Three-Question Matrix and Reference Checks RLI R2113758P1 Professional Architectural and Engineering Services for Reports and Studies

Ranking	1	2	3
Firm Name	Walters Zackria Associates, PLLC	ACAI Associates, Inc.	BEA Architects, Inc.
Questions			
Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	City of Boca Raton - Utilities Building 1B - Evaluation and Renovation. City of Pompano Beach - Pompano Community Park. City of Fort Lauderdale/ Community Redevelopment Agency - Fort Lauderdale Aquatic Complex Evaluation and Renovation Options.	Broward County Transit - Broward County Ravenswood Bus Maintenance Facility. Broward County Aviation - Fort Lauderdale-Hollywood International Airport Terminal Expansion. City of Fort Lauderdale - Fort Lauderdale Executive Airport Fire Station & Emergency Operations.	1.Miami-Dade County - SEEBELOW 2.Miami-Dade County - Seaport Department - Port Miami Terminal E Concourse Renovations & Runway Upgrades.
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: ACAI Associates, Inc. Organization/Firm Name providing reference: **Broward County Transit** Contact Name: Chris Walton Reference date: Title: Director 07/26/2017 Contact Email: Contact Phone: 954-357-8300 Name of Referenced Project: Broward County Ravenswood Bus Maintenance Facility Contract No. Date Services Provided: Project Amount: RLO0890108R1 07/13/2011 to 09/07/2016 \$ 1,125,440.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Architectural Design Please rate your experience with the Needs Satisfactory Excellent Not Improvement **Applicable** referenced Vendor: Vendor's Quality of Service Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 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) Noncompliant -***THIS SECTION FOR COUNTY USE ONLY***

Verified by:

Kachel Davidson Division:



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: ACAI Associates, Inc. Organization/Firm Name providing reference: **Broward County Aviation** Contact Name: Trevor Fisher Reference date: Title: Director 07/26/2017 Contact Email: tmafisher@broward.org Contact Phone: 954-359-6100 Name of Referenced Project: Fort Lauderdale-Hollywood International Airport Terminal Expansion Contract No. Date Services Provided: Project Amount: 03/10/2014 09/15/2017 to \$ 13,000,000.00 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Architectural Design Please rate your experience with the Needs Satisfactory Not Excellent Improvement **Applicable** referenced Vendor: 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) ounty reference THIS SECTION FOR COUNTY USE ONLY*** Rachel Davidson Division: **VERBAL** Verified by:



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: ACAI Associates, Inc. Organization/Firm Name providing reference: Nova Southeastern University Contact Name: Dr. Fred Lippman Reference date: Title: Chancellor 07/26/2017 Contact Email: flippman@nova.edu Contact Phone: 954-262-1501 Name of Referenced Project: Center for Collaborative Research Contract No. Date Services Provided: Project Amount: 10/27/2006 06/01/2016 to \$49,000,000.00 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Architectural Design Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable referenced Vendor: Vendor's Quality of Service Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 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*** AVISON Division: CMD EMAIL VERBAL



Broward County Solicitation No. and Title:				
RFP No. R2113758P1, Professional A-	E Services for	Reports and	Studies	
Reference for: ACAI Associates, Inc.				
Organization/Firm Name providing reference:				
Nova Southeastern University				
	itle: Executive	Director Refe	rence date:	07/26/2017
Contact Email: jw1263@nova.edu		Con	tact Phone: 9	54-262-8835
Name of Referenced Project: NSU Flight De	ck Facility			
Contract No. Date Services	Provided:		Project Am	nount:
03/03/2013	to 04/21/	2014	\$ 500,000.	00
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? ✓/es	No If No	o, please specif	y in Additional	Comments (below).
Description of services provided by Vendor:				
Architectural Design, Programming, Constru	uction Administr	ation, Modelin	ıg	
Places rate value experience with the	Needs	Catiofostom	Excellent	Not
Please rate your experience with the referenced Vendor:	Improvement	Satisfactory	Excellent	Applicable
Vendor's Quality of Service			1	
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c. Deliverables	ä		\checkmark	
2. Vendor's Organization:				
Staff expertise Professionalism	H		1	
c. Turnover	H		✓	
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a. Project		\vdash	√	\vdash
b. Deliverables	Ш		▼	
Project completed within budget			\checkmark	
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a. Your Firmb. Subcontractor(s)/Subconsultant(s)		\vdash	<u>v</u>	H
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Additional Comments: (provide on additional sheet if needed)				
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	tion for county us		mn	Date: 8/10/17
vertiled by. The vertiled by.		DIVISION.		Date.



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: ACAI Associates, Inc. Organization/Firm Name providing reference: City of Fort Lauderdale Contact Name: Fernando Blanco Reference date: Title: Project Engineer 06/14/2017 Contact Email: fblanco@fortlauderdale.gov Contact Phone: 954-828-6536 Name of Referenced Project: Fort Lauderdale Executive Airport Fire Station & Emergency Operations Contract No. Date Services Provided: Project Amount: 05/09/2007 to 07/02/2008 \$7,500,000.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Architectural Design, Programming, Construction Administration, Modeling Needs Please rate your experience with the Satisfactory Excellent Not Improvement **Applicable** referenced Vendor: Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 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) Comments above provided relative to ACAI's scope of services. ***THIS SECTION FOR COUNTY USE ONLY*** MUIDSON_ Division: Verified by: 1000



Broward County Solicitation No. and Title:

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HEL MO.	R2113758P1,	Professional	A-E Services	for Reports	and Studies

Organization/Firm Name providing reference: MAMI-DADE CUNTY SARRETITY. Contact Name: Reference date: DADA REFERENCE DATE: DAT	Reference for: BEA Architects, Inc.	L OCIVICOS	ioi rieports	and Olda	
Contact Name: Let Live Postage A. Reference date: Contact Email: Increased Milliant Date: Contact Phone: Contact Name of Referenced Project: Repetion Contract No. UARIOL Date Services Provided: PROVIDED Project Amount: Vendor's role in Project: Xi Prime Vendor: Subconsultant/Subcontractor Would you use this vendor again? Xi Yes No Description of services provided by Vendor: FULL ARE SERVICES INCLUDING CANAFACTION APPLICATION APPLICATI	Organization/Firm Name providing reference:	MIAMI-DA	DE COUNT	Y SEATZ	RTIPT
Contact Email:	Contact Name:		Reference	date:	216
Name of Referenced Project: Detection Contract No. VARIOUS Date Services Provided: PROVIDED Project Amount: Vendor's role in Project: X Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? X Yes No Description of services provided by Vendor: FULL ARE SERVICES NAME	Contact Empile 15	1		hono:	
Contract No. Wendor's role in Project. (X) Prime Vendor Subconsultant/Subcontractor	Name of Referenced Project:	WI COV		2706	1.620 14.2
Would you use this vendor again? If Yes	Contract No. VARIOR Date Services	Provided:	Pro	ject Amount:	T
Would you use this vendor again? A Yes		Subconsultant/S	Subcontractor	4	PERENOW
Please rate your experience with the referenced Vendor: Please rate your experience with the referenced Vendor: Needs Satisfactory Excellent Not Applicable					
Please rate your experience with the referenced Vendor: Please rate your experience with the referenced Vendor: Needs Satisfactory Excellent Not Applicable	Description of services provided by Vendor:	FULL AS	LE SER	ices 1	LUDING
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Please rate your experience with the referenced Vendor: Please rate your experience with the referenced Vendor: Neodo Improvement Neodo Satisfactory Excellent Not Applicable	1. CRUBE TERMINALS FAG (1998)/4	1.5M AGE	/445M	CONSTRU	alay
Please rate your experience with the referenced Vendor: Not	2-11 PAE(2002)/5	+20M "	1 secon	11	
referenced Vendor: Improvement Improvement Information provided to Broward County use only is subject to verificed by: Information provided to Broward County is subject to verification; Improvement Im			1071		
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) BEA PROJECT EXCEPTION FOR COUNTY USE ONLY*** errified via:EMAILVERBAL Verified by: KochelDavid_Sprovision:CMDDate:SINI			Satisfactory	Excellent	
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Additional Comments: (provide on additional sheet if needed) BEA PROVIDED EXCELLENT SERVICES AND OUTSTANDING DECIDION ON ALL THESE (POTECTS). ""THIS SECTION FOR COUNTY USE ONLY" erified via:EMAILVERBAL Verified by: Rachel Davids Privision:CmoDate: _81417			_	-00	
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Broward County Solicitation No. and Title:

RFP No. R2113758P	, Professional A-E Services for	Reports and Studies
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Reference for: BEA Architects, Inc.				
Organization/Firm Name providing reference:	Ivey's Constr	uction, Inc.	72.2000	
Contact Name: Rocky Johnson		Reference	date: Feb	ruary 2, 2016
Contact Email: rjohnson@iveycon.org		Contact P	hone: 321-4	153-3812
Name of Referenced Project: Port Canavera	al Cruise Term	inal One and C	arage, Desi	ign- Build
				\$64,000,000 +/-
Vendor's role in Project: ☐ Prime Vendor ☒	Subconsultant/	Subcontractor		
Would you use this vendor again? X Yes	□ No			
Description of services provided by Vendor:				
BEA provided lead design services, including	a Architectura	I. Site/Civil. Str	uctural Med	chanical Electrica
Plumbing, Fire Protection, Communications.			aotarai, ivio	mariloar, Electrica
	,			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			×	
a. Responsive b. Accuracy			\boxtimes	
c. Deliverables			×	
2. Vendor's Organization:			\boxtimes	_
a. Staff expertise				
b. Professionalismc. Turnover			×	
			\bowtie	
Timeliness of: a. Project			\boxtimes	
b. Deliverables			×	
4. Project completed within budget	_	_		
5. Cooperation with:			\boxtimes	
a. Your Firm			\boxtimes	
b. Subcontractor(s)/Subconsultant(s)			\boxtimes	
c. Regulatory Agency(ies)			\boxtimes	
Additional Comments: (provide on additional st				

Additional Comments: (provide on additional sheet if needed)

Ivey's Construction would work with BEA on any project, anywhere. BEA's professionalism, insight, depth of knowledge, outside the box thinking, creativity and value engineering capacity are unparalleled in the industry. Ivey's highly recommends BEA.

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Verified via:EMAI	L VERBAL	Verified by: Kachel	Davids D'Avision:	cmo	Date: 8(16)17





Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: BEA Architects, Inc. Organization/Firm Name providing reference: MDC - Seaport Department Contact Name: Vivian Alfonso Reference date: Title: Architect 3 05/22/2017 Contact Email: alfonsv@miamidade.gov Contact Phone: 305-347-5520 Name of Referenced Project: PortMiami Terminal E Concourse Renovations & Runway Upgrades Contract No. Date Services Provided: Project Amount: A13-SEA-02 02/27/2015 to 05/22/2017 \$10,000,000.00 Vendor's role in Project:

✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? √ Yes No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Please rate your experience with the Needs Satisfactory Excellent Not Improvement **Applicable** 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) Nonresponsive ***THIS SECTION FOR COUNTY USE ONLY*** Verified by: Kochel Davidsonbivision: 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.

BEA



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: BEA Architects, Inc. Organization/Firm Name providing reference: **IMG Tennis** Contact Name: Catherine Stock Reference date: Title: VP of Facilities 04/27/2017 Contact Email: Catherine.Stock@img.com Contact Phone: 305-446-2200 Name of Referenced Project: IMG Improvements to Crandon Park Tennis Center Contract No. Date Services Provided: Project Amount: 09/01/2012 to 04/27/2017 \$1,500,000.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? √ Yes No If No, please specify in Additional Comments (below). Description of services provided by Vendor: BEA has provided architectural services for Master Plan project to smaller individual projects. Please rate your experience with the Needs Satisfactory Excellent Not Applicable Improvement 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 Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) Nonresponsive ***THIS SECTION FOR COUNTY USE ONLY*** verified by: Kachel Davidson Division: Cmo 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.

ay as a users for rejection, resussion of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursual unement Code.





Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies BEA Architects, Inc. Organization/Firm Name providing reference: Port Everglades Terminal, LLC Contact Name: Richard Rovirosa Title: CEO Reference date: 05/23/2017 Contact Email: rrovirosa@petpev.com Contact Phone: 954-524-7520 #204 Name of Referenced Project: Port Everglades Cargo Terminal Annex & Yard Contract No. Date Services Provided: Project Amount: 12/29/2008 01/01/2008 to \$6,800,000.00 Vendor's role in Project:

✓ Prime Vendor

Subconsultant/Subcontractor Would you use this vendor again? √ Yes No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Design-Build services for a complete redevelopment of an 11-acre parcel of land by Port Everglades Please rate your experience with the Needs Satisfactory Excellent Not referenced Vendor: Improvement **Applicable** 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) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) Nonresponsive ***THIS SECTION FOR COUNTY USE ONLY*** Verified by: Kachel Davidson Division: Cmo Date: 811717 _EMAIL ____VERBAL





Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies BEA Architects, Inc. Organization/Firm Name providing reference: POMTOC (Port of Miami Terminal Operating Company) Contact Name: Jorge Rovirosa Reference date: Title: POMTOC Director 05/23/2017 Contact Email: Jorge@farovi.com Contact Phone: 305-373-4765 Name of Referenced Project: POMTOC Cargo Gate Complex Contract No. Date Services Provided: Project Amount: 02/20/2006 to 04/27/2007 \$ 3,500,000.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). √ Yes Description of services provided by Vendor: Design Build services for a new cargo gate complex for over 120 acres of land for the Port of Miami Please rate your experience with the Needs Satisfactory Excellent Not Improvement Applicable referenced Vendor: 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) The gate system designed/installed by BEA was the first manless system in South Florida. The entire project was delivered on time and within budget. ***THIS SECTION FOR COUNTY USE ONLY*** Rachel Davidson Division: CMD EMAIL VERBAL Verified by:





Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: BEA Architects, Inc. Organization/Firm Name providing reference: Ransom Everglades School Contact Name: Andy De Angulo Reference date: Title: Aquatics Director 05/20/2017 Contact Email: adeangulo@ransomeverglades.org Contact Phone: 305-460-8832 Name of Referenced Project: Ransom Everglades Aquatic Center Contract No. Date Services Provided: Project Amount: 01/01/2011 to 02/10/2012 \$7,000,000.00 Vendor's role in Project:

✓ Prime Vendor Subconsultant/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 Improvement Applicable referenced Vendor: 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) This group is great to work with. THIS SECTION FOR COUNTY USE ONLY*** Kachel Davidson vision: CMD _EMAIL VERBAL Verified by:





Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: Lakdas/Yohalem Engineering Organization/Firm Name providing reference: Town of Davie Contact Name: Emilio DeSimone Reference date: Title: Project Manager 07/24/2017 Contact Email: Emilio DeSimone@davie-fl.gov Contact Phone: 954-797-1085 Name of Referenced Project: Linear Park Contract No. Date Services Provided: Project Amount: Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: STRUCTURAL CONDITION SURVEY, COMPILE ROPORT OLSIGN SERVICES Needs Please rate your experience with the Satisfactory Excellent Not Improvement Applicable referenced Vendor: Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 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*** Verified by: Kache EMAIL VERBAL dSON Division: CINU



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RFP No. R2113758P1, Professional		es for Repoi	rts and Stu	idles	
Reference for: Lakdas/Yohalem Engineering Organization/Firm Name providing reference:)				
Broward County Port Everglades					
		Pofo	rence date:		
The state of the s	le: Project Ma	nagei	THE THE DELLAR THE	07/24/2017	-
Contact Email: doellis@broward.org			tact Phone: g	54-468-0151	
Name of Referenced Project: Terminal 21 Nor		g Garage			
Contract No. Date Services F	Provided:		Project An	nount:	
P116106B1 5/15/17	to		\$14,7	25	
Vendor's role in Project: ☐ Prime Vendor ☐ S	Subconsultant/S	ubcontractor			
Would you use this vendor again? Yes	□No If No	, please specif	y in Additiona	Comments (below	<i>I</i>).
Description of services provided by Vendor:					
*					
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable	
referenced Vendor: 1. Vendor's Quality of Service	mprovement			Аррисавіс	
a. Responsive			V.		
b. Accuracy					
c. Deliverables			V		
Vendor's Organization:					
a. Staff expertise	H	H			
b. Professionalism c. Turnover	H	H		H	
52 X 53325555	_				
Timeliness of: a. Project			V		
b. Deliverables			W	. 🗆	
4. Project completed within budget		V			
5. Cooperation with:			- V		
a. Your Firm		닏	E.		
b. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies)					
			V		
Additional Comments: (provide on additional sheet if needed)					
Noncomplia	nt-Coun	tu Refer	enco		
Noncomplia	ION FOR COUNTY U	SE ONLY			
Verified via:EMAILVERBAL Verified by: Rat	thel Davi	SON Division:	cmo	Date: 8 17/1	7



Reference for: Lakdas/Yohalem Engineering	ng			
Organization/Firm Name providing reference:				
City of Fort Lauderdale				
	itle: Parking Se		and the second s	07/24/2017
Contact Email: fcastro@fortlauderdale.gov		Con	tact Phone: 9	54-828-3792
Name of Referenced Project: Bahia Mar Ped				
Contract No. Date Services	100000000000000000000000000000000000000		Project An	nount:
Vendor's role in Project: Prime Vendor	to July	2017	#3	6,000
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 Additional	Comments (below).
Description of services provided by Vendor:	Comens	B EVAL	MATICAL	4
Compile Report Wi	TH RECON	I PON OBTIN	on 4 A	RELIMINALY DES
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service a. Responsive		П	IX	
b. Accuracy		H	X	H
c. Deliverables			X	
2. Vendor's Organization:			ΙΖÍ	
Staff expertise Professionalism			~	H
c. Turnover			X	
3. Timeliness of:				
a. Project b. Deliverables	H	H	N	H
8 82 W 8 8 1990 PROPERTY OF STATE			٥	
Project completed within budget			X	
Cooperation with: a. Your Firm				
 b. Subcontractor(s)/Subconsultant(s) 	H	H	X	H
c. Regulatory Agency(ies)			8	



Broward County Solicitation No. and Title:				
RFP No. R2113758P1, Professiona		es for Repo	rts and Stu	dies
Lakdas/ Folialetti Eligilleetiit	9	1		
Organization/Firm Name providing reference: City of Fort Lauderdale				
	le: Project Ma	nago: n	rence date:	07/24/2017
Contact Email: RNazaire@fortlauderdale.go	V	Con	tact Phone: 9	54-828-8954
Name of Referenced Project: NE 1st Street B				
Contract No. RFQ 946-11366 Date Services F	Provided: 5/25/	2016	Project Am	ount: \$39,373
1646 PP15216-3	to 3/31/201	7		
Vendor's role in Project: X Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? X Yes	□No If No	, please specif	y in Additional	Comments (below).
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	<u></u>			
Responsive Accuracy	H		X	H
c. Deliverables	H		X X X	H
2. Vendor's Organization:	_			
 a. Staff expertise 		X		
b. Professionalismc. Turnover	H		X	H
			X	
Timeliness of: a. Project			X	
b. Deliverables		X		
Project completed within budget			X	
Cooperation with: a. Your Firm			X	
b. Subcontractor(s)/Subconsultant(s)	П	X		
c. Regulatory Agency(ies)		X		
Additional Comments: (provide on additional sheet if needed)				
THIS SECTI	ON FOR COUNTY US	SE ONLY		
	chel David		CMD	Date: 8/14/17

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 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.

8/4/2017



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional	A-E Service	es for Repor	ts and Stu	dies
Reference for: Lakdas/Yohalem Engineering				
Organization/Firm Name providing reference:				
Broward County Port Everglade				
Contact Name: Claude Gentil Title	e: Project Ma	nager Refe	rence date:	07/24/2017
Contact Email: cgentil@broward.org		Con	tact Phone: 9	54-468-0141
Name of Referenced Project: Port Everglades	Slip 2 Expans	sion		
Contract No. Date Services P			Project Am	nount:
12/01/2016	to 06/09/	2017	\$7	9.344/2
, round you not mine to make the	□No If No	o, please specif		Comments (below).
Description of services provided by Vendor: SLIP Z Exposit SIC 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				
Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover				
Timeliness of: a. Project b. Deliverables				
Project completed within budget				\bowtie
Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)				
Additional Comments: (provide on additional sheet if needed) Non Complian "THIS SECTION	ION FOR COUNTY	Ty Refe	2 2	רולרוא
Verified via:EMAILVERBAL Verified by: All information provided to Broward County is subject to verification. Vendor acknowle	duce that innerworks wells	abbit or incorrect statemen	ts made in support of th	his response may be used by the
All information provided to Broward County is subject to verification. Vendor acknowle County as a basis for rejection, rescission of the award, or termination of the contract Procurement Code.	and may also serve as the	e basis for debarment of V	endor pursuant to Section	on 21.119 of the Broward County p. 48



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies					
Reference for: Lakdas/Yohalem Engineering					
Organization/Firm Name providing reference:					
Broward County Port Everglades					
Contact Name: John Foglesong Tit	le: Director	Refe	rence date:	07/24/2017	
Contact Email: jfoglesong@broward.org			tact Phone: 9	54-468-0142	
Name of Referenced Project: Multiple Port Eve	erglades Proje	cts			
Contract No. Date Services F	ALC: CAROLINA COLO		Project An		
Multiple projects 01/01/1990	to 07/24/		\$ 1,000,00	0.00	
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	I Comments (below).	
Description of services provided by Vendor:					
Studies, Condition Survey and Evaluation, D	esign, Inspecti	on			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service Responsive			P	П	
Responsive Accuracy			7	d	
c. Deliverables					
2. Vendor's Organization:			V		
Staff expertise Professionalism		H	V		
c. Turnover				4	
3. Timeliness of:					
Project Deliverables	H		H	H	
Project completed within budget			4		
Cooperation with: a. Your Firm					
b. Subcontractor(s)/Subconsultant(s)	Ħ			7	
c. Regulatory Agency(ies)					
Additional Comments: (provide on additional sheet if needed)	1 nontre	Polovos	CO		
Non compliant - (ION FOR COUNTY U	SE ONLY***			
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Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies								
Reference for: Lakdas/Yohalem Engineering								
Organization/Firm Name providing reference:								
City of Hollywood								
Contact Name: Terrence Comiskey A ATitle: Manager Reference date: 07/24/2017								
Contact Email: TCOMISKEY@hollywoodfl.org Contact Phone: 954-921-3900								
Name of Referenced Project: Van Buren Parking Garage								
Contract No. Date Services Provided: Project Amount:								
	4 to PRE		VEM	DE \$83,100°				
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: STRUCTURENT PERIOD AND CONSULTING SERVICES								
ON AU EXIGENA	1910 PW	DWNED 6	SARAGI	6				
	Needs	Satisfactory	Excellent	Not				
Please rate your experience with the referenced Vendor:	Improvement			Applicable				
Vendor's Quality of Service			\bowtie					
a. Responsive b. Accuracy			×					
c. Deliverables			X					
2. Vendor's Organization:	П		X					
a. Staff expertise b. Professionalism			A					
c. Turnover				\bowtie				
3. Timeliness of:								
Project Deliverables	H	H	2	H				
Project completed within budget			\mathbf{X}					
5. Cooperation with:			K	П				
a. Your Firmb. Subcontractor(s)/Subconsultant(s)	H	H	×					
c. Regulatory Agency(ies)			X					
Additional Comments: (provide on additional sheet if needed)								
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Verified via:EMAILVERBAL Verified by: Rachel DavidSon Division:CMDDate: 8 14 17								



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: Walters Zackria Associates, PLLC Organization/Firm Name providing reference: City of Boca Raton Contact Name: Talia Garcia, P.E. Title: Utilities Engineering Reference date: 07/20/2017 Contact Email: Garcia, Talia <TGarcia@ci.boca-raton.fl.us> Contact Phone: 561-338-7307 Name of Referenced Project: Utilities Building 1B - Evaluation and Renovation Contract No. Date Services Provided: Project Amount: TO 4, 8, and 14 06/01/2014 to 07/20/2017 \$ 134,557.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Structural and Architectural Evaluation of existing 2 story building with cost estimate for repairs followed by plans and specifications for building repairs and roof replacement (in progress); shop drawing review and construction administration services (pending). Satisfactory Excellent Please rate your experience with the Needs Not Applicable Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) Project not complete at this time - cannot answer items 3 and 4. ***THIS SECTION FOR COUNTY USE ONLY*** Verified by: Kachel Davidson cmo Division:



Procurement Code

Vendor Reference Verification Form

Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: Walters Zackria Associates, PLLC Organization/Firm Name providing reference: City of Pompano Beach Contact Name: Tammy Good Reference date: Title: Project Manager 07/20/2017 Contact Email: Tammy.Good1@copbfl.com> Contact Phone: 954 786 5512 Name of Referenced Project: Pompano Community Park Contract No. Date Services Provided: Project Amount: 08/01/2008 to 06/01/2014 \$ 750,000.00 Vendor's role in Project:

✓ Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Design, CA services for park renovation over three phases. Please rate your experience with the Needs Satisfactory Excellent Not Improvement **Applicable** 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 Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) Excellent consultant/Architect. Would highly recommend using. Quality work! ***THIS SECTION FOR COUNTY USE ONLY***



Broward County Solicitation No. and Title: RFP No. R2113758P1, Professional A-E Services for Reports and Studies Reference for: Walters Zackria Associates, PLLC Organization/Firm Name providing reference: City of Fort Lauderdale - Community Redevelopment Agency Contact Name: Tom Green, PE Reference date: Title: Project Manager 07/20/2017 Contact Email: TGreen@fortlauderdale.gov Contact Phone: (954) 828-4008 Name of Referenced Project: Fort Lauderdale Aquatic Complex Evaluation and Renovation Options Contract No. Date Services Provided: Project Amount: TO 6 to 02/29/2016 04/15/2016 \$ 78,209.00 Vendor's role in Project: ✓ Prime Vendor Subconsultant/Subcontractor If No, please specify in Additional Comments (below). Would you use this vendor again? No Description of services provided by Vendor: Structural, Architectural, and MEP Evaluation of existing 5 buildings and 5 pools followed by schematic design plans with cost estimates for repairs for 3 schemes (low, medium, and high cost). Needs Satisfactory Excellent Not Please rate your experience with the Applicable Improvement 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

Additional Comments: (provide on additional sheet if needed)

Regulatory Agency(ies)

b. Subcontractor(s)/Subconsultant(s)

Project completed within budget

Cooperation with:a. Your Firm

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Verified via:	✓_EMAIL	VERBAL	Verified by: Rachel Davidson	Division: CmO	Date: 8/10/1-