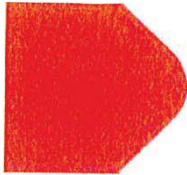


Three-Question Matrix and Reference Checks

**RFP Number: V2114784P1
Consultant Services for FY2019-28 Transit Development Plan**

Ranking	1
Firm Name	Tindale-Oliver & Associates, Inc. DBA Tindale Oliver
Questions	
1. Has the vendor taken any exceptions to the County's Standard Terms and Conditions?	NO
2. Does the vendor have comparable government experience?	Hillsborough Area Regional Transit Authority Palm Tran - Palm Beach County Space Coast Area Transit - Brevard County
3. Have the vendor's references been checked?	YES (Attached)



Tab 3
Past Performance

Broward County Board of
County Commissioners

V2114784P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title

Solicitation V2114784P1 Consultant Services for FY2019-2028 Transit Development Plan

Reference for: Tindale-Oliver & Associates, Inc., dba Tindale Oliver

Organization/Firm Name providing reference

Hillsborough Area Regional Transit Authority (HART)

Contact Name: Steve Feigenbaum Title: Mgr. of Service Planning Reference date: 10/12/2017

Contact Email: feigenbaums@gchart.org Contact Phone: (813) 384-6559

Name of Referenced Project: 10 Year Transit Development Plan & Comprehensive Operations Analysis

Contract No.	Date Services Provided:	Project Amount
VC-00615	10/01/2016 to 12/31/2017	\$ 474,927.00

Vendor's role in Project Prime Vendor Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Minimized impact of service reductions on existing bus patrons (in response to budget constraints), supported HART Board with education and recommendations for its annual budget discussion and development, completed COA efforts to support HART in addressing budget shortfalls, completed TOP efforts to ensure consensus on 10 year transit vision and to meet statutory requirements for continuing to receive State block grant funding.

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"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via EMAIL VERBAL Verified by: Janeth Nelson Division: Transit Date: 11/16/17

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Tab 3
Past Performance



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

V2114784P1 Consultant Services for FY2019-28 Transit Development Plan

Reference for: Tindale-Oliver & Associates, Inc., dba Tindale Oliver

Organization/Firm Name providing reference

Palm Tran/Palm Beach County

Contact Name: Fred Stubbs Title: Transit Planning Manager Reference date: 10/12/2017

Contact Email: FSTUBBS@co.palm-beach.fl.us Contact Phone: (561) 841-4222

Name of Referenced Project: Palm Tran Transit Development Plan

Contract No.	Date Services Provided	Project Amount
16-030/SC	07/12/2016 to 12/12/2016	\$ 179,224.00

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

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

Description of services provided by Vendor:

Completed fully compliant TDF in shortened timeframe of 13 weeks; developed needs and alternatives focused on corridors; as many actual route alignments may change after major system redesign; conducted public outreach to promote plan after Draft TDF completed; TDF was adopted by Palm Beach County Board of County Commissioners and submitted prior to FDOT extension date of December 1, 2016.

Please rate your experience with the referenced Vendor:

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

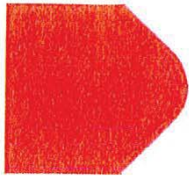
Additional Comments: (provide on additional sheet if needed)

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Tab 3
Past Performance

Broward County Board of
County Commissioners

V2114784P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

V2114784P1 Consultant Services for FY2019-28 Transit Development Plan

Reference for: Tindale-Oliver & Associates, Inc., dba Tindale Oliver

Organization/Firm Name providing reference:

Space Coast Area Transit

Contact Name: Jim Liesenfelt Title: Transit Director Reference date: 10/12/2017

Contact Email: Jim.liesenfelt@browardcounty.us Contact Phone: (321) 635-7815

Name of Referenced Project: FY2018 Transit Development Plan Major Update

Contract No. Date Services Provided: Project Amount:
036000-01.12 05/20/2016 to 09/30/2017 \$ 160,742.00

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

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

Description of services provided by Vendor:

On board survey, assessment of existing service levels, baseline conditions, mobility needs, and policy environment to identify transit improvements. Projects for implementation based on public input and technical analysis of future transit demand using origin-destination and demographic data. Potential revenue sources identified to fund future transit improvements.

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"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

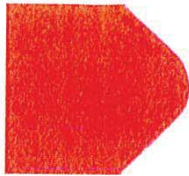
Very pleased with the service and cost provided by Tindale-Oliver. We had a outstanding public meeting for the 11th. Got everyone with the public and the Tindale staff did a great job in answering the questions.

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Verified via EMAIL VERBAL Verified by Jim R Client Transit Date 11/15/17

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Past Performance

Broward County Board of
County Commissioners

V2114784P1



Broward County Board of
County Commissioners

Bid V2114784P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Bid V2114784P1 FY2019-28 Transit Development Plan

Reference for: Connetics Transportation Group Inc.

Organization/Firm Name providing reference:

Central Florida Regional Transportation Authority - LYNX

Contact Name: Doug Robinson Title: Mgr. Strategic Planning Reference date: 10-10-17

Contact Email: drobenson@lynx.com Contact Phone: 407-254-6078

Name of Referenced Project: Transit Development Plan / Route Optimization Study

Contract No. 14-C18 Date Services Provided: 5/19/17 to Ongoing Project Amount: \$754,000

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

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

Description of services provided by Vendor:

Please rate your experience with the 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 checked="" type="checkbox"/> None given yet
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 type="checkbox"/>	<input checked="" type="checkbox"/> none due yet
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: [Signature] Division: Transit Date: 11/15/17

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This reference is for Tindale Oliver's subcontractor.