

**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 Francisco 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

Bid R2113514P1



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: San Francisco Department of Public Works

Contact Name: Peter Dailey Title: Maritime Director Reference date: 5/11/17

Contact Email: Peter.Dailey@SFPort.com Contact Phone: 415 274 0517

Name of Referenced Project: Port of San Francisco Cruise Ship Terminal 27 & NE Wharf Plaza

Contract No. Date Services Provided: 2013/14 to 2017 Project Amount: \$100,000,000

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:
Cruise terminal design

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: [Signature] Division: PEV Date: 6/28/17

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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 Title: VP Planning Reference date: May 18, 2017

Contact Email: rkancharla@tampaport.com Contact Phone: (813) 313-7527

Name of Referenced Project: Port Tampa Channelside Master plan

Contract No. Date Services Provided: Project Amount:

2015 to 2017 Over \$1M+

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

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

Description of services provided by Vendor:

| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
| a. Responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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BROWARD COUNTY FLORIDA 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: R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: Bermello Ajamil & Partners, Inc.

Organization/Firm Name providing reference: Jaxport

Contact Name: David Kaufman Title: Sr. Director Planning and Commercial Development Reference date:

Contact Email: David.Kaufman@Jaxport.com Contact Phone: (904) 357-3044

Name of Referenced Project: Port of Jacksonville Master Plan

Contract No. Date Services Provided: Project Amount:
to

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:

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Additional Comments: (provide on additional sheet if needed)

Verified via: EMAIL VERBAL Verified by: Division: PEV Date: 7/5/17

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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: R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: Bermello Ajamil & Partners, Inc.

Organization/Firm Name providing reference: Singapore Tourism Board

Contact Name: Michael Rodriguez Title: ASSISTANT DIRECTOR Reference date: 18 MAY 2017

Contact Email: michael-rodriguez@stb.gov.sg Contact Phone: 65 65313560

Name of Referenced Project: Marina Bay Cruise Master Plan for Singapore

Contract No. STB/C100/15-16/REF8 Date Services Provided: 26 OCT 2015 to 28 FEB 2017 Project Amount: \$400,000

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:

- ① Singapore Market Assessment for Cruise over 20 years
- ② Future Berth Master Planning for Singapore

Please rate your experience with the referenced Vendor:

| | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|--|-------------------|--------------|-----------|----------------|
|--|-------------------|--------------|-----------|----------------|

| | | | | |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
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| 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)

B&A have been tremendously supportive & responsive throughout the consultancy period. They have been flexible & adaptive to changes faced during the stu

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BROWARD COUNTY FLORIDA 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: R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: Bermello Ajamil & Partners, Inc.

Organization/Firm Name providing reference: Canaveral Port Authority

Contact Name: JAMES DUBEA Title: DEP EXEC DIR Reference date: 5/18/17

Contact Email: JDUBEA@PORTCANAVERAL.COM Contact Phone: 321-266-9665

Name of Referenced Project: Port Canaveral Cruise Facility Master plan

Contract No. _____ Date Services Provided: _____ Project Amount: _____

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor
7/16 to PRESENT

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

Description of services provided by Vendor: UPDATES TO 2012 CRUISE MASTER PLAN

Please rate your experience with the referenced Vendor:

| | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Vendor's Quality of Service | | | | |
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| 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)

Verified via: EMAIL VERBAL Verified by: [Signature] Division: PEV Date: 7/10/17

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BROWARD COUNTY FLORIDA 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: R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: Bermello Ajamil & Partners, Inc.

Organization/Firm Name providing reference: Canaveral Port Authority

Contact Name: JAMES DUBEA Title: DEP EXEC DIR. Reference date: 5-18-17

Contact Email: JDUBEA@PORTCANAVERAL.COM Contact Phone: 321-266-9665

Name of Referenced Project: Port Canaveral Master plan

Contract No. _____ Date Services Provided: 7/2016 to PRESENT Project Amount: \$ 800K

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: COMPLETE MASTER PLANNING AND STRATEGIC LAND USE PLAN FOR PORT CANAVERAL BUSINESS LINES. CRUISE, CARBO, RECREATION REAL ESTATE

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 checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Project completed within budget | <input type="checkbox"/> | <input 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)

Verified via: EMAIL VERBAL Verified by: [Signature] Division: PEV Date: 7/10/17

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: AECOM Technical Services, Inc.

Organization/Firm Name providing reference:
Manatee County Port Authority - Port Manatee, Florida

Contact Name: George Isiminger P.E. Title: Sr. Dir. Plng, Eng, Er Reference date: 5/22/17

Contact Email: GIsiminger@PortManatee.com Contact Phone: 941-722-6621

Name of Referenced Project: Manatee County Port Authority Master Plan Update

Contract No. Date Services Provided: Project Amount:
July 2015 to June 2016 \$299,000

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:

Stakeholder Outreach; Capacity Analysis; Industry Trends and Market Demand Projections; Development of Proposed Development Scenarios; Environmental and Fiscal Impacts; Five Year Capital Improvement Program; Identification of State and Federal Funding; Ten Year Maintenance and Expansion Program

| 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"/> |
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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: AECOM

Organization/Firm Name providing reference:

Port of Algoma Inc - SSM, Ontario, Canada

Contact Name: Anshumali Dwivedi ^{WD} Title: CEO Reference date: 5/23/2017

Contact Email: anshumali.dwivedi@essar.com Contact Phone: +1 705 945 2686

Name of Referenced Project: Port of Algoma Project- Master Consultant (Eco., Plan., Envir., Eng., F. Nation:

| | | |
|-------------------------|-------------------------|-----------------------|
| Contract No. | Date Services Provided: | Project Amount: |
| Master Consultant-AECOI | Feb. 2015 to May. 2016 | \$2,176,893 (Phase I) |

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:

Traffic study including interviews, market outlook, and traffic scenarios, Port Master Plan and Development Report including schematic and layout alternatives, capital cost estimate and risk analysis, Marine Engineering including geotechnical evaluation, coastal modeling, design criteria and concept design, Environmental including fisheries, terrestrial, public consultation, archaeology and environmental assessment process and Aboriginal Consultation and strategy

Please rate your experience with the referenced Vendor:

| | Needs Improvement | Satisfactory | Excellent | Not Applicable |
|--|-------------------|--------------|-----------|----------------|
|--|-------------------|--------------|-----------|----------------|

| | | | | |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
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| 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: [Signature] Division: DEV Date: 6/28/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: AECOM Technical Services, Inc.

Organization/Firm Name providing reference:

Port of Hueneme - Oxnard Harbor District, CA

scruz@portoh.org

Contact Name: KriDecas KD 5/23/17 Title: CEO/Port Dir.

Reference date: 5/23/17

Contact Email: kdecas@portofhueneme.org

Contact Phone: 805-488-3677

Name of Referenced Project: 2020 Strategic Plan The Port of Hueneme Oxnard Harbor District CA, USA

Contract No.

Date Services Provided:

Project Amount:

POH-FY14-001/SA.No.6

Dec. 2014

to Oct. 2015

\$200,000

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:

Stakeholder Outreach; Development of Port Mission and Vision Statements; Goals and Strategies to guide Port Operations and Development; Establishment of near-term and long-term scenario-based Capital Investments.

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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Verified via: EMAIL VERBAL

Verified by: *[Signature]*

Division: *PEV*

Date: *7/14/17*

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 Broward County as a basis for rejection, reprocurement of the award, or termination of the contract and may also serve as the basis for delinquent of Vendor pursuant to Section 21.115 of the Broward County Procurement Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
R2113514P1 - 2018 Port Everglades Master/Vision Plan Update

Reference for: AECOM Technical Services, Inc.

Organization/Firm Name providing reference:

Diamond State Port Corporation - Port of Wilmington, DE

Eugene R. Bailey

Contact Name: Eugene R. Bailey Title: Executive Director Reference date: May 26, 2017

Contact Email: gbailey@port.state.de.us

Contact Phone: 302-472-7800

Name of Referenced Project: Port of Wilmington Master Plan

Contract No. Master Plan Date Services Provided: Dec 2015 to May 2016 Project Amount: est. \$500K+

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:

Stakeholder Outreach; Development of Port Mission and Vision Statements; Goals and Strategies to guide Port Operations and Development; Establishment of near-term and long-term scenario-based alternatives and Capital Investments.

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 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Project completed within budget | <input type="checkbox"/> | <input 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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Verified via: EMAIL VERBAL

Verified by: *Karen Friedman* Division: *DEV*

Date: *6/27/2017*

spoke with Gene Bailey

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.