# Three-Question Matrix and Reference Checks RFP R2113514P1 2018 Port Everglades Master/Vision Plan Update

Ranking (Not Alphabetical)	1	2
Firm Name	Bermello Ajamil & Partners, Inc.	AECOM Technical Services, Inc.
Questions		
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	San Franscisco Department of Public Works Tampa Port Authority, Tampa Florida Jacksonville Port Authority, Jacksonville, Florida (Jaxport) Singapore Tourism Board - Marina Bay Crusise Master Plan Canaveral Port Authority, Port Canaveral, Florida - Port Canaveral Cruise Facility Master Plan	Manatee Port Authority, Port Manatee, Florida Port of Algoma Inc, SSM, Ontario, Canada Port of Hueneme, Oxnard Harbor District, CA Diamond State Corporation, Port of Wilmington, DE
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)

# ENDIX: EVALUATION CRITERIA - SUPPLEMENTAL INFORMATION

## **EVALUATION CRITERIA 3: PAST PERFORMANCE**

Broward County Board of County Commissioners

Bld R2113514P1



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## **Vendor Reference Verification Form**

Name of Referenced Project: Post of San Francisco Cruise Ship Terminal 27 & NE Whart Plaza  Contract No. Date Services Provided: Project Amount:  2012/4 to Project Amount:  2022/4 to	Broward County Solicitation No. and Title: R2	113514P1 - 2018	3 Port Everglad	es Master/Vis	sion Plan Update
Contact Name: Peter Dailey  Title: Mary Time Director Reference date: 5/19/7  Contact Email: Peter Dailey ST Fort: Com Contact Phone: 4/5 274 051  Name of Referenced Project: Port of San Francisco Cruise Ship Terminal 27 & NE Whairf Plaza  Contract No.  Date Services Provided: 100 Project: Amount: 2 012/14 to \$1 00,000,000 o  Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? 6 No If No, please specify in Additional Comments (below).  Description of services provided by Vendor: Cruise Terminal 27 & Not Improvement Satisfactory Excellent Not Referenced Vendor: 0 Not Subconsider Country of Service 2. Responsive 1. Vendor's Couality of Service 2. Responsive 1. Vendor's Organization: 2. Vendor's Organization: 2. Vendor's Organization: 3. Staff expertise 1. Project Completed within budget 1. Timeliness of: 3. Project Completed within budget 1. Project Completed within budget 1. Subcontractor(s)/Subconsultant(s) 1. Subcontractor(s)/Subconsultant(s) 1. Regulatory Agency(les) 1. This section gor country use only use	Reference for: Bermello Ajamil & Partners, Inc	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Contact Phone: 4/5 74/05/  Name of Referenced Project: Port of San Francisco Cruise Ship Terminal 27 & NE Wharf Plaza  Contract No. Date Services Provided: Told Project Amount:  2013//4 to \$100,000,000  Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? See No If No, please specify in Additional Comments (below).  Description of services provided by Vendor:  Cruise Terminal design  Please rate your experience with the referenced Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)	Organization/Firm Name providing reference:	San Francisco D	epartment of P	ublic Works	
Contact Email: Peter Dail Com Contact Phone: 415 224 051  Name of Referenced Project: Port of San Francisco Cruise Ship Terminal 27 & NE Wharf Plaza  Contract No. Date Services Provided: Project Amount:  2012/4 to \$100,000,000  Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subconsultant/Subcontractor  Would you use this vendor again? Subconsultant/Subcons	Contact Name: Peter Dailey Ti	itle: Maritime	Director Refe	rence date:	5/14/7
Name of Referenced Project: Port of San Francisco Cruise Ship Terminal 27 & NE Wharf Plaza  Contract No. Date Services Provided: Project Amount:  2013/41 to Project Amount:  2013/41 to Project Amount:  2013/42 to Project Project Amount:  2013/42 to Project Project Amount:  2013/42 to Project Description of Service Applicable  Please rate your experience with the Please Satisfactory Excellent Not Applicable  1. Vendor's Quality of Service  2. Vendor's Quality of Service  3. Staff expertise  3. Staff expertise  3. Project Description Project Description With:  2. Vendor's Organization:  3. Timeliness of:  4. Project completed within budget  5. Cooperation with:  2. Your Firm  3. Subcontractor(s)/Subconsultant(s)  3. Regulatory Agency(les)  Additional Comments: (provide on additional sheet if needed)		-7.7			415274 0517
Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? Wes In the Information of Services provided by Vendor:  Cruse Terminal design  Please rate your experience with the Information of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization:  a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project completed within budget  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(les)  Additional Comments: (provide on additional sheet if needed)	Name of Referenced Project: Port of San Fra	ncisco Cruise St	nip Terminal 27	& NE Wharf	
Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? Ses No If No, please specify in Additional Comments (below).  Description of services provided by Vendor:  Cruse Terminal design  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization:  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)	Contract No. Date Services	Provided:	75/	Project Ar	nount:
Would you use this vendor again?  Description of services provided by Vendor:  Cruse Terminal  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization:  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(les)  Additional Comments: (provide on additional sheet if needed)	2013/14	r to		\$10	0,000,000
Please rate your experience with the referenced Vendor:    Vendor's Quality of Service	Vendor's role in Project: Prime Vendor ♥	consultant/Sپنت	Subcontractor		
Please rate your experience with the referenced Vendor: Improvement Satisfactory Excellent Applicable  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(les)  Additional Comments: (provide on additional sheet if needed)	Would you use this vendor again?	No If No	o, please specif	y in Additiona	l Comments (below).
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(les)  Additional Comments: (provide on additional sheet if needed)					
THIS SECTION FOR COUNTY USE ONLY***    Applicable   Improvement   Applicable	Crusetermina	design			
a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)			Satisfactory	Excellent	
b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)				[2]	and and an all and an artificial and artifici
2. Vendor's Organization:  a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)	****	Ħ		Z	
a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)	c. Deliverables				
b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)		<b></b> 10		ĺЛ	
C. Turnover  3. Timeliness of: a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)		H		Z	
a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***					
b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***	3. Timeliness of:				
4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***		님		Ħ	<b></b>
5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)  c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***		لسما			
a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***	4. Project completed within budget			A	.11.
b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***					
C. Regulatory Agency(ies)  Additional Comments: (provide on additional sheet if needed)  ***THIS SECTION FOR COUNTY USE ONLY***				Ž	
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"THIS SECTION FOR COUNTY USE ONLY"	Additional Comments: (provide on additional sheet if needed)	_		, <del>,,,,,,,,,,,,,,</del> ,,,	
DEV 100 II	***THE SECT	ON EOR COUNTY U	SE ONLY***	æ	, 1
Verified the FMAIL 1/1/ERPAL Verified by Selection Platetonic Land Confidence Land	Verified via:EMAILVERBAL Verified by		Division	PEV	Date: 6/26/17

All information provided to Browing County is subject to varification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 1/2 Supply as a healing for rejection, recursion 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 43



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2113514P1 - 2018 Port Everglades Master/Vision Plan Update Reference for: Bermello Ajamil & Partners, Inc. Organization/Firm Name providing reference: Tampa Port Authority Contact Name: Ram Kancharla Reference date: Title: Contact Phone: Contact Email: amba Dor Name of Referenced Project: Port Tampa Chahnelside Master plan Contract No. Date Services Provided: Project Amount: Over BIM+ Vendor's role in Project: Prime Vendor Bubconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Please rate your experience with the Needs Satisfactory Excellent Not **Applicable** Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) \*\*\*THIS SECTION FOR COUNTY USE ONLY\*\*\* VERBAL Division: Verified by

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# BREWARD APPENDIX: EVALUATION CRITERIA - SUPPLEMENTAL INFORMATION

3B

## **EVALUATION CRITERIA 3: PAST PERFORMANCE**

Broward County Board of County Commissioners Bid R2113514P1



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

Broward County Solicitation No. and Title: R2	13514P1 - 2018	Port Everglade	es Master/Visi	on Plan Update
Reference for: Bermello Ajamil & Partners, Inc		. w-0	7.00	Altr. (Altr.)
Organization/Firm Name providing reference:	Jaxport			
Contact Name: David Kaufman Ti	le: Sr. Director Planni Commercial Devel	opment	rence date:	
Contact Email: David.Kaufman@Jaxport.com	ì	Con	act Phone:(9	04) 357-3044
Name of Referenced Project: Port of Jackson	ville Master Plan			
Contract No. Date Services	Provided: to		Project Am	ount:
Vendor's role in Project: Prime Vendor	Subconsultant/Si	ubcontractor		
Would you use this vendor again?	·—-		in Additional	Comments (below).
Description of services provided by Vendor:		, 1		
Description of services provided by vendor.				
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>V V V</b>	
Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover			<b>Y</b>	<b>→</b>
Timeliness of:     a. Project     b. Deliverables			<b>Y</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>	<b>y</b>
Additional Comments: (provide on additional sheet if needed)				
Verified via: VERBAL Verified by	ION FOR COUNTY US	SE ONLY***  Division:	>EV	Date: 7/5/17

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 5/2 County as a passis 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 43 Procurement Code.

BREWARD APPENDIX: EVALUATION CRITERIA - SUPPLEMENTAL INFORMATION

3B

## **EVALUATION CRITERIA 3: PAST PERFORMANCE**

Broward County Board of County Commissioners

Bid R2113514P1



### **Vendor Reference Verification Form**

Reference for: Bermello Ajamil & Partners, Inc				
Organization/Firm Name providing reference:	Singapore Fouris	m Board		
Contact Name: Michael Rodriguez Ti	tle: ASSISTANT	DIRECTOR Refe	rence date:	F105 YAM 81
Contact Email: michael-rodriguez esto				5 68313560
Name of Referenced Project: Marina Bay Cru	ise Master Plan f	or Singapore		
Contract No. Date Services	Provided:		Project Am	ount:
18/U00/15-16/RF188 26 OCT 2015	to 28 FER	7105		\$400,000
/endor's role in Project:	Subconsultant/S	ubcontractor	-50	
Nould you use this vendor again?	No If No	, please specif	y in Additional	Comments (below
Description of services provided by Vendor:		. On Heart	!	
O Singapore Market Assessment to	x cruise over	20 gar.		
3 Future Berth Moster Planning	to singapore	-		Mark
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			V	
Responsive     Accuracy	H	H	V	
c. Deliverables			abla	
2. Vendor's Organization:	_	$\overline{}$		
a. Staff expertise	님	H	<u> </u>	
b. Professionalism		+	N.	
c. Turnover	<u> </u>			
3. Timeliness of:			$\overline{\mathcal{N}}$	
a. Project b. Deliverables	H		<u> </u>	
b. Deliverables	ш			
4. Project completed within budget			$\checkmark$	
5. Cooperation with:			17	
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	님			<b>F</b>
c. Regulatory Agency(les)			Ž	
			V	

All information provided to Broward County is subject to vanification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the 5/2 County set a president rejection, residesion of the ewerd, 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 43 Procurement Code.

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# BREWARD APPENDIX: EVALUATION CRITERIA - SUPPLEMENTAL INFORMATION

3B

# **EVALUATION CRITERIA 3: PAST PERFORMANCE**

Broward County Board of County Commissioners

Bid R2113514P1



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

Broward County Solicitation No. and Title: R2	2113514P1 - 2018	Port Everglade	es Master/Visi	on Plan Update
Reference for: Bermello Ajamil & Partners, In-	n	*		
Organization/Firm Name providing reference:	772.0 	Authority	· · · · · · · · · · · · · · · · · · ·	
Contact Name: JAMES DUBEA T	itle: DEP EXE	CDIK	rence date:	5/18/17
Contact Email: JDUBEA @ PORTCA	NAVERAL CO	n Con	tact Phone: 3	21-266-9665
Name of Referenced Project: Port Canavera  Contract No. Date Services	The Carte Control of Ca	laster plan	Design Am	
1	***		Project Am	ount.
Vendor's role in Project: Prime Vendor	TO PRESE			
Would you use this vendor again?			y in Additional	Comments (below).
Description of services provided by Vendor:	10044	2017 12	115 55 WA 457	SP PIDII
,	UPDAJES 70	auta cac	NE MAN	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service     a. Responsive			J'	
b. Accuracy c. Deliverables				
Vendor's Organization:				
a. Staff expertise		- A		
<ul><li>b. Professionalism</li><li>c. Turnover</li></ul>	H			
3. Timeliness of:	_	W.	[]	
<ul><li>a. Project</li><li>b. Deliverables</li></ul>	片			
4. Project completed within budget				
Cooperation with:     a. Your Firm				
<ul><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>	H		6	
c. Regulatory Agency(ies)			است	
Additional Comments: (provide on additional sheet if needed)				
***************************************	TON FOR COUNTY US	RE ONI V***	<b>X</b>	_ /
Verified via: VERBAL Verified by:	Control	Division;	PEV	Date: 7 10
				/ /

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 5/2/2/4/19 as 4-basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 43

BREWARD APPENDIX: EVALUATION CRITERIA - SUPPLEMENTAL INFORMATION

**3B** 

**EVALUATION CRITERIA 3: PAST PERFORMANCE** 

Broward County Board of County Commissioners Bid R2113514P1



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

Broward County Solicitation No. and Title: R2	113514P1 - 2018	B Port Everglade	es Master/Visi	on Plan Update
Reference for: Bermello Ajamil & Partners, Inc			*	
Organization/Firm Name providing reference:	Canaveral Port A	Authority	54. 	
Contact Name: JAMES DUBEA TI	tle: DEP EXEC	. 1)112		5-18-17
Contact Email: JDUBEAG PORTCANAU		Con	tact Phone: 3	321-266-9665
Name of Referenced Project: Port Canaveral		•	***	
Contract No. Date Services 7/2016	a sa sana nagar	NT	Project Am	ount: 800k
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		***************************************
Would you use this vendor again?	io If No	o, please specif	/ in Additional	Comments (below).
Description of services provided by Vendor:	COMPLETE M	IASTER PLA	NUING AM	UD STRATEGIC
LAND USE PLAN FOR PORT GANAVER	AL BUSINES	S LINES.	CRUISE, C.	ARGO, RECREATION
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	REAL ESTA Excellent	Not Applicable
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables			1	
Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover			7	
Timeliness of:     a. Project     b. Deliverables				
Project completed within budget				
Cooperation with:         a. Your Firm         b. Subcontractor(s)/Subconsultant(s)         c. Regulatory Agency(ies)				
Additional Comments: (provide on additional sheet if needed)				
Verified via: VERBAL Verified by:	NON FOR COUNTY U	SE ONLY***  Division:	PEV	Date: 7/10/17

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 5/20-ptob as 4-basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarmant of Vendor pursuant to Section 21.119 of the Broward County 43 Production of the Broward County 44 Production of the Broward Coun

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Broward County Solicitation No. and Title:					
R2113514P1 - 2018 Port Everglades Master/Vision Plan Update					
Reference for: AECOM Technical Services,	Inc.	2011 101 101			
Organization/Firm Name providing reference:					
Manatee County Port Authority - Port Mana					
Contact Name: George Isiminger P. L.		1000: 00 <del>-1</del> 000	704		
Contact Email: Glsiminger@PortManatee.co				941-722-6621	
Name of Referenced Project: Manatee County		Master Plan I			
Contract No. Date Services		20.00	Project Ar	nount:	
July 2015	to June 20	16	\$299,000		
Vendor's role in Project: Prime Vendor	Bubconsultant/S	Subcontractor			
Would you use this vendor again?	No If N	o, please specify	/ in Additiona	l Comments (below).	
Description of services provided by Vendor:					
Stakeholder Outreach; Capacity Analysis; Industry Trends and Marke and Fiscal Impacts; Five Year Capital Improvement Program; Identifi					
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			V V		
Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover			v v		
3. Timeliness of:     a. Project     b. Deliverables			<i>v</i>		
4. Project completed within budget			V		
Cooperation with:     a. Your Firm     b. Subcontractor(s)/Subconsultant(s)     c. Regulatory Agency(ies)			v v		
additional Comments: (provide on additional sheet if needed)					
erified via:EMAILVERBAL Verified by:	ON FOR COUNTY U	SE ONLY***  Division:	PEV	Date: 4/28/17	

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 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 128 Procurement Code.



Broward County Solicitation No. and Title:	ar∆/ision Plan I Ind	tate.		
R2113514P1 - 2018 Port Everglades Maste	SI/VISION FIAN OPC			
Organization/Firm Name providing reference:	<u></u>		-	
Port of Algoma Inc - SSM, Ontario, Canada	a			
	le: CEO	Refere	ence date: 5/2	3/2017
Contact Email: anshumali.dwivedi@essar.co			17-10-00-000	705 945 2686
Name of Referenced Project: Port of Algoma F		72 - 124 - 124		
Contract No. Date Services F		onsultant (L	Project Amo	<del> </del>
Master Consultant-AECO Feb. 2015	to May. 2016		\$2,176,893 (	
	Subconsultant/Sub		* V	,
			in Additional C	Comments (below).
Would you use this vendor again?	NO 11140, p	nease specify	III Additional C	offinerts (below).
Description of services provided by Vendor: Traffic study including interviews, market outlook, and traffic scenario	e Dort Macter Plan and D	evelonment Renort	including schmatic a	and layout alternatives.
capital cost estimate and risk analysiss. Marine Engineering including	g geotechnical evaluation,	coastal modeling, d	esign criteria and co	ncept design,
Environmental including fisheries, terrestrial, public consultation, achi	aeology and environmenta Needs	l assessment proce Satisfactory	ss and Abongmai Co Exceilent	onsultation and strategy Not
Please rate your experience with the referenced Vendor:	Improvement	Jansiaciory	Exocheric	Applicable
Vendor's Quality of Service				
a. Responsive			<b>V</b>	
b. Accuracy			<u> </u>	
c. Deliverables			1	
2. Vendor's Organization:			1	
a. Staff expertise			7	
b. Professionalism	片		7	
c. Turnover			<u></u>	
3. Timeliness of:			<b>✓</b>	
a. Project b. Deliverables			<b>✓</b>	
Project completed within budget	<u> </u>		<u></u>	
Cooperation with:     a. Your Firm			<b>V</b>	
b. Subcontractor(s)/Subconsultant(s)	H		<b>√</b>	
c. Regulatory Agency(ies)	$\vdash$		/	
		LI		
Additional Comments: (provide on additional sheet if needed)			er.	
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	/ COUNTY USE		>=\/	1/20/12
Verified via:EMAILVERBAL Verified by:		Division:		Date: U 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 29 Procurement Code.



Broward County Solicitation No. and Title: R2113514P1 - 2018 Port Everglades Maste	er/Vision Plan l	Jpdate		
Reference for: AECOM Technical Services, I	Inc.			10009
Organization/Firm Name providing reference:			2000	4011.
Port of Hueneme - Oxnard Harbor District,	ca E	on Z	e po.	+oh.org
Contact Name: KriDecas KD 5/23/17Tit			rence date: 5	/23/17
Contact Email: kdecas@portofhueneme.org		Con	tact Phone: 8	05-488-3677
Name of Referenced Project: 2020 Strategic	Plan The Port	of Hueneme	Oxnard Hart	oor District CA, USA
Contract No. Date Services I			Project An	
POH-FY14-001/SA.No.6 Dec. 2014	to Oct. 201	5	\$200,000	
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again?	No If No	o, please specif	y in Additiona	Comments (below).
Description of services provided by Vendor: Stakeholder Outreach; Development of Port Mission and Vision State	mante: Goale and Stee	denies to milde Pod (	Inerations and Dev	elcoment: Fetablehment
of near-term and king-term scenario-based Capital Investments.	endins, dodis and due	region to galactical t	perators and our	stopilorii, comminicati
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfectory	Excellent	Not Applicable
Vendor's Quality of Service			[P]	
a. Responsive b. Accuracy	Ħ		~	
c. Deliverables			V	
2. Vendor's Organization:				
a. Staff expertise	닏			
b. Professionalism	片	H		
c. Tumover				
3. Timeliness of:	П		~	
a. Project b. Deliverables	Ħ		~	
			$\overline{}$	Ħ
Project completed within budget				
5. Cooperation with:		П	V	
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>			7	
c. Regulatory Agency(ies)	님			П
Additional Comments: (provide on additional sheet if needed)		- Land		
···THIS SECT	ION FOR COUNTY U	SE ONLY"		, 1
Verified via: VERBAL Verified by:	1_	Division:	PFV	Date: 7 14 17
All information provided to Brownis County in subject to sectionion. Verdor actnowle	siges that inscounts, untrul	ful, or incorrect statement	s made in support of th	e response may be used by 180

All information provides to Broward County is suspect to vertication. Verdor administrate, unroutiful, or incomet statements made in support of the response may be used by 80 County as a basis for rejection, respection, respection of the bound, or termination of the contract and may also serve as the basis for debirmain of Vendor pursuant to Section 21 118 of the Broward County Procurement Code.



Broward County Solicitation No. and Title: R2113514P1 - 2018 Port Everglades Mas	ter/Vision Plan l	Jpdate		
Reference for: AECOM Technical Services,	Inc.		•	
Organization/Firm Name providing reference:		0	7	27:00
Diamond State Port Corporation - Port of	Wilmington, DE	Z-W	chene K	_ Suls_
	itle: Executive			May 26, 2017
Contact Email: gbailey@port.state.de.us			tact Phone: 3	302-472-7800
Name of Referenced Project: Port of Wilming	gton Master Pla	n		,
Contract No. Date Services	Provided:		Project A	mount:
Master Plan Dec 2015	to May 201	6	est. \$500K	(+
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again?	No If No	o, please specif	y in Additiona	al Comments (below).
<b>Description of services provided by Vendor:</b> Stakeholder Outreach; Development of Port Mission and Vision Sta of near-term and long-term scenario-based alternatives and Capital	tements; Goals and Stra	stegies to guide Port C	Operations and De	velopment; Establishment
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		7	<b>✓</b>	
<ol> <li>Vendor's Organization:</li> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ol>		✓	<b>✓</b>	
Timeliness of:     a. Project     b. Deliverables		<b>/</b>	<b>V</b>	
4. Project completed within budget			<b>V</b>	
<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)	TION FOR COUNTY US	SE ONLY SP	ske with	n Gene Bailey  Date: 6/27/2017
Verified via:EMAILVERBAL Verified by: Kay	entriedm	Oivision:	PEV_	Date: 6 27 2017

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