

Three-Question Matrix and Reference Checks RFP: R2112705P1 Janitorial Services for Various Large County Facilities Contract #5 - Broward County South Regional Courthouse			
Ranking (Not Alphabetical)	1	2	3
Firm Name	McKenzie's Cleaning, Inc.	Clean Freek's Janitorial Services, LLC	MCJ Professional Cleaning Services Corp.
Questions			
1. 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?	Department of Commence/ITA, Broward County Small Facilities/State Attorney Offices and Archives	Department of Safety and Motor Vehicles	Broward County Aviation Maintenance Division, Broward County Port Everglades Division, City of Pompano Beach, Town of Davie
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) Clean Freek's Janitorial Services, LLC
 Organization/Firm Name providing reference: *FLORIDA State Highway Safety & Motor Vehicles*
 Contact Name/Title: *ISLANDE BONAMY, QUALITY Assurance Program Supervisor*
 Contact E-mail: *Islande.Bonamy@flhsmv.gov*
 Contact Phone: *954-969-3414*
 Name of Referenced Project: *Highway Safety & Motor Vehicles*
 Contract No. *N/A*
 Contract Amount: *\$18,600 Annually*
 Date Services Provided: *6/16/2016 - Present*
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Janitorial service - each day after office operations

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 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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/16/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) Clean Freek's Janitorial Services, LLC

Organization/Firm Name providing reference: Cayman Manufacturing

Contact Name/Title: Josh Ferguson / Operations Manager

Contact E-mail: josh.ferg@hotmail.com or josh@caymanmfg.com

Contact Phone: 954.789.5104

Name of Referenced Project: Cayman Manufacturing _ 1301 SW 34th Ave Deerfield Beach FL 33442

Contract No.

Contract Amount: \$6,000 Annually

Date Services Provided: Date = January 2015 Through April 2017

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Clean Freek's Was Contracted To Keep The Office Looking Good For Our Employees And For The Designers That Come Through To Review Any Work We Were Getting Ready To Manufacture. We Have 20+ Work Stations / 5 Restrooms / Reception And Conference Rooms As Well As Some Additional Common Areas. On Occasion We Would Need To Schedule Next Day Cleaning If We Were Expecting A Large Business Event Or Conference.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

[Empty box for additional comments]

References Checked By
Name: Kevin Bellamy

Title: Contracts Grant Administrator, Senior

Division/Department: Facilities Management Division

Date of Verification: October 18, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) Clean Freek's Janitorial Services, LLC
 Organization/Firm Name providing reference: Planet Fitness
 Contact Name/Title: Jonathan Woodard / General Manager / Regional
 Contact E-mail: jawoodard1986@gmail.com
 Contact Phone: 954-225-0026
 Name of Referenced Project:
 Contract No.
 Contract Amount: \$ 96,000
 Date Services Provided: 5/2015 - 9/2016
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Clean Freek's was responsible for the cleaning of Restroom/locker Room areas, the main walkways, and our black Card Spas of 5 out of 7 clubs in our South Florida territory.

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Kevin Bell
 Title:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) MCJ Professional Cleaning Services

Organization/Firm Name providing reference: Henderson Behavioral Health

Contact Name/Title: John Aquino, Director of Administration

Contact E-mail: jaquino@hendersonbh.org

Contact Phone: 954-777-1623

Name of Referenced Project: Janitorial Services including Supplies

Contract No.

Contract Amount: 25,755/ month

Date Services Provided: Since 2011
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Clean most Henderson facilities and provide supplies and paper products.

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
They are reliable and respond to and resolve and issues in a timely manner; additionally, MCJ has kept our pricing nearly constant which is most helpful to our organization as we do not often get annual contract increases.

References Checked By
 Name: Kevin Bellamy Title: Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: October 17, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) MCJ Professional Cleaning Services

Organization/Firm Name providing reference: Investments Limited

Contact Name/Title: Kasia Pisco - Property Manager

Contact E-mail: KPisco@Investmentslimited.com

Contact Phone: 361-392-8920

Name of Referenced Project:

Contract No.

Contract Amount: \$8,800.00

Date Services Provided: Since 2004 to Present

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Janitorial for 5 commercial Properties. Common Areas and office space.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Great Company to have as a vendor. We have NO problems with the Company.

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts/Grants Admin.

Division/Department: Facilities Management Division

Date of Verification: 10/19/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) MCJ Professional Cleaning Services
 Organization/Firm Name providing reference: *CITY OF POMPANO BEACH*
 Contact Name/Title: *RUSSELL KETCHEM, SOLID WASTE MGR.*
 Contact E-mail: *RUSSELL.KETCHEM@COPBFL.COM*
 Contact Phone: *954-545-7011*
 Name of Referenced Project: ~~F-33-12~~ *JANITORIAL SERVICES*
 Contract No. *F-33-12*
 Contract Amount: *93,949 ANNUAL*
 Date Services Provided: *MAY 2012 - 2015*
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
JANITORIAL SERVICES FOR VARIOUS CITY BUILDINGS

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"/>

Additional Comments: (provide on additional sheet if needed)
DID GREAT JOB.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/19/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) McKenzie's Cleaning, Inc.

Organization/Firm Name providing reference:

Contact Name/Title: FAA Miami Environmental SSC Supervisor

Contact E-mail: steve.d.smith@faa.gov

Contact Phone: 305-869-5350

Name of Referenced Project: MIAMI ATCT Janitorial

Contract No. N/A

Contract Amount: Negotiated

Date Services Provided: 10/1/2017- current

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Clean and Maintain level 12 Air Traffic Control Tower (ATCT), Terminal Radar Control, & Offices. This includes a Custodial Frequency Schedule for Maintenance task from Daily to Annually.

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 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"/>

Additional Comments: (provide on additional sheet if needed)

Teams have worked very hard to establish a good baseline.

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: October 10, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) McKenzie's Cleaning, Inc.

Organization/Firm Name providing reference: SP+

Contact Name/Title: Asst Facility Manager

Contact E-mail: Rsoero@spplus.com

Contact Phone: 954-468-3682

Name of Referenced Project: Port Everglades

Contract No. R1174806P1

Contract Amount: \$ 197,000.00

Date Services Provided: July 2013 - July 2017

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Kevin Bellamy

Division/Department: Facilities Management Division

Title: Senior Contracts Grants Administrator

Date of Verification: October 10, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1 Janitorial Services for Various Large County Facilities
 Reference for: (Name of Firm) McKenzie's Cleaning, Inc.
 Organization/Firm Name providing reference: Raufman Group
 Contact Name/Title: President
 Contact E-mail: Duchess@raufmangroup.com
 Contact Phone: 786-623-1603
 Name of Referenced Project: Main Building of Facilities
 Contract No. N/A
 Contract Amount: 63Ks
 Date Services Provided: 20011-Current

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Cleaning

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"/>

Additional Comments: (provide on additional sheet if needed)
We are Happy with the service McKenzie's Cleaning Provides

References Checked By
 Name: Kevin Bellamy Title: Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: October 16, 2017