

Three-Question Matrix and Reference Checks
RFP: R2112705P1
Janitorial Services for Various Large County Facilities

Contract #3 - Broward County South Regional Courthouse

Ranking (Not Alphabetical)	1	2	3	4	5
Firm Name	L & B Janitorial Services, Inc.	Clean Freek's Janitorial Services, LLC	McKenzie's Cleaning, Inc.	Cleaning Systems, Inc. d/b/a Mirage Building Maintenance	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	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	Subcontractor for Broward County Governmental Center East, Subcontractor for Broward County Judicial Center	Department of Safety and Motor Vehicles	Department of Commence/ITA, Broward County Small Facilities/State Attorney Offices and Archives	N/A	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)	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) 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/IC
 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

	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!!! Couldnt 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")



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

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

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 Rosenoff 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) 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 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: 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