



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Able Business Services, Inc.
 Organization/Firm Name providing reference: Miami-Dade Water & Sewer Department
 Contact Name/Title: Cheryl Thomas-Hughes / Purchasing Specialist
 Contact E-mail: cthug01@miamidade.gov
 Contact Phone: 786-552-8058
 Name of Referenced Project: Janitorial/Custodial Services
 Contract No. 9562-5/22
 Contract Amount: \$92,792,000.00 (Cumulative Amount) - \$1,987,942.00 (WASD's Allocation)
 Date Services Provided: June-18-2012 through 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:
 The services provided are but not limited to the following; general office cleaning, dusting, emptying and spot cleaning trash and recycling containers, vacuuming, dusting, cleaning and disinfecting areas throughout the various locations that are consider "hot zones" - where the flow of traffic is extremely high with employees and customers. Restocking of paper goods, sweep and mopping non-carpeted floors, cleaning of windows (inside) and blinds.
 Quarterly and monthly services include carpet shampooing/extractions and spray buff and floor burnishing. Also responsible for cleaning & disinfecting shower rooms, fixtures, floors, bathrooms, kitchen areas at the water & wastewater treatment plants and some pump stations.

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 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 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)
 During the term of this contract up to now, I've received one complaint that was resolved immediately by Mr. Berry's staff and it was not due to their error but the error of the end-user at the location that was being serviced (no access to locked office).
 I have received nothing but good reports from our users regarding this company. i would highly recommend them for consideration for services. Staff is very courteous and professional.

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts/Grants Admin.

Division/Department: Facilities Management Division

Date of Verification: 10/13/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Able Business Services, Inc.
 Organization/Firm Name providing reference: Jackson Health System
 Contact Name/Title: Mrs. Nichole Lastra (Manager, Facilities Services)
 Contact E-mail: Nichole.Lastra@jhs-miami.org
 Contact Phone: 786-503-4071
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided:

(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 and Landscaping Services

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: 10/19/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Able Business Services, Inc.
 Organization/Firm Name providing reference: JACKSON MEMORIAL HOSPITAL
 Contact Name/Title: MICHAEL HUGHES - Director
 Contact E-mail: Michael.hughes-CON@jhsMIAMI.LOY
 Contact Phone: 305-585-7270
 Name of Referenced Project: ENVIRONMENTAL - LANDSCAPING
 Contract No.
 Contract Amount:
 Date Services Provided:

(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 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)
 IF NEEDED ADDITIONAL INFO, PLEASE CALL ME Directly AT. 305-542-1905

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) American Facility Services, Inc.
 Organization/Firm Name providing reference: Synovus Bank
 Contact Name/Title: Tim Akins / Procurement Manager
 Contact E-mail: timakins@synovus.com
 Contact Phone: 407-839-6208
 Name of Referenced Project: Janitorial Services / 106 Current Synovus locations
 Contract No.
 Contract Amount:
 Date Services Provided: 10/2008 until 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:
Daily janitorial services to 106 Synovus Bank locations in Georgia, Tennessee, & Florida.

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)
American Facility Services is our largest janitorial services provider and they service about 40% of our locations. Their service has always been high quality. Their management staff has done an excellent job of addressing any issues or concerns that inevitably arise.

References Checked By
 Name: Kevin Bellamy Title: Contract/Grants Administrator, Senior
 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) American Facility Services, Inc.

Organization/Firm Name providing reference: Children's Services Council of Palm Beach County

Contact Name/Title: Michael Modica / Head of Facilities

Contact E-mail: michael.modica@cscpbcc.org

Contact Phone: 561-202-4445

Name of Referenced Project:

Contract No. NA

Contract Amount: 60,000-75,000 / annual

Date Services Provided: 1/1/2013 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:
Nightly custodial / janitorial

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 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 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 Administrator
Division/Department: Facilities Management Division Date of Verification: October 11, 2017



Vendor Reference Verification Form

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

Reference for: (Name of Firm) American Facility Services, Inc.

Organization/Firm Name providing reference: Sarasota County Board of County Commissioners

Contact Name/Title: William Deller, Facilities Supervisor

Contact E-mail: bdeller@scgov.net

Contact Phone: 941-716-1500

Name of Referenced Project: Custodial Services Contract

Contract No. 2017-120

Contract Amount: 2,450,000.00

Date Services Provided: Oct 2016 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:
Custodial, cleaning, emergency biohazard clean up, and porter services for zones 2 and 3 in office, court, law enforcement, medical (health department), industrial, libraries, and parks, facilities for Sarasota County Government.

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

Additional Comments: (provide on additional sheet if needed)
As with all services of this nature turn over is in the nature. They have been strong in all of our buildings, except the parks where they are struggling a bit to keep consistent services. They are willing to meet consistently with my staff and building occupants to resolve problems and the parks are being solved, again this comes and goes with turnover and consistent supervision. Our janitorial/custodial services have improved with the hiring of this vendor. Chi Ada corp. has downtown high rise, zone 1, and is also an excellent vendor so far (FYI).

References Checked By
 Name: Kevin Bellamy Title: Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: October 19, 2017



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Chi-Ada Corporation

Organization/Firm Name providing reference: Miami-Dade County-Dept of Transportation & Public Works

Contact Name/Title: Maria E. Corzo, DTPW Property Management Supervisor

Contact E-mail: mecorzo@miamidade.gov

Contact Phone: 305-889-6766

Name of Referenced Project: MDT Metrorail, Metromover Systems, Bus Garages, and Maintenance Bldgs.

Contract No. RFQ9562-13MDT

Contract Amount: \$477,900 + monthly

Date Services Provided: May 13, 2013 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 services to Metrorail and Metromover Stations (including surface parking lots and parking garages), Rail & Mover Maintenance Facilities, Bus Garages, Bus Maintenance Facilities and Park and Ride Lots.

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

Hiring decisions are not made at the user's level. The hiring and awarding process is handled by the County's Procurement Department, through established procedures. As long as the vendor continues to be an approved/qualified vendor with the County, the vendor will be allowed to bid in future projects.

Vendor is responsive, flexible, and accommodating.

Reference Verification: R2112705P1 | Janitorial Services for Various Large County Facilities

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts/Grants Admin.

Division/Department: Facilities Management Division

Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Chi-Ada Corporation

Organization/Firm Name providing reference: Department of Real Estate and Asset Management

Contact Name/Title: Jame M. Morehead

Contact E-mail: james.morehead@fultoncountyga.gov

Contact Phone: (404) 612-4446

Name of Referenced Project: Janitorial Services

Contract No. 13ITB87106-MT

Contract Amount: \$112,462.00

Date Services Provided: 1 Jan 14--1 Mar 16

(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:
Provided Janitorial Services for various Libraries and Water Resources Facilities located throughout Fulton County.

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)
Excellent Company--It was a pleasure working with Mr. Okoro and his Staff. I'm sure they will provide you the same "Premium" service they provided Fulton County.

References Checked By
 Name: Kevin Bellamy Title: Contracts/Grants Administrator, Senior
 Division/Department: Facilities Management Division Date of Verification: October 19, 2017



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance

Organization/Firm Name providing reference: City of Hollywood, Underground Utilities

Contact Name/Title: Robert Walker - manager

Contact E-mail: RAWALKER@hollywoodfl.org

Contact Phone: 954-921-3046

Name of Referenced Project: Janitorial Services

Contract No. 1602-003

Contract Amount: \$ 16,056.00

Date Services Provided: 4/16 (April 2016)
(list date range or date services began)



Robert Walker
Public Utilities Manager

City of Hollywood, Florida
Department of Public Utilities
Underground Utilities Division
1715 N. 21st Ave
P.O. Box 229045
Hollywood, FL 33022-9045

Phone 954-921-3046
Fax 954-967-4574
rawalker@hollywoodfl.org

Vendor's role in Project: Prime Vendor Sub-consultant/SC
Would you use this vendor again? Yes No If No, please

Description of services provided by Vendor:

All scopes of cleaning from office space, kitchens, locker rooms, restrooms, etc...

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)

Excellent!!! Couldn't be more satisfied. Quality of Services and professionalism of staff is superb.

References Checked By
Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
Division/Department: Facilities Management Division Date of Verification: 10/2/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance
 Organization/Firm Name providing reference: *Town of Southwest Ranches*
 Contact Name/Title: *SANDRA Luongo - General Services Manager*
 Contact E-mail: *Sluongo@Southwestranches.org*
 Contact Phone: *954 343-7476*
 Name of Referenced Project: *Janitorial Services for Town Hall*
 Contract No. *2017-043*
 Contract Amount: *\$900 per month*
 Date Services Provided: *2012 to present - 2 year contract w/ 3-1 year Renewals.*
 (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:
*Maintenance cleaning for Town Hall window cleaning
 pressure cleaning
 floor waxing
 rug cleaning*

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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	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"/> <i>(Little Turn over)</i>
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)
The Town has signed on with CST, dba Mirage building services, for an additional term. They are highly reliable & responsible. Never a problem & always prompt.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/11/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance
 Organization/Firm Name providing reference: CITY OF MIRAMAR
 Contact Name/Title: BERNARD BUXTON-TETTEH | PUBLIC WORKS DIRECTOR
 Contact E-mail: bbuxton-tetteh@miramar.fl.gov
 Contact Phone: 954-883-5005
 Name of Referenced Project: JANITORIAL SERVICES
 Contract No. RFP 14-07-49
 Contract Amount: \$ 494,492 (ANNUAL)
 Date Services Provided: JANUARY 2015 — 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:
Janitorial services for all city owned facilities.

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

Senior Contracts/Grants Admin.

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: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance
 Organization/Firm Name providing reference: Cleveland Clinic Florida
 Contact Name/Title: Kerry Ninkovich Director of Environmental Services
 Contact E-mail: ninkovk@ccf.org
 Contact Phone: 954-689-5890
 Name of Referenced Project: Preferred provider of contracted cleaning services
 Contract No.
 Contract Amount:
 Date Services Provided: Annual Cleaning Services Agreement
 (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 services for Clinic Building, Hupa building, Braathen building and other off-site clinics.

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)
Dependable services, flexible with changes and short-notice situations. Also responds timely to emergency requests and added services for events or openings of new areas.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance

Organization/Firm Name providing reference: Cleveland Clinic Florida

Contact Name/Title: Annette M. Gadus/Director, Facilities Operations/Security

Contact E-mail: gadusa@ccf.org

Contact Phone: Office 954-659-5031 or Cell 954-410-1590

Name of Referenced Project: Cleveland Clinic Florida Housekeeping/Janitorial Services

Contract No. _____

Contract Amount: \$110,000+ per month

Date Services Provided: 1997 to date
(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:
 Handles our housekeeping and janitorial services as follows:
 Cleveland Clinic Florida Outpatient buildings 2950 A and B total sq. ft. 300,000 on our Main Campus
 CCF Hospital 250,000 sq. ft. supplies 50% of our manpower 24-7 to supplement our 50%in-house staff on Main Campus. Off site Clinics, Krupa Bldg, Weston Family Health Center, Palm Beach Gardens and Parkland

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 type="checkbox"/>	<input checked="" 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 have found Jim Fischer, President of CSI and his staff to be most responsive to our needs and any and all concerns. CSI has been our main contracted vendor since 1997 with the exception of two years due to a temporary merger with another hospital system in July, 2001. When the merger failed, CSI resumed their previous housekeeping services which continue to expand as we open more sites. Special events and Construction Cleaning are also handled by CSI.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance
 Organization/Firm Name providing reference: FLF Heritage LLC
 Contact Name/Title: Christie Simon
 Contact E-mail: Christie.Simon@FLFHoldings.com
 Contact Phone: 561.575.6455
 Name of Referenced Project: Jupiter Business Center
 Contract No. _____
 Contract Amount: _____
 Date Services Provided: Office cleaning

(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 services for common Area as well as suites.

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 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)

References Checked By: Kevin Bellamy Senior Contracts/Grants Admin.
 Name: Kevin Bellamy Title: _____
 Division/Department: Facilities Management Division Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Cleaning Systems, Inc. dba Mirage Building Maintenance

Organization/Firm Name providing reference: MIRAMAR POLICE DEPARTMENT

Contact Name/Title: DEXTER WILLIAMS / CHIEF OF POLICE

Contact E-mail: DWILLIAMS@MIRAMARPD.ORG

Contact Phone: 954-602-4400

Name of Referenced Project:

Contract No. 173211-00

Contract Amount: \$4480.00

Date Services Provided: June 2016-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 Co

DEXTER M. WILLIAMS
CHIEF OF POLICE

954.602.4400
954.602.3798

dwilliams@miramarpd.org



MIRAMAR POLICE DEPARTMENT
11765 City Hall Promenade | Miramar, FL 33025
www.miramarpd.org

Description of services provided by Vendor:

- INTERNAL / EXTERNAL JANITORIAL SERVICES
- COMPLETE ENVIRONMENTAL SERVICES.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not /

	Needs Improvement	Satisfactory	Excellent	Not /
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)

- NONE ADDITIONAL - EXCELLENT SERVICES FOR ALL POLICE FACILITIES.

References Checked By

Name: Kevin Bellamy

Title Senior Contracts/Grants Admin.

Division/Department: Facilities Management Division

Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) L&B Janitorial Services, Inc.
 Organization/Firm Name providing reference: Sunshine Cleaning Systems, Inc
 Contact Name/Title: Randy Kierce, Chief Operating Officer
 Contact E-mail: Randy@sunclean.com
 Contact Phone: 954-772-0884
 Name of Referenced Project: Broward College
 Contract No. NA
 Contract Amount: 1.2 Million
 Date Services Provided: February 2016 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:
 L&B provides custodial labor as subcontractor on this account.

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 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 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"/>

Additional Comments: (provide on additional sheet if needed)
 L&B has met and continues to meet the requirements of contract for Sunshine.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/12/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) L&B Janitorial Services, Inc.
 Organization/Firm Name providing reference:
 Contact Name/Title: JEAN-PIERRE TURGOT
 Contact E-mail: JTURGOT@REPUBLICSERVICES.COM
 Contact Phone: (954) 327-9555
 Name of Referenced Project:
 Contract No.
 Contract Amount: \$150K
 Date Services Provided: 2012/2014
 (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:
The vendor L&B Janitorial Services performed admirably at cleaning all of our Major Concessions at Terminal #3 and Terminal #4 for two years. It was the best performance by far out of several other companies selected in previous years. (P)

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)

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) L&B Janitorial Services, Inc.
 Organization/Firm Name providing reference: Big Dog Construction Sewing
 Contact Name/Title: Rhonda Rosenof VP
 Contact E-mail: Rhonda@BigDogCSI.com
 Contact Phone: 954-757-8015
 Name of Referenced Project: SW Airlines Terminal One
 Contract No.
 Contract Amount: \$26,600
 Date Services Provided: 2/20/17 - 4/16/17
 (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

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 checked="" type="checkbox"/>	<input 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)
Always get good feedback from client about their work.

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) Owens, Renz & Lee Co., Inc. dba Owens Realty Services
 Organization/Firm Name providing reference: City of Orlando - Orlando Venues
 Contact Name/Title: Allen Johnson, Executive Director
 Contact E-mail: allen.johnson@cityoforlando.net
 Contact Phone: ~~407.840.2329~~ 407 440 7070
 Name of Referenced Project: Janitorial Services for the Orlando Venues - Amway Center - Camping World Stadium - Mennello Museum of American Art - the Harry P. Lue Gardens Wedding & Conference Center - the BluePrint Office
 Contract No. RFP# 16-0037
 Contract Amount: \$2.5M
 Date Services Provided: 2010 - 2021

(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:
 Owens Realty Services provides comprehensive daily, pre-event, event, and post-event cleaning for the 875,000 SF LEED Gold certified Amway Center, home to the NBA Orlando Magic. The team also provides change-over and conversion services for the myriad events held on an annual basis. Additional facilities serviced under this contract include the new, LEED BD+C LEED certified Camping World Stadium (formerly the Orlando Citrus Bowl), the BluePrint Office, the Mennello Museum of American Art and the Harry P. Lue Wedding and Conference Center. In 2017, the NBA's Richey Report, which is a study conducted each year by a private consultant in each NBA venue to access the quality of service at each patron touch point. Owens Realty Services' performance scores were the highest of all the NBA venues at 100% for the Cleanliness Rating services rating.

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"/>

Reference Verification: R2112705P1 | Janitorial Services for Various Large County Facilities

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: 10/2/17



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Owens, Renz & Lee Co., Inc. dba Owens Realty Services
 Organization/Firm Name providing reference: City of Orlando - Orlando City Hall
 Contact Name/Title: Laurie Botts, Real Estate Division Manager
 Contact E-mail: laurie.botts@cityoforlando.net
 Contact Phone: 407.246.2653
 Name of Referenced Project: Property Management Services for the Orlando City Hall, Orlando, FL
 Contract No. RFP# 12-0371-DB
 Contract Amount: \$1.6M
 Date Services Provided: 2007 - 2018 with two additional 24 month renewal options
 (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:
 Owens Realty Services provides comprehensive management, maintenance, janitorial, and postal services for the 250,000 city hall facility. Cleaning utilizing Green Seal Certified Cleaning Chemicals, Low-Impact cleaning Equipment, Single Stream Recycling, High Performance Cleaning Program utilizing LEED v4 standards. Owens Realty Services earned the Building Owners and Managers Association's - Orlando Region - Office Building of the Year Award in 2012. Judge's comments included ... "multi corridors had excellent maintenance ... security & life safety features [are] excellent."

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)
 Owens provides professional management support for Orlando City Hall. We are completely happy with their services and extended their contract again for the maximum period allowed. I believe you will find them to be responsive to your requests and professionally manage all aspects of their contract. Please feel free to call if you need additional information. Laurie Botts 407-246-2653.

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: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) SFM Services, Inc.
 Organization/Firm Name providing reference: BaptistHealth Enterprises - Real Estate
 Contact Name/Title: Erica Bailey-Agostini / Property Manager
 Contact E-mail: Ericas@a@baptisthealth.net
 Contact Phone: 786 596 7498
 Name of Referenced Project: Janitorial Services
 Contract No. N/A
 Contract Amount: approx \$300,000.00 annually per building
 Date Services Provided: 2011 - 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:
 SFM Janitorial provides full service cleaning of my buildings in the central portfolio, which includes 2 medical arts buildings of 100,000+ sq ft each.

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)
 Any additional services needed are always provided timely and without hassle. I would recommend them to any building mgmt team.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/2/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) SFM Services, Inc.
 Organization/Firm Name providing reference: BHE Real Estate + Development
 Contact Name/Title: Yaneis Perez, Property Manager
 Contact E-mail: yaneis@baptisthealth.net
 Contact Phone: 305-812-9139
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided:

(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:

Vendor is a reliable vendor, we can count on him for all duties set forth.

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)

Vendor is our landscaping vendor and we have use him for all of our sites. We just went through a hurricane and vendor came through in a timely manner.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 10/3/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) Sunshine Cleaning Services
 Organization/Firm Name providing reference: CLT Airport
 Contact Name/Title: Kevin Lynch/ Facility Services Manager
 Contact E-mail: kmlynch@cltairport.com
 Contact Phone: 704-359-1905
 Name of Referenced Project: Janitorial and Terrazzo Maintenance
 Contract No. 201500116/ 1301017
 Contract Amount: \$9,700,000/ \$520,000 per year
 Date Services Provided: 2009- 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:
Janitorial and Terrazzo Maintenance Services.

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)
Very pleased with all aspects

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: September 29, 2017



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Sunshine Cleaning Systems, Inc.
 Organization/Firm Name providing reference: Palm Beach International Airport
 Contact Name/Title: Richard A. Roberts C.E.H. Contract Coordinator
 Contact E-mail: rick.roberts@pbia.org
 Contact Phone: 561-471-7465
 Name of Referenced Project: Janitorial Services at PBIA
 Contract No. 11/052/LM
 Contract Amount: 2.9 million a year
 Date Services Provided: 11-1-11 thru 09-30-17

(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:
Provided complete custodial services for the airport and parking garages.

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)
Sunshine worked here for 6 years and done and excellent job keeping the Palm Beach International Airport to our high standards over the last 6 years. I would highly recommend sunshine for any type cleaning work you need done and done right.

References Checked By
 Name: Kevin Bellamy Title: Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: October 12, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) Triangle Services of Florida, Inc.
 Organization/Firm Name providing reference: Lee County Port Authority / Southwest FL International Airport
 Contact Name/Title: Jeffrey C. Gray, A.A.E., Director of Contracts
 Contact E-mail: jcgray@flylcpa.com
 Contact Phone: 239-590-4705
 Name of Referenced Project: Janitorial Routine and Project Services for the Lee County Port Authority
 Contract No. LCPA Contract #6467
 Contract Amount: \$6,237,999 for FY17/18, approximately \$30 Million over the five (5) year contract term
 Date Services Provided: October 1, 2013 to September 30, 2018 (Four year extension in process thru 2022))
 (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:
 Triangle Services furnishes comprehensive routine janitorial services at the Southwest Florida Int'l Airport in Fort Myers, FL, on a 24/7/365 basis. They also furnish and manage a wide range of project cleaning and maintenance services to include windows, carpets, hard surface floors, and high access area cleaning. They also furnish cleaning/project services at the Base Operations FBO at Page Field.

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)
 Triangle has furnished consistent, reliable, exemplary janitorial routine and project services for 18 years for the LCPA, and we have found them to be responsive, highly qualified, and professional. They have an excellent organizational culture that promotes a team-oriented environment for their cleaning operation at our airports, and recommend their services at your facility. See attached letter.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: September 28, 2017



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Triangle Services of Florida, Inc dba Triangle Services
 Organization/Firm Name providing reference: Brooklyn Law School
 Contact Name/Title: Salvatore S. DeCandia, Facilities Manager
 Contact E-mail: salvatore.decandia@brooklaw.edu
 Contact Phone: (718) 780-0677
 Name of Referenced Project: Brooklyn Law School
 Contract No.
 Contract Amount:
 Date Services Provided:

(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:
 Responsible for daily cleaning of entire school building, including all classrooms, restrooms, public hallways, elevators, lobbies, staircases, main lobby.

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)

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



Vendor Reference Verification Form

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

Reference for: (Name of Firm) Triangle Services of Florida, Inc dba Triangle Services
 Organization/Firm Name providing reference: Metropolitan State University
 Contact Name/Title: Chris Maas / Director of Facilities
 Contact E-mail: christopher.maas@metrostate.edu
 Contact Phone: 651-793-1711
 Name of Referenced Project: Metropolitan State University Janitorial Services contract
 Contract No.
 Contract Amount: \$1,760,682.05
 Date Services Provided: July 1st, 2017 - June 30th, 2020

(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:
Triangle Services provides Janitorial Services and event services for Metropolitan State University St. Paul Campus. The campus is approximately 800,000 square feet and operates 7 days a week from 6:00am to 11:00pm. Triangle Services provides day porter services, janitorial services and also daily event set-ups and take downs that take place on campus.

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)

Triangle Services has been the primary janitorial services vendor for the campus for approximately 20 years. Not only has Triangle been able to perform quality services for that many years but has also been able to retain many of the same employees in which provides a continuity of operations that is second to none.

Metropolitan State is located within the Dayton's Bluff community and serves a very diverse population. Triangle Services staff is always very kind, polite, detail oriented, professional and provides prompt response to any issue that may come up day or night.

Triangle Services management is also very customer focused and pro-active in providing daily and weekly account updates and providing value added solutions. Metropolitan State University values its relationships with all vendors and would highly recommend Triangle Services as being a long term partner.

References Checked By

Name: Kevin Bellamy

Title: Contracts Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: October 19, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) United Services
 Organization/Firm Name providing reference: NJIT
 Contact Name/Title: Charles Nieves Director of Facilities Services
 Contact E-mail: Charlie.nieves@njit.edu
 Contact Phone: (973) 596-5721
 Name of Referenced Project:
 Contract No.
 Contract Amount: In excess of one million dollars per fiscal year.
 Date Services Provided: Services began in 2000 and continues to this date.
 (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:
United Services provides building maintenance services to our 45 acre campus. United Services provides specialized floor care, residence hall cleaning, window cleaning, loading dock sanitizing, pressure washing sidewalks, parking lots and garages, commercial kitchen equipment cleaning, event set ups, emergency clean up.

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)
United Services has become a part of the NJIT TEAM. While they're a third party vendor they have become part of our TEAM. I can call on their services at anytime and know I can rely on them to deliver a high level of response. I have used them during Hurricane Sandy emergency clean up and for post construction clean up of ALL new buildings and athletic facilities. In my role I don't have the time to bring vendors in more than once to complete a job, so I need vendors that understand my level of expectation, and can accomplish all work to meet those standards. Working at a university has become a very competitive business, so we need our facilities to look their best at all times.

References Checked By

Name: Kevin Bellamy

Title: Senior Contracts Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: September 26, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) United Services Inc
 Organization/Firm Name providing reference: Coccia Realty
 Contact Name/Title: Jan Kwapniewski
 Contact E-mail: john@mycoccia.com
 Contact Phone: 201-997-7000
 Name of Referenced Project: Class A Building & Multiple ancillary and other buildings
 Contract No. n/a
 Contract Amount: \$900,000 annually
 Date Services Provided: from February 2012 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:
Complete janitorial services, inside and out. In addition: Snow removal, de icing, power washing, window cleaning, Air Duct cleaning, replacement of lights, filters, air fresheners, and other consumables.

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)
I fully recommend Ray Pardo and his team at United Services.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: 9-27-17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County
 Reference for: (Name of Firm) United Services
 Organization/Firm Name providing reference: City of Miami Beach
 Contact Name/Title: Adrian Morales, Property Management Director
 Contact E-mail: AdrianMorales@miamibeachfl.gov
 Contact Phone: 305-673-7000 x. 2932
 Name of Referenced Project: Citywide Janitorial Services
 Contract No. 13-269-ME
 Contract Amount:
 Date Services Provided: 2013 - 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:
 Citywide janitorial services to all City-owned buildings; including beach front restrooms and spaces leased to City.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input checked="" type="checkbox"/>	<input 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"/>

Additional Comments: (provide on additional sheet if needed)
 Level of service is not satisfactory and needs constant monitoring. Basic janitorial services are not performed correctly (i.e. cleaning of floors before waxing and striping).

References Checked By Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 9/27/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: R2112705P1-01-01 | Janitorial Services for Various Large County Facilities

Reference for: (Name of Firm) United Services

Organization/Firm Name providing reference: Miami Design District Associates

Contact Name/Title: Christina Napoliello - Assistant General Manager

Contact E-mail: Christina@designdistrict.net

Contact Phone: 305-722-7100

Name of Referenced Project: Miami Design District

Contract No.

Contract Amount: \$40,000/Week

Date Services Provided: 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:
USI provides janitorial services to our properties, we have a luxury retail shopping center and commercial buildings. They clean interior and exterior as well as pressure wash and work events as needed.

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)
I would recommend USI to Broward County.

References Checked By
 Name: Kevin Bellamy Title: Senior Contracts/Grants Admin.
 Division/Department: Facilities Management Division Date of Verification: 9/27/17