3-14 page 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 56

Broward County Board of County Commissioners Broward County Board of County Commissioners T2112588P1 Bid T2112588P1



#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:						
T2112588P1, Coastal Engineering Consultant Services for Segment III Shore Protection						
Reference for: Gahagan & Bryant Associates, Inc.		. Control of the cont		And the state of t		
Organization/Firm Name providing reference:						
Martin County Board of County Commission	Martin County Board of County Commissioners					
Contact Name: Don Donaldson Title: Deputy County Administrator Reference date: 05/05/2017						
Contact Email: ddonalds@martin.fl us		Cor	tact Phone:	7721 288-5503		
Name of Referenced Project: St. Lucie Inlet M	lanagement Pl	an				
Contract No. Date Services F	Provided:		Project Ar	mount:		
RFQ2014-2695 05/06/2014	to 05/05/2	2018	\$ 3,000,00	00.00		
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor				
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	l Comments (below).		
Description of services provided by Vendor:						
Engineering Studies, permitting, modeling, c	onstruction en	gineering and	inspection a	nd surveying.		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service		П	7	П		
a. Responsive     b. Accuracy	H	H	7	H		
c. Deliverables			$\overline{\checkmark}$			
2. Vendor's Organization:				П		
a. Staff expertise	H	H	<b>\</b>	H		
<ul><li>b. Professionalism</li><li>c. Turnover</li></ul>	· H	H	7	Ħ		
3. Timeliness of:	_					
a. Project			$\checkmark$			
b. Deliverables			$\checkmark$			
4. Project completed within budget			$\checkmark$			
5. Cooperation with:						
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H	H	<b>*</b>	H		
c. Regulatory Agency(ies)	Ħ	Ħ	7	H		
		_				
Additional Comments: (provide on additional sheet if needed)						
See Attached Comments:	ON 505 00 W7	OF ONLY				
	ON FOR COUNTY US Sharp		EPCRN	10/29/17		
Verified via: VERBAL Verified by: No. 1						

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 4/1 County 4s.a. bays de

Bid T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: T2112588P1, Coastal Engineering Consultant Services	for Segment III Sh	ore Protection			
Reference for: Gahagan & Bryant Associates, Inc.					
Organization/Firm Name providing reference:					
New Hanover County, N.C.					
Contact Name: H. Layton Bedsole Jr., B Tit	tle: Shore Prof	tection GRefer	rence date:	05/04/2017	
Contact Email: lbedsole@nhcgov.com		Con	tact Phone: 9	10 798 7104	
Name of Referenced Project: Mason Inlet Re	location Projec	t (multiple eve	nts)		
Contract No. Date Services	Provided:		Project Am	nount:	
	to				
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor			
Would you use this vendor again?  Yes	□No If No	o, please specify	in Additional	Comments (below).	
Description of services provided by Vendor:					
Bathymetric and land based surveys, contract man- project. I have managed this project for 5-years bu				ear inlet relocation	
Please rate your experience with the Needs Satisfactory Excellent Not referenced Vendor: Improvement Applicable					
Vendor's Quality of Service					
a. Responsive     b. Accuracy	H	H	<u> </u>	H	
c. Deliverables			<b>V</b>		
2. Vendor's Organization:			[7]		
a. Staff expertise     b. Professionalism	H	H	<b>V</b>	H	
c. Turnover				$\overline{m{\zeta}}$	
3. Timeliness of:					
a. Project b. Deliverables	H	H	<b>√</b>	H	
Project completed within budget			$\checkmark$		
Cooperation with:     a. Your Firm			<b>7</b>		
b. Subcontractor(s)/Subconsultant(s)			$\overline{\checkmark}$		
c. Regulatory Agency(ies)			$\checkmark$		
Additional Comments: (provide on additional sheet if needed)					
/ ***THIS SECT	ION FOR COUNTY U	SE ONLY***			
Verified via: EMAIL VERBAL Verified by: N. Sharp Division: EPCRD Date: W/21/17					

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 5/1604Hy 9-12 baris 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 87

Bid T2112588P1



#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:						
T2112588P1, Coastal Engineering Consultant Services for Segment III Shore Protection						
Reference for: Applied Technology & Management, Inc.						
Organization/Firm Name providing reference:						
Sebastian Inlet District	Sebastian Inlet District					
Contact Name: Martin Smithson Title: Administrator Reference date:						
Contact Email: msmithson@sitd.us		Con	tact Phone:			
Name of Referenced Project: Sand T	rap Dredging and Expa	ansion – Contir	nuing Servic	es Contract		
Contract No. Date S	Services Provided:		Project Ar	nount:		
1112-009-ATM 02/16	5/2012 to 09/14/	2013	\$ 237,000	.00		
Vendor's role in Project: Prime Vendor	dor Subconsultant/S	Subcontractor				
Would you use this vendor again?	Yes No If N	o, please specif	y in Additiona	l Comments (below).		
Description of services provided by \	/endor:					
Design, permitting and construction	management for sand	trap expansior	١.			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
Vendor's Quality of Service						
<ul> <li>a. Responsive</li> </ul>			$\checkmark$			
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>	H	H	<b>✓</b>	H		
2. Vendor's Organization:						
<ul> <li>a. Staff expertise</li> </ul>	님		<b>✓</b>	H		
<ul><li>b. Professionalism</li><li>c. Turnover</li></ul>	. H	H	<b>Y</b>	7		
3. Timeliness of:						
a. Project			$\checkmark$			
b. Deliverables			$\checkmark$			
4. Project completed within budget			$\checkmark$			
5. Cooperation with:						
a. Your Firm	ltant(s)		<b>✓</b>			
	Itant(s)		<b>✓</b>			
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsu</li><li>c. Regulatory Agency(ies)</li></ul>			<b>✓</b> <b>✓</b>			
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsu</li></ul>			✓			

Bid T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:					
T2112588P1, Coastal Engineering Consultant Services  Reference for: Applied Technology & M					
Organization/Firm Name providing reference:	anagement, n	10.			
Town of Jupiter Island					
Contact Name: John Duchock,PE Ti	tle: Beach Dis	trict Mgr. Refe	rence date:	05/09/2017	
Contact Email: jduchock@tji.martin.fl.us		Con	tact Phone: (	772) 545-0187	
Name of Referenced Project: Coastal Engine	ering, Continui				
Contract No. Date Services	Provided:		Project Ar	nount:	
N/A 08/01/2013	to 04/01/	2017	\$ 210,000	.00	
Vendor's role in Project:   ✓ Prime Vendor	Subconsultant/S	Subcontractor			
Would you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	l Comments (below).	
Description of services provided by Vendor:					
Professional and construction services in connection of Town's beach restoration, coastal, and environment		permitting, engin	eering, inspec	tion, and monitoring	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables			<b>✓ ✓</b>		
<ul><li>2. Vendor's Organization:</li><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>			✓ ✓ ✓		
<ul><li>3. Timeliness of:</li><li>a. Project</li><li>b. Deliverables</li></ul>			<b>√</b>		
4. Project completed within budget			$\checkmark$		
<ul> <li>5. Cooperation with:</li> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> <li>c. Regulatory Agency(ies)</li> </ul>			<b>✓</b>		
Additional Comments: (provide on additional sheet if needed)  ATM has provided the Town with professional coastal engineering support services, meeting the needs of the Town's longstanding nourishment program. ATM is currently providing assistance to the Town in implementing new					
design and permitting strategies in order to improve performance of our beach nourishment project	ts. We gladly endorse them for you	our consulting service needs.	1992 Billion		
Verified via: VERBAL Verified by: V			EPCRD	Date: 6/26/17	

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 4/1 County scale basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 41 Procurement Code.

Bid T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: T2112588P1, Coastal Engineering Consultant Services	for Segment III Sh	ore Protection		
Reference for: Applied Technology & Ma	-			
Organization/Firm Name providing reference:	arragement, ii			
City of Boca Raton				
Contact Name: Jennifer Bistyga Tit	le: Coastal Pr	og. Mng Refe	rence date:	05/09/2017
Contact Email: Jbistyga@myboca.us		Con	tact Phone: 5	661-416-3397
Name of Referenced Project: Comprehensive	Coastal Servi	ces		
Contract No. Date Services F	Provided:		Project Ar	nount:
2008-041 08/27/2008	to 05/09/	2017		
Vendor's role in Project: ✓ Prime Vendor □	Subconsultant/S	ubcontractor		
Would you use this vendor again?	□No If No	, please specif	y in Additiona	l Comments (below).
Description of services provided by Vendor:				
ATM has provided all coastal engineering related se inspection, physical and biological monitoring, geote			rmitting, desig	n, construction
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service     a. Responsive			<b>V</b>	
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>			V	
<ol> <li>Vendor's Organization:</li> <li>a. Staff expertise</li> </ol>		П	$\checkmark$	
b. Professionalism			$\checkmark$	
c. Turnover			$\checkmark$	
3. Timeliness of:			7	
<ul><li>a. Project</li><li>b. Deliverables</li></ul>			V	H
4. Project completed within budget			<b>✓</b>	
5. Cooperation with:				
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H	H		H
c. Regulatory Agency(ies)		H	V	H
Additional Comments: (provide on additional sheet if needed)  The City of Boca Raton has used ATM as the primary Coastal Engineering Consultant since 2008 a	nd the City has been satisfied wit	h their work. They are a hard v	vorking firm who provides e	xcellent results, including numerous
permits, permit modifications, monitoring reports and all aspects of construction for 4 beach nourish  ***THIS SECTION  ***TH	ment projects.	SE ONLY***		
Verified via: VERBAL Verified by: N.S.	ham	Division:	EPCRD	Date: <u>\(\lambde{21/17}\)</u>

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 5/160-phy 9-sa 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 42.

Page 101 Bid T2112588P1



#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title: T2112588P1, Coastal Engineering Consultant Services	for Segment III Sh	ore Protection		
Reference for: Coastal Systems International, Inc	).			
Organization/Firm Name providing reference:				
City of Hollywood				
Contact Name: Ms. Susan Goldberg Tit	tle: Deputy Dir	COLOI	rence date:	04/27/2017
Contact Email: sgoldberg@hollywoodfl.org		Con	tact Phone: (	954) 924-2980
Name of Referenced Project: Hollywood Bear	ch Managemer	nt		
Contract No. Date Services	Provided:		Project An	nount:
BCRA-08-015 02/02/2009	to 12/01/	2015	\$ 950,000.	.00
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? ✓ Yes	□No If No	o, please specif	y in Additiona	I Comments (below).
Description of services provided by Vendor:				
Coastal Systems assisted the City of Hollywood with designed, p				
of a Marine Turtle Protection Ordinance, coordinated the submitted	tal of state beach fund	ing applications for t	ne interim beach	nourishment project.
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	H	Ц	<u>~</u>	H
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>	H	H	<u>~</u>	H
2 Vandar's Organization:				
<ol> <li>Vendor's Organization:</li> <li>a. Staff expertise</li> </ol>			$\checkmark$	
b. Professionalism			$\checkmark$	닏
c. Turnover			$\checkmark$	
3. Timeliness of:				
a. Project b. Deliverables	H	H	<u>v</u>	H
Project completed within budget			$\checkmark$	
5. Cooperation with:				
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H	H	<u>~</u>	H
c. Regulatory Agency(ies)	H		<b>V</b>	Ħ
	_			
Additional Comments: (provide on additional sheet if needed)				
We are extremely satisfied with CSI's coastal construction			ghly qualified ar	nd responsible firm.
	ION FOR COUNTY U	-	DODE	12117
Verified via: VERBAL Verified by: V.S	1 IWIP	Division:	TUN	Date: 0/21/17

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 5/18/9/19/9-19-00-19

Broward Compts Barard of County Commissioners Page 103
Bid T21128662688P1



## **Vendor Reference Verification Form**

Reference for: Coastal Systems International, Inc	c.			
Organization/Firm Name providing reference:	4-14-1-1			
Hillsboro Inlet District				
Contact Name: Mr. Jack Holland Ti	tle: District C	Chairman Refe	rence date:	05/08/2017
Contact Email: papajackbc@gmail.com		Con	tact Phone: (	561) 479-5627
Name of Referenced Project: Hillsboro Inlet E	Bypassing			Company of the second of the s
Contract No. Date Services	Provided:		Project Ar	nount:
32204 12/08/2001	to	going	\$ 3,600,00	00.00
/endor's role in Project: ✓ Prime Vendor	Subconsultant	/Subcontractor	ness and management	
Vould you use this vendor again?	□No If	No, please specif	y in Additiona	l Comments (below
Description of services provided by Vendor:	_			
rocess environmental regulatory permits for the ongoing maintenance dredging a ne Broward County Environmental Protection and Growth Management Departme				
avigation channel that will be maintained at a depth of -12 feet. Coastal Systems	designed and permitted t	he inlet exterior channel and	sand trap expansion th	at was constructed in 2003.
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive			X	
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>	H		X	닏
			X	
Vendor's Organization:     Staff expertises			X	
Staff expertise     Professionalism		H	<b>5</b>	百
c. Turnover				
3. Timeliness of:				
a. Project			X	
b. Deliverables		$\boxtimes$		
4. Project completed within budget			X	
5. Cooperation with:			exi	Ц
a. Your Firm			X	
b. Subcontractor(s)/Subconsultant(s)	Ħ	Ħ		Ħ
c. Regulatory Agency(ies)				
dditional Comments: (provide on additional sheet if needed)	Q.	11/1/10	0	
	70	Huma	na	
		V / 1		
THIS SECT	TION FOR COUNTY	USE ONLY***		

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 4/15-yearly easily supply easily easily supply easily supply easily supply easily easi

Page 102
Broward County Board of Bid T2112588P1
County Commissioners





#### **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:	f 0 A III Ol	Double Sire		
T2112588P1, Coastal Engineering Consultant Services  Reference for: Coastal Systems International, Inc.		ore Protection		
Organization/Firm Name providing reference:	J.			
City of Hallandale Beach				
	ot	Defe	uanaa datai	
	tle: Director		rence date:	04/27/2017
Contact Email: sparkinson@cohb.org			tact Phone:	954) 457-1600
Name of Referenced Project: Hallandale Bea	ch Renourishm	nent		
Contract No. Date Services	Provided:		Project An	nount:
113375 05/01/2009	to 05/05/	2017	\$ 317,800.	00
Vendor's role in Project:   ✓ Prime Vendor	Subconsultant/S	Subcontractor		
Would you use this vendor again?   √Yes	□No If No	o, please specif	y in Additiona	Comments (below).
Description of services provided by Vendor:				( )
Hallandale Beach Nourishment FDEP, Corps, Cou	ntv Permitting and	d Field investigat	ions	
included marine resource surveys including hardbo		a i ioia iii, ooliga		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>	H	$\vdash$	<b>✓</b>	H
c. Deliverables	H	H	<u>v</u>	H
2. Vendor's Organization:	_	Ш		
a. Staff expertise			$\checkmark$	
b. Professionalism	님	Ц	$\checkmark$	
c. Turnover				✓
3. Timeliness of:			7	
<ul><li>a. Project</li><li>b. Deliverables</li></ul>	H	H	<b>V</b>	H
Project completed within budget			$\checkmark$	
5. Cooperation with:				
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	님	님	$\checkmark$	
c. Regulatory Agency(ies)	H	H		<u>~</u>
			L <b>▼</b>	
Additional Comments: (provide on additional sheet if needed)				
/ *************************************	TION FOR COUNTY U	SE ONI V***		
Verified via: VERBAL Verified by: N.S		Division:	PCKD	Date: 6/21/17

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 5/16 outly 3-20 begin 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 107.

T2112588P1

Broward County Board of County Commissioners

Bid T2112588P1



## **Vendor Reference Verification Form**

Reference for: Atkins North America				
Organization/Firm Name providing reference				
Martin County				
Contact Name: Kathy FitzPatrick	Title: Coastal Er	igineer Refe	rence date:	
Contact Email: kfitzpat@Martin.FL.US		Con	tact Phone: +	1 (772) 288-5429
Name of Referenced Project: St Lucie Inlet	Engineering Ser	vices		
Contract No. Date Service	s Provided:		Project An	nount:
2009-2248 & 2014-2695 07/29/2009	to 05/01/	2017	\$3,000,00	0.00
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? Yes	No If No	o, please specif	y in Additional	Comments (belo
Description of services provided by Vendo	r:			
Professional Engineering Services related	to Maintenance	of St. Lucie In	let	
		2.75.2		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	H		Y	H
b. Accuracy     c. Deliverables	H			H
2. Vender's Organization:			(Y_)	
Vendor's Organization:     a. Staff expertise			$\checkmark$	
b. Professionalism			<b>\</b>	
c. Turnover			✓	
3. Timeliness of:				
a. Project     b. Deliverables	H		<b>Y</b>	
			I.Y.	
Project completed within budget			$\checkmark$	
5. Cooperation with:				
a. Your Firm b. Subcontractor(s)/Subconsultant(s	,		<b>V</b>	
- 1862	' H		<b>V</b>	
<ul><li>b. Subcontractor(s)/Subconsultant(s</li><li>c. Regulatory Agency(ies)</li></ul>	) <u> </u>		<b>✓</b>	
Additional Comments: (provide on additional sheet if needed)				
Adving his been under contract to Martin County for multiple years, on a variety of coatdar play critical to the origing success of our projects	ects. They have performed marked to	tudes and permited consists	orbjects. Their expertise and	(versight have been
/	CTION FOR COUNTY U	SE ONLY***		
/ IHIS SE	0110111011000111110	C C		

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, unfurthful 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.

BidSync

Broward County Board of County Commissioners T2112588P1

Bid T2112588P1



## **Vendor Reference Verification Form**

Broward County Solicitation No. and Title:				
T2112588P1, Coastal Engineering Consultant Services	s for Segment III Sh	nore Protection		
Reference for: Atkins North America				
Organization/Firm Name providing reference:				
Engineering Services / City of Key West				
	tle: Project Ma	inagei	rence date:	05/02/2017
Contact Email: jmuccino@cityofkeywest-fl.gov			tact Phone: 3	058093867
Name of Referenced Project: Smathers Beach	ch Joint Coasta	I Permitting		
Contract No. Date Services			Project An	nount:
Mutiple 03/11/2011	to 09/30/	/2017	\$ 680,000.	00
dendor's role in Project: ☐ Prime Vendor ✓ Vould you use this vendor again? ✓ Yes description of services provided by Vendor:			y in Additional	Comments (below).
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive b. Accuracy	H	H		H
c. Deliverables			<b>V</b>	
2. Vendor's Organization:			<b>✓</b>	
Staff expertise     Professionalism	H	H	V	H
c. Turnover			<b>V</b>	
3. Timeliness of:				
a. Project			<b>V</b>	
b. Deliverables			<b>✓</b>	
Project completed within budget			$\checkmark$	
Cooperation with:     a. Your Firm				
b. Subcontractor(s)/Subconsultant(s)	H		7	
c. Regulatory Agency(ies)	H	H	7	H
dditional Comments: (provide on additional sheet if needed)				
	TION FOR COUNTY L	ISE ONLY***		

All information provided to Broward County is subject to verification. Vendor acknowledges that maccurate, 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 determinent of Vendor pursuant to Section 21 119 of the Broward County Procurement Code.

5/16/2017

BidSync

T2112588P1

Broward County Board of County Commissioners

Bid T2112588P1



## **Vendor Reference Verification Form**

Reference for: Atkins North America		10 - 2 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
Organization/Firm Name providing reference: FDEP				
Contact Name: Martin Seeling T	itle: Environme	ental ConsRefe	rence date:	
Contact Email: Martin.Seeling@dep.state.fl.us	W		tact Phone: g	50-245-7593
Name of Referenced Project: FDEP Beache	s & Coastal Sys	Charles Live and Charles and Company	AND DESCRIPTION OF THE PARTY OF	
Contract No. Date Services			Project An	
BS013 07/22/2002	to 06/21	/2009	\$ 6,500,00	00.00
/endor's role in Project:   ✓ Prime Vendor	Subconsultant/S	Subcontractor		
Vould you use this vendor again? ✓ Yes	□No If N	o, please specif	y in Additiona	Comments (below
Description of services provided by Vendor	:			
Professional Engineering Services for the S		nagement Plan	1	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive			~	
b. Accuracy			<b>V</b>	
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>			<b>'</b>	
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul> 2. Vendor's Organization:				
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>				
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul> 2. Vendor's Organization: <ul><li>a. Staff expertise</li></ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization:</li> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of:</li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> </ul> </li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> </ul> </li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with:</li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> </ul> </li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with:</li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				
<ul> <li>b. Accuracy</li> <li>c. Deliverables</li> <li>2. Vendor's Organization: <ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> </li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruttful, 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 determined of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.

5/16/2017