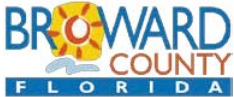


**Three-Question Matrix and Reference Checks**  
**RFP Number: A2114410P1**  
**RFP Name: Airport Ramp Control Services**

<b>Ranking (Not Alphabetical)</b>	<b>1</b>
<b>Firm Name</b>	<b>Robinson Aviation (RVA), Inc.</b>
<b>Questions</b>	
<b>1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?</b>	<b>NO EXCEPTIONS</b>
<b>2. Do the vendors have comparable government experience?</b>	<b>1. Port of Seattle - Seattle-Tacoma International Airport Ramp Control Services</b>  <b>2. Federal Aviation Administration - FAA Contract Tower DTFAWA</b>  <b>3. Town of East Hampton, New York - East Hampton Air Traffic Control Services and Mobile Tower</b>
<b>3. Have the vendors' references been checked?</b>	<b>YES (Attached)</b>



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Saab Sensis Corporation**

Contact Name: **Jean Southwick** Title: **Program Mgr** Reference date: **07/10/2017**

Contact Email: **jean.southwick@saabsensis.com** Contact Phone: **315-445-5700**

Name of Referenced Project: **Leesburg VA remote tower**

Contract No. **r-TWR\_RVA-1** Date Services Provided: **08/15/2014 to 09/30/2017** Project Amount: **\$ 502,518.30**

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:**

RVA provides a mobile ATCT and control tower operators for both the mobile ATCT and remote tower systems at Leesburg Executive Airport (JYO) in Virginia to assist Saab Sensis in the process of establishing a certification program for the Remote Tower product in the US.

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

**Additional Comments:** (provide on additional sheet if needed)

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Saab Sensis Corporation**

Contact Name: **Adam MacKenzie** Title: **Program Manager** Reference date: **07/10/2017**

Contact Email: **adam.mackenzie@saabsensis.com** Contact Phone: **315-634-3048**

Name of Referenced Project: **Surface Management System at John F. Kennedy International Airport**

Contract No. **PANYNJ\_4600008491\_RVA** Date Services Provided: **05/02/2012** to **01/15/2018** Project Amount: **\$ 4,798,297.90**

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:**

Robinson Aviation (RVA), Inc. is charged with managing and staffing the Departure Metering Coordination Center at JFK International Airport. In a virtual environment, RVA's ground management operators use Saab's proprietary departure metering and sequencing tool, Aerobahn. RVA's application of Aerobahn provides airline and terminal stakeholders with automated flight metering assignments to improve the departure sequencing process for further reduction in taxi times and more efficient use of runways.

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

**Additional Comments:** (provide on additional sheet if needed)

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Port of Seattle**

Contact Name: **Dave Crowner** Title: **Manager, Airfield Ops** Reference date: **07/24/2017**

Contact Email: **crowner.d@portseattle.org** Contact Phone: **206-245-9154**

Name of Referenced Project: **Seattle-Tacoma International Airport Ramp Control Services**

Contract No. **S-00316729** Date Services Provided: **01/01/2011 to 12/31/2016** Project Amount: **\$ 6,624,273.00**

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

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

**Description of services provided by Vendor:**

Robinson Aviation (RVA), Inc. managed and operated the airport ramp control services at Seattle-Tacoma International Airport from 2006 through 2016, providing highly-qualified, fully-trained staff to oversee and direct aircraft movement in designated non-movement areas 24 hours daily.

<b>Please rate your experience with the referenced Vendor:</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:** (provide on additional sheet if needed)

RVA was excellent to work with and very responsive and flexible to operational needs and issues. The On-Site manager served as an extension of staff and provided key operational support & expertise.

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Federal Aviation Administration**

Contact Name: **Stephanie McKnight-Bailey** Title: **Contracting Officer** Reference date: **07/19/2017**

Contact Email: **stephanie.mcknight-bailey@faa.gov** Contact Phone: **202-264-0421**

Name of Referenced Project: **FAA Contract Tower DTFAWA-15-C-00018**

Contract No.	Date Services Provided:	Project Amount:
<b>DTFAWA-15-C-00018</b>	<b>07/01/2015 to 12/30/2020</b>	<b>\$ 165,710,475.00</b>

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:**

Robinson Aviation (RVA), Inc. operates and provides air traffic control services at 55 locations in Area 2 comprising the southeast area of the United States.

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

**Additional Comments:** (provide on additional sheet if needed)

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Federal Aviation Administration**

Contact Name: **Stephanie McKnight-Bailey** Title: **Contracting Officer** Reference date: **07/19/2017**

Contact Email: **stephanie.mcknight-bailey@faa.gov** Contact Phone: **202-264-0421**

Name of Referenced Project: **FAA Contract Tower DTFAWA-15-C-00020**

Contract No.	Date Services Provided:	Project Amount:
<b>DTFAWA-15-C-00020</b>	<b>07/01/2015 to 12/30/2020</b>	<b>\$ 120,030,907.00</b>

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:**

Robinson Aviation (RVA), Inc. operates and provides air traffic control services at 42 locations in Area 4 comprising the south and southwest areas of the United States.

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

**Additional Comments:** (provide on additional sheet if needed)

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title:

**A2114410P1 - AIRPORT RAMP CONTROL SERVICES**

Reference for: **ROBINSON AVIATION (RVA), INC.**

Organization/Firm Name providing reference:

**Town of East Hampton, NY**

Contact Name: **James L. Brundige** Title: **Airport Director** Reference date: **07/20/2017**

Contact Email: **jbrundige@ehamptonny.gov** Contact Phone: **631-537-1130 x7501**

Name of Referenced Project: **East Hampton Air Traffic Control Services & Mobile Tower**

Contract No. **r-TWR\_RVA-1** Date Services Provided: **03/20/2012 to 03/19/2018** Project Amount: **\$ 2,273,764.14**

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:**

**RVA provides a mobile ATCT and control tower operators for seasonal air traffic control services at the Town of East Hampton, NY.**

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

**Additional Comments:** (provide on additional sheet if needed)

Robinson Aviation (RVA) has been providing quality seasonal Air Traffic Control Services to HTO since 2012. It is a very professional organization with profession, qualified staff.

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