

Three-Question Matrix and Reference Checks
RFP No. PNC2114814P1
Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Ranking	1	2	3	4
Firm Name	Stiles Pirtle Joint Venture	Moss & Associates, LLC	Munilla Construction Management, LLC dba MCM	James A. Cummings, Inc.
Questions				
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	YES, EXCEPTIONS TAKEN TO: Art. 4, Section 4.1 - Contractor's Responsibilities Art. 9, Section 9.4 - Notification of Change in Contract Time Art. 11, Sections 11.1.4.8; 11.1.4.9; 11.1.4.10; - Payments Art. 20, Section 20.6 - Occupational Health and Safety	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	1. Nova Southeastern University 2. City of Fort Lauderdale 3. City of Miramar	1. Florida International University (FIU) 2. Brightline All Aboard Florida - West Palm Beach, FL 3. Harbourside Place, LLC	1. Miami-Dade County Public Schools 2. Miami-Dade County - Port Miami 3. Leon Medical Centers	1. City of Lauderhill, FL 2. University of Central Florida 3. Florida Atlantic University
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: Stiles Construction

Organization/Firm Name providing reference:

Nova Southeastern University

Contact Name: Randall Seneff

Title: Project Manager

Reference date: 01/02/2018

Contact Email: rseneff@nova.edu

Contact Phone: 954-262-8805

Name of Referenced Project: NSU West Parking Garage

Contract No.

Date Services Provided:

Project Amount:

3-70192

03/25/2013 to 07/25/2013

\$ 8,475,594.00

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:

This 199,200 SF, 5-level, 570 space parking garage was successfully constructed on a very tight site adjacent to the occupied University School. Stiles implemented a very aggressive fast track schedule and achieved early completion in only 95 days despite weather delays. This project marks Stiles' 3rd parking garage completed for Nova Southeastern University.

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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: Stiles Construction

Organization/Firm Name providing reference:

Rick Case Automotive Group

Contact Name: Rick Case

Title: Owner

Reference date: 12/27/2017

Contact Email: rjc@rickcase.com

Contact Phone: 954-622-1712

Name of Referenced Project: Rick Case Volkswagen

Contract No.

Date Services Provided:

Project Amount:

04/11/2013 to 03/28/2014

\$ 16,210,000.00

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

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

Description of services provided by Vendor:

Completed in March 2014, this 344,469 SF, 8 story garage and showroom is Rick Case's 5th dealership on the Davie/Weston Auto Row and is the largest and tallest Volkswagen dealership in the world. This state-of-the-art project was constructed utilizing a fast track delivery method on a very tight site while neighboring dealerships remained open for business.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

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

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

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

3. Timeliness of:

- a. Project
- b. Deliverables

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>
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5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: James B. Pirtle Construction Company, Inc.

Organization/Firm Name providing reference:

Broward Health

Contact Name: Richard A. Polemeni Title: Dir Design & Construction Reference date: 12/29/2017

Contact Email: rpolemeni@browardhealth.org Contact Phone: 954-320-2870

Name of Referenced Project: Broward Health ADA projects

Contract No.	Date Services Provided:	Project Amount:
NA	10/01/2012 to 12/01/2017	\$ 8,000,000.00

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

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

Description of services provided by Vendor:

ADA upgrades for multiple medical 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: Stiles Construction

Organization/Firm Name providing reference:
Gunther Motor Company

Contact Name: David Klaus Title: Operations Director Reference date: 12/27/2017

Contact Email: davek@gunthercreek.net Contact Phone: 954-325-1934

Name of Referenced Project: Gunther Kia

Contract No. 3-70216-030 Date Services Provided: 04/09/2014 to 02/27/2015 Project Amount: \$ 16,573,228.00

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 in February of 2015, this new 425,500 SF, 4-story dealership features 1,200 parking spaces. It was designed by Stiles Architectural Group and successfully built by Stiles Construction. We are currently under contract for two other projects in Coconut Creek and Delray Beach.

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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: James B. Pirtle Construction Company, Inc.

Organization/Firm Name providing reference:

City of Fort Lauderdale

Contact Name: Fernando Blanco Title: Project Manager Reference date: 12/29/2017

Contact Email: FBlanco@fortlauderdale.gov Contact Phone: 954-828-6536

Name of Referenced Project: Fort Lauderdale Executive Airport U.S. Customs and Border Protection Facility

Contract No. NA Date Services Provided: 02/12/2014 to 04/10/2015 Project Amount: \$ 5,742,153.00

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:

New state-of-the-art 8,000 square foot Customs and Border Protection Facility, located in one of the busiest general aviation airports in the nation.

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)

Pirtle performed exceptional work during the construction of this facility. The airport was very pleased with their performance.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: James B. Pirtle Construction Company, Inc.

Organization/Firm Name providing reference:

City of Miramar

Contact Name: Luisa Millan

Title: Dir Constr & Facil Mngmnt Reference date: 12/29/2017

Contact Email: Immillan@miramarfl.gov

Contact Phone: (954) 602-3316

Name of Referenced Project: Miramar Police Headquarters

Contract No.

Date Services Provided:

Project Amount:

RFP No 13-08-28

01/01/2015 to 03/31/2016

\$ 23,118,914.00

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:

New construction of a state-of-the-art multi-story Police Headquarters and parking garage improvements.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive
- b. Accuracy
- c. Deliverables

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

2. Vendor's Organization:

- a. Staff expertise
- b. Professionalism
- c. Turnover

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

3. Timeliness of:

- a. Project
- b. Deliverables

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>
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5. Cooperation with:

- a. Your Firm
- b. Subcontractor(s)/Subconsultant(s)
- c. Regulatory Agency(ies)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 2. STANDARD INSTRUCTIONS TO VENDORS

Vendor Reference Verification Forms



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: Moss & Associates

Organization/Firm Name providing reference:
Brightline All Aboard Florida - West Palm Beach, FL

Contact Name: Eric Claussen Title: VP Design/Constr. Reference date: 01/09/2018 *686*

Contact Email: eric.claussen@gobrightline.com *[Signature]* Contact Phone: 305-520-2300 *305-815-8381*

Name of Referenced Project: Brightline All Aboard Florida - West Palm Beach, FL *8381*

Contract No. _____ Date Services Provided: 07/28/2016 to 08/16/2018 Project Amount: \$ 86,959,359.00

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:
Construction Manager at Risk. The station is located on two acres of land adjacent to the Florida East Coast (FEC) Railway corridor in the heart of downtown West Palm Beach. The project consists of a 60,000 SF station with a modern, lobby and passenger lounge area for travelers as well as parking 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 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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TAB 2: STANDARD INSTRUCTIONS TO VENDORS

Vendor Reference Verification Forms



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: Moss & Associates

Organization/Firm Name providing reference:
Brightline All Aboard Florida - Fort Lauderdale, FL

Contact Name: Eric Claussen Title: VP Design/Constr. Reference date: 01/09/2018

Contact Email: eric.claussen@gobrightline.com Contact Phone: 305-520-2300 / 305-815-8381

Name of Referenced Project: Brightline All Aboard Florida Station & Garage - Fort Lauderdale, FL

Contract No. Date Services Provided: Project Amount:
03/01/2015 to 04/11/2017 \$ 34,166,146.00

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:
Construction Manager at Risk. The station is located at the northern end of downtown Fort Lauderdale on 4.8 acres of land adjacent to the Florida East Coast (FEC) Railway. The project consists of a 60,000 SF station and platform with a modern, multi-story lobby spanning an elevated passenger lounge area for travelers as well as parking 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 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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SECTION E3: EVALUATION CRITERIA



RESPONSE TO SECTION "E3" EVALUATION CRITERIA
Vendor Reference Verification Form.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: MCM

Organization/Firm Name providing reference:
Miami Lighthouse for the Blind

Contact Name: Virginia A. Jacko Title: President and CEO Reference date: 01/04/2018

Contact Email: vjacko@miamilighthouse.org Contact Phone: (305) 856-4176

Name of Referenced Project: Miami Lighthouse for the Blind and Parking Garage

Contract No. Date Services Provided: Project Amount:
N/A 05/05/2016 to 07/24/2017 \$ 6,910,032.00

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:
This project consisted of the demolition of a 1-story building (Phase 1) and the new construction of a 72,000-square-foot 4-story building (Phase 2), which consisted of a parking garage on Levels 1-3 (71 parking spaces) and offices/classrooms on Level 4. The new building was tied into an existing structure on the property at the second level and at the fourth level. The project required a tower crane due to the proximity of neighboring buildings.

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

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: JOHN HORNE Division: SEFMD Date: 1-23-18


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MANAGING GENERAL CONTRACTOR - CRUISE TERMINALS 2 & 4 PARKING GARAGE IMPROVEMENTS | SOLICITATION PNC2114814P1

SECTION E3: EVALUATION CRITERIA



RESPONSE TO SECTION "E3" EVALUATION CRITERIA
Vendor Reference Verification Form.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: MCM

Organization/Firm Name providing reference:
Miami-Dade County Public Schools (MDCPS)

Contact Name: Victor Alonso **Title:** Administrative Director **Reference date:** 01/04/2018

Contact Email: valonso2@dadeschools.net **Contact Phone:** (305) 995-4502

Name of Referenced Project: Miami Senior High Historical Renovations and Parking Garage

Contract No. **Date Services Provided:** **Project Amount:**
00176800 10/14/2009 to 02/01/2014 \$ 54,816,420.00

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:

This project consists of extensive historical renovations, additions, and alterations to Miami Senior High School, which is listed on the National Register of Historical Places. Work was scheduled under three major phases, with the first phase consisting of construction of new buildings around the existing occupied campus. This added three new multi-story classroom buildings, a 94,539 SF, 3-story precast double-tee parking garage with 204 parking spaces, new Central Energy Plant and new auto-vocational building. Phase Two shifted students from the historical buildings into the newly constructed classrooms allowing for a complete renovation of the historic buildings. Phase Three consisted of overall site improvements, including new irrigation and landscaping and all other miscellaneous hardscape upgrades. All of the work was performed with minimal impact to the existing facilities 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: JOHN HORNE Division: SEFMD Date: 1.23.18

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MANAGING GENERAL CONTRACTOR - CRUISE TERMINALS 2 & 4 PARKING GARAGE IMPROVEMENTS | SOLICITATION PNC2114814P1



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SECTION E3: EVALUATION CRITERIA

Broward County Board of
County Commissioners



RESPONSE TO SECTION "E3" EVALUATION CRITERIA
Vendor Reference Verification Form.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: MCM

Organization/Firm Name providing reference:

Miami-Dade County - Port Miami

Contact Name: Jose A. Cordoves Title: Project Manager Reference date: 01/12/2018

Contact Email: jacord@miamidade.gov Contact Phone: (305) 347-4976

Name of Referenced Project: PortMiami Terminal F Upgrades

Contract No. Date Services Provided: Project Amount:
DB15-SEA-01 10/21/2016 to 03/01/2018 \$ 37,591,204.00

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

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

Description of services provided by Vendor:

Design-Build Services for Terminal F Upgrades includes construction of new three-story structure, glass curtain wall system, concrete floor slabs, concrete restraints, vertical circulation core system (elevators, escalators and stairs), wayfinding, various ceiling finishes, Information Technology Systems, security systems (cameras and card access), connections to explosive detection systems for baggage, connections to body and baggage scanners, central paging system, sterile concourse extension leading to the FDDs with flexible operable glazing system. Also includes site improvements such as a new Ground Transportation Area (GTA) for staging of additional buses, drop-off zones for taxis, limos and cars.

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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MANAGING GENERAL CONTRACTOR - CRUISE TERMINALS 2 & 4 PARKING GARAGE IMPROVEMENTS | SOLICITATION PNC2114814P1



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1/17/2018


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SECTION E3: EVALUATION CRITERIA



RESPONSE TO SECTION "E3" EVALUATION CRITERIA
Vendor Reference Verification Form.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: MCM

Organization/Firm Name providing reference:
Leon Medical Centers

Contact Name: Carlos Diez-Arguelles Title: Former Construction Reference date: 01/04/2018

Contact Email: carlos@pf-mgt.com Contact Phone: (305) 335-1653

Name of Referenced Project: Leon Medical Centers - Flagler Parking Garage

Contract No. Date Services Provided: Project Amount:
N/A 10/16/2015 to 10/27/2016 \$ 8,415,427.00

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:

LMC Flagler Parking Garage is a unique project because of the challenges faced to ensure overall safety, address logistical constraints while delivering an excellent project for the owner. Phased construction of Civil and pre-cast activities allowed minimal impact to LMC's Flagler operations. Construction of this (6) story, precast parking garage situated in the North East corner of the property will address the center's parking congestion for years to come. Extensive maintenance of traffic, various parking lot interconnections and complete two way thru clearance within the center have enabled a safe and productive MCM construction site and LMC operation environment. The project site compares to a zero lot line site and erection of the garage is located less than 100 ft from the bus drop off and main entrance to the center. The garage structure will provide 419 additional parking spaces to a very busy medical center accessible through two stair towers and two glass back elevators completed with landscaping, signage and a way finding system.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service			<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:			<input checked="" type="checkbox"/>	
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:			<input checked="" type="checkbox"/>	
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:			<input checked="" type="checkbox"/>	
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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MANAGING GENERAL CONTRACTOR - CRUISE TERMINALS 2 & 4 PARKING GARAGE IMPROVEMENTS | SOLICITATION PNC2114814P1




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SECTION E3: EVALUATION CRITERIA



RESPONSE TO SECTION "E3" EVALUATION CRITERIA Vendor Reference Verification Form.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: MCM

Organization/Firm Name providing reference:
Leon Medical Centers

Contact Name: Carlos Diez-Arguelles **Title:** Former Constructor **Reference date:** 01/04/2018

Contact Email: carlos@pf-mgt.com **Contact Phone:** (305) 335-1653

Name of Referenced Project: Leon Medical Centers - Kendall Parking Garage

Contract No.: N/A **Date Services Provided:** 07/21/2015 to 08/11/2016 **Project Amount:** \$ 9,659,712.00

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:

This new building was designed to replace an existing parking lot that served the patients for LMC Kendall. MCM's scope included the demolition of the existing lot which included relocating to other lot in vicinity. The overall project scope includes the construction of a parking garage (PNC2114814P1) to service the parking needs for both patients and visitors of the Leon Medical Centers Kendall Branch. Due to the active nature of the medical center, it was vital to provide a coordinated approach where no interruptions to the existing traffic flow would occur. The facility provided its patients with shuttle service from and to the Medical Center. Due to the nature of the project and the scope of the Civil work, preparation was necessary to ensure no interruptions to the shuttle service would occur at anytime. MCM has managed to coordinate the shuttles leaving the center around the work. The building will have 2 emergency vehicles lift-lifts & 2 other work. The building foundations consisted of 308 Piles and 174 caps that varied in size from 5 to 50 pile caps. Due to the elevation of the water table and the depth of the pile caps drilling was one of the challenges that we had to deal with and we have managed to overcome this successfully, working 8 days a week.

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 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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MANAGING GENERAL CONTRACTOR - CRUISE TERMINALS 2 & 4 PARKING GARAGE IMPROVEMENTS | SOLICITATION PNC2114814P1



Building Excellence

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for: James A. Cummings, Inc.

Organization/Firm Name providing reference:
City of Lauderhill, FL

Contact Name: L Favanda Title: CM Reference date: 1/11/18

Contact Email: cfavanda@Lauderhill-Fl.gov Contact Phone: 954-730-3000

Name of Referenced Project: Lauderhill Performing Arts Center and Library

Contract No. 00500 Date Services Provided: 4/11/2013 to July 2015 Project Amount: \$13,266,140

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:

N/A - vendors are selected via a bid process.

General Contracting

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Y EMAIL VERBAL Verified by: John Horne Division: SEFMD Date: 1.23.18

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E. Evaluation Criteria



**Broward County Board of
County Commissioners**

Solicitation: PNC2114814P1

Vendor Reference Verification Form

Broward County Solicitation No. and Title
PNC2114814P1 Managing General Contractor for Cruise Terminals 2 and 4 Parking Garage Improvements

Reference for James A. Cummings, Inc.

Organization/Firm Name providing reference:
AECOM

Contact Name: Aaron Pankonin Title: T4 Senior PM Reference date: 01/09/2018

Contact Email: aaron.pankonin@aecom.com Contact Phone: 305-206-0648

Name of Referenced Project Terminal 4 Gate Replacement - Western Expansion

Contract No. Date Services Provided: Project Amount
R0787918R1 1/14/11 to Present \$176,502,000

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:
Construction Manager at Risk

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: process in additional sheet if needed.

This section is for COUNTY USE ONLY

Reviewed by: Filed: Verified by: **JOHN HORNE** Date: **SEFMD** Date: **1-23-18**

Minimum fee charged to Broward County is subject to audit. Vendor acknowledges that accurate, reliable information made a part of the response may be used by the County for a purpose, preservation of the record, or continuation of the contract and may also serve as the basis for determination of Vendor payment for 25% of the final invoice. The County does not.

