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 | | | | |
| 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 |
| Do the vendors have comparable government experience? | Nova Southeastern University City of Fort Lauderdale City of Miramar | Florida International University (FIU) Brightline All Aboard Florida - West Palm Beach, FL Harbourside Place, LLC | Miami-Dade County Public Schools Miami-Dade County - Port Miami Leon Medical Centers | City of Lauderhill, FL University of Central Florida Florida Atlantic University |
| Have the vendors' references been checked? | YES (Attached) | YES (Attached) | YES (Attached) | YES (Attached) |



| ganization/Firm Name providing reference | • 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
|--|--|---|--|
| ova Southeastern University | | | |
| ntact Name: Randall Seneff | Title: Project Mana | ger Reference date: | 01/02/2018 |
| ontact Email: rseneff@nova.edu | | Contact Phone: | 954-262-8805 |
| me of Referenced Project: NSU West Pa | arking Garage | | |
| ontract No. Date Service | | Project A | mount: |
| 70192 03/25/2013 | to 07/25/20 | 13 \$ 8,475,5 | 94.00 |
| idor's role in Project: Prime Vendor | Subconsultant/Subo | contractor | |
| uld you use this vendor again? | □No If No, p | lease specify in Addition | al Comments (belov |
| cription of services provided by Vendo | | | |
| 199,200 SF, 5-level, 570 space parking garage was successfully essive fast track schedule and achieved early completion in only neastern University. | constructed on a very tight site ac 95 days despite weather delays, T | ljacent to the occupied University Sch his project marks Stiles' 3rd parking | nool. Stiles implemented a ve garage completed for Nova |
| ease rate your experience with the ferenced Vendor: | Needs S Improvement | atisfactory Excellent | Not Applicable |
| Vendor's Quality of Service a. Responsive | | | |
| b. Accuracy | | | |
| c. Deliverables | | | |
| 2. Vendor's Organization: | | | |
| Staff expertise b. Professionalism | | | |
| c. Turnover | | | |
| 3. Timeliness of: | od o | | |
| a. Project b. Deliverables | | $H \bowtie$ | |
| Project completed within budget | | | |
| | | | |
| 5. Cooperation with: a. Your Firm | | | rid a irida |
| b. Subcontractor(s)/Subconsultant(s | | | |
| a Pagulatan, Agana, (ica) | | | |
| c. Regulatory Agency(ies) | | | t |

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 1/1772049 nent Code.

BidSync

BidSync



| Reference for: Stiles Construction | | | | |
|--|----------------------|---------------------------------------|------------------|---------------------------------------|
| Organization/Firm Name providing reference: | | | | |
| Rick Case Automotive Group | | | | |
| Contact Name: Rick Case Titl | e: Owner | Ref | erence date: | 12/27/2017 |
| Contact Email: rjc@rickcase.com | | Со | ntact Phone: હ | 954-622-1712 |
| Name of Referenced Project: Rick Case Volky | vagen | | | |
| Contract No. Date Services F | rovided: | | Project Ar | mount: |
| 04/11/2013 | to 03/28/ | 2014 | \$ 16,210,0 | 00.00 |
| Vendor's role in Project: ✓ Prime Vendor S | Subconsultant/S | ubcontractor | | |
| Would you use this vendor again? ✓ Yes | ∏No If No | o, please spec | ify in Additiona | l Comments (below |
| Description of services provided by Vendor: | | | | |
| Completed in March 2014, this 344,469 SF, 8 storygarage and showroom i Volkswagen dealership in the world. This state-of-the-art project was constremained open for business. | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service Responsive | | | 7 | |
| a. Responsive b. Accuracy | | | V | |
| c. Deliverables | | | | |
| 2. Vendor's Organization: | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| a. Staff expertise | # H | | | |
| b. Professionalism c. Turnover | | | V | |
| 3. Timeliness of: | | | | |
| a. Project | | | \checkmark | |
| b. Deliverables | | | | |
| 4. Project completed within budget | | | | |
| 5. Cooperation with: | . <u> </u> | | | |
| a. Your Firm | | | | |
| b. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies) | | | | |
| | | | ▼ | |
| | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | |

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| Broward County Solicitation No. and Title: | | | | | |
|--|----------------------|-------------------|---|-------------------|--------|
| PNC2114814P1 Managing General Contractor | or for Cruise Ter | minals 2 and 4 | Parking Gar | age Improven | nents |
| Reference for: James B. Pirtle Construction Com | ipany, Inc. | | | | |
| Organization/Firm Name providing reference: | | | | | |
| Broward Health | | | | | |
| Contact Name: Richard A. Polemeni Ti | tle: Dir Design & 0 | Construction Refe | erence date: | 12/29/2017 | |
| Contact Email: rpolemeni@browardhealth.org | | Cor | ntact Phone: ç | 954-320-2870 | |
| Name of Referenced Project: Broward Health | ADA projects | | | | |
| Contract No. Date Services | Provided: | | Project Ar | nount: | |
| NA 10/01/2012 | to 12/01/ | 2017 | \$ 8,000,00 | 00.00 | |
| Vendor's role in Project: ✓ Prime Vendor ☐ | Subconsultant/S | ubcontractor | | | |
| Would you use this vendor again? ✓ Yes | □No If No | o, please specif | y in Additiona | I Comments (b | elow). |
| 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 | |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables | | | ✓✓ | | |
| Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover | | | ✓✓✓ | | |
| 3. Timeliness of: a. Project b. Deliverables | | ✓ | | | |
| 4. Project completed within budget | | | | | |
| 5. Cooperation with:a. Your Firmb. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies) | | □ | ✓ | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| | TION FOR COUNTY U | | | | |
| Verified via:EMAILVERBAL Verified by: | HN HORNE | Division: | BEFMD | Date: 1-25 | 18 |

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| Broward County Solicitation No. and Title: | | | | |
|---|-----------------------|--------------------|-------------------------|---|
| PNC2114814P1 Managing General Contracto | or for Cruise Te | rminals 2 and 4 | 1 Parking Ga | rage Improvements |
| Reference for: Stiles Construction | | | | |
| Organization/Firm Name providing reference: | | | | |
| Gunther Motor Company | | | | |
| Contact Name: David Klaus Tit | tle: Operation | s Director Refe | erence date: | 12/27/2017 |
| Contact Email: davek@gunthercreek.net | | Cor | ntact Phone: (| 954-325-1934 |
| Name of Referenced Project: Gunther Kia | | | | |
| Contract No. Date Services I | Provided: | | Project Ar | mount: |
| 3-70216-030 04/09/2014 | to 02/27/ | /2015 | \$ 16,573,2 | 228.00 |
| Vendor's role in Project: 🔽 Prime Vendor 🔃 | Subconsultant/S | Subcontractor | | |
| Would you use this vendor again? ✓ Yes | □No If N | o, please specif | y in Additiona | al Comments (below). |
| Description of services provided by Vendor: | | | | |
| Completed in February of 2015, this new 425,500 SF, 4-story of Group and successfully built by Stiles Construction. We are cu | dealership features 1 | ,200 parking space | s. It was designe | ed by Stiles Architectural reek and Delray Beach |
| | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service | <u></u> | | | |
| a. Responsive b. Accuracy | | | V | |
| c. Deliverables | | | | |
| 2. Vendor's Organization: | | | | |
| a. Staff expertise | | | ∀ | |
| b. Professionalism c. Turnover | | | ∨ | |
| 3. Timeliness of: | | | | |
| a. Project | | | $\overline{\checkmark}$ | |
| b. Deliverables | | | √ | |
| 4. Project completed within budget | | | | |
| 5. Cooperation with: | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | <u> </u> | | ∀ | |
| c. Regulatory Agency(ies) | | | <u>V</u> | |
| | | | V | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| | | | | |
| | ION FOR COUNTY U | | | |
| Verified via: VERBAL Verified by: VERBAL Verified by: | IN HORNE | Division: | SEFMO | Date: 1.23.18 |

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| Reference for: James B. Pirtle Construction Com | pany, Inc. | | | |
|--|----------------------------|-------------------|------------------------------------|---------------------------------------|
| Organization/Firm Name providing reference: | | | | |
| City of Fort Lauderdale | | | | |
| Contact Name: Fernando Blanco Tit | ile: Project Manager | Refe | ence date: | 12/29/2017 |
| Contact Email: FBlanco@fortlauderdale.gov | | Cont | act Phone: 9 | 54-828-6536 |
| Name of Referenced Project: Fort Lauderdale Ex | cecutive Airport U.S. C | Customs and | Border Protect | tion Facility |
| Contract No. Date Services I | Provided: | | Project An | nount: |
| NA 02/12/2014 | to 04/10/201 | 5 | \$ 5,742,15 | 3.00 |
| Vendor's role in Project: ✓ Prime Vendor ☐ | Subconsultant/Subc | ontractor | | |
| Would you use this vendor again? Yes | ☐No If No, pI | ease specify | in Additiona | l Comments (below) |
| Description of services provided by Vendor: | | | | |
| New state-of-the-art 8,000 square foot Customs an aviation airports in the nation. | d Border Protection F | acility, locate | ed in one of th | e busiest general |
| Please rate your experience with the referenced Vendor: | Needs Sa Improvement | atisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service a. Responsive b. Accuracy | | | ✓ | |
| c. Deliverables | | | V | |
| 2. Vendor's Organization: | | . [3] | | |
| a. Staff expertise b. Professionalism | | | $\overline{\overline{\mathbf{V}}}$ | |
| c. Turnover | | | \checkmark | |
| 3. Timeliness of: | | | | · · · · · · · · · · · · · · · · · · · |
| a. Project b. Deliverables | | | ✓ | |
| 4. Project completed within budget | | | | |
| 5. Cooperation with: | | | | |
| a. Your Firm | | | \checkmark | |
| b. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies) | | | | |
| o. Trogulatory rigority (166) | | | √ | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| Pirtle performed exceptional work during the construction | on of this facility. The a | rport was ver | pleased with | their performance. |
| and the second control of the second control | ION FOR COUNTY USE O | NLY*** | | |
| Verified via:EMAILVERBAL Verified by: | NHORNE | Division: <u></u> | EFMA | Date: 1.25.18 |

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| Broward County Solicitation No. and Title: | | | | | |
|--|----------------------|-------------------|----------------|-------------------|-----|
| PNC2114814P1 Managing General Contractor | or for Cruise Te | rminals 2 and 4 | Parking Ga | rage Improvemen | ts |
| Reference for: James B. Pirtle Construction Com | pany, Inc. | | | | |
| Organization/Firm Name providing reference: | | | | | |
| City of Miramar | | | | | |
| | le: Dir Constr & | Facil Mngmnt Refe | rence date: | 12/29/2017 | |
| Contact Email: mmillan@miramarfl.gov | | Con | itact Phone: (| 954) 602-3316 | |
| Name of Referenced Project: Miramar Police | Headquarters | | | | |
| Contract No. Date Services F | Provided: | | Project Ar | mount: | |
| RFP No 13-08-28 01/01/2015 | to 03/31 | /2016 | \$ 23,118,9 | 914.00 | |
| Vendor's role in Project: ☑ Prime Vendor ☐ S | Subconsultant/9 | Subcontractor | | | |
| Would you use this vendor again? ✓ Yes | □ No If N | o, please specif | y in Additiona | Il Comments (belo | w). |
| Description of services provided by Vendor: | | | | | |
| New construction of a state-of-the-art multi-sto | ory Police Hea | dquarters and | parking gara | ge improvement | S. |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Vendor's Quality of Service | ГП | | | | |
| a. Responsive b. Accuracy | | | <u>v</u> | | |
| c. Deliverables | | | 7 | | |
| 2. Vendor's Organization: | | | | | |
| a. Staff expertise | | | | | |
| b. Professionalism | | | ✓ | | |
| c. Turnover | | | V | | |
| 3. Timeliness of: | | | 7 | | |
| a. Project b. Deliverables | | | | | |
| Project completed within budget | | | | · | |
| | | | | | |
| Cooperation with: a. Your Firm | : | | | | |
| b. Subcontractor(s)/Subconsultant(s) | H | | | | |
| c. Regulatory Agency(ies) | | | | | |
| | | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| | | | | | |
| ang pagalan 🎤 sa manahan matakan merebagian pengang | ON FOR COUNTY U | | | | |
| Verified via: VERBAL Verified by: JOHA | N HORNE | Division: | SEFMO | Date: 1.23.18 | |

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| 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: Southwest Airlines Contact Name: David Herrera | FLORIDA | lor Reference V | erification Fo | orm | |
|---|--|---|---------------------|-------------------------|---------------------------------------|
| Reference for: Moss & Associates Organization/Firm Name providing reference: Southwest Airlines Contact Name: David Herrera | Broward County Solicitation No. and Title: | | | | |
| Organization/Firm Name providing reference: Southwest Airlines Contact Name: David Herrera Title: Dir. Corp. Facilities Reference date: 01/09/2018 Contact Email: david.herrera@wnco.com Contact Phone: 214-792-5244 Name of Referenced Project: Southwest Airlines FLL Terminal 1 Modernization Program Contract No. Date Services Provided: Project Amount: 07/21/2015 to 11/17/2017 \$ 250,208,278.00 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. Modernization of For Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized T5A checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: Suality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subconsultant(s) c. Regulatory Agency(ies) | PNC2114814P1 Managing General Contractor | or for Cruise Ter | minals 2 and | 4 Parking Ga | rage Improvements |
| Organization/Firm Name providing reference: Southwest Airlines Contact Name: David Herrera Title: Dir. Corp. Facilities Reference date: 01/09/2018 Contact Email: david.herrera@wnco.com Contact Phone: 214-792-5244 Name of Referenced Project: Southwest Airlines FLL Terminal 1 Modernization Program Contract No. Date Services Provided: Project Amount: 07/21/2015 to 11/17/2017 \$250,208,278.00 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. Modernization of tauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized T5A checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: Satisfactory Excellent Not Applicable 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subconstructor(s)/Subconsultant(s) c. Regulatory Agency(ies) | Reference for: Moss & Associates | | | | |
| Contact Name: David Herrera Title: Dir. Corp. Facilities Reference date: 01/09/2018 Contact Email: david.herrera@wnco.com | | | | | e e e e e e e e e e e e e e e e e e e |
| Contact Email: david.herrera@wnco.com Contact Phone: 214-792-5244 Name of Referenced Project: Southwest Airlines FLL Terminal 1 Modernization Program Contract No. Date Services Provided: Project Amount: 97/21/2015 to 11/17/2017 \$250,208,278.00 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. Modernization of Fort Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FiS) and other enabling projects. Please rate your experience with the referenced Vendor: Not Improvement Not I | Southwest Airlines | | | | |
| Contact Email: david.herrera@wnco.com Contact Phone: 214-792-5244 Name of Referenced Project: Southwest Airlines FLL Terminal 1 Modernization Program Contract No. Date Services Provided: Project Amount: 97/21/2015 to 11/17/2017 \$250,208,278.00 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. Modernization of Fort Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FiS) and other enabling projects. Please rate your experience with the referenced Vendor: Not Improvement Not I | Contact Name: David Herrera Ti | tle: Dir. Corp. | Facilities Ref | ference date: | 01/09/2018 |
| Name of Referenced Project: Southwest Airlines FLL Terminal 1 Modernization Program Contract No. Date Services Provided: Project Amount: 07/21/2015 to 11/17/2017 \$ 250,208,278.00 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Pres No If No, please specify in Additional Comments (below) Description of services provided by Vendor: Construction Manager at Risk. Modernization of Fort Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | A 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | | 214-792-5244 |
| Contract No. Date Services Provided: 07/21/2015 to 11/17/2017 \$ 250,208,278.00 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Pres No If No, please specify in Additional Comments (below) Description of services provided by Vendor: Construction Manager at Risk. Modernization of Fort Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | Name of Referenced Project: Southwest Airlin | nes FLL Termir | | | |
| Vendor's role in Project: | | | | | |
| Would you use this vendor again? | 07/21/2015 | to 11/17/ | 2017 | \$ 250,208 | 3,278.00 |
| Would you use this vendor again? | Vendor's role in Project: ✓ Prime Vendor | Subconsultant/S | ubcontractor | <u> </u> | |
| Description of services provided by Vendor: Construction Manager at Risk. Modernization of Fort Lauderdate/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | | ify in Addition: | al Comments (helow |
| Construction Manager at Risk. Modernization of Fort Lauderdale/Hollywood International Airport Terminal One, which included the installation of a centralized TSA checkpoint, a five gate Concourse A facility, which included a Federal Inspection Services Facility (FIS) and other enabling projects. Please rate your experience with the referenced Vendor: Needs Improvement Needs Satisfactory Excellent Not Applicable 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | z, picase spec | my in 7 todation | ar Commente (Bolow |
| Please rate your experience with the referenced Vendor: Needs Improvement | | e/Hollywood Internatio | nal Airport Termina | al One, which inclu | ded the installation of a |
| Improvement | | | | | |
| a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | Satisfactory | Excellent | |
| b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | | 7 | |
| 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | the state of the s | | | V | |
| a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | c. Deliverables | | | $\overline{\checkmark}$ | |
| b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | 2. Vendor's Organization: | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | · · · · · · · · · · · · · · · · · · · | | | ∀ | H :: |
| a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | H | H | | |
| a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | 3 Timelinese of: | | | | — : |
| b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | . ⁻ | | ✓ | |
| 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | b. Deliverables | | | \checkmark | |
| a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | | ✓ | |
| a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | Project completed within budget | . – | | | |
| c. Regulatory Agency(ies) | | | | \checkmark | |
| Additional Comments: (provide on additional sheet if needed) | Cooperation with: a. Your Firm | | · | | |
| | Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | | | ∠ | |
| | Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | | | ✓ | |
| , | Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | | |
| ***THIS SECTION FOR COUNTY USE ONLY*** | 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) | vithout the dedic | ation and cor | mmitment of M | Aoss & Associates |
| Verified via: VERBAL Verified by: JOHN HORNE Division: 55,F110 Date: 1.25.18 | 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) Additional Comments: (provide on additional sheet if needed) This project would not have been successful with | | | mmitment of N | Noss & Associates |

| Contact Email: torresma@fiu.edu Con Name of Referenced Project: FIU Parkview Student Housing & Parking G. Contract No. Date Services Provided: 06/30/2012 to 08/15/2013 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes No If No, please specific Description of services provided by Vendor: Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284 Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | erence date: 01/09/2018 Intact Phone: 305-348-0232 Barage Project Amount: \$ 47,000,000.00 fy in Additional Comments (but the provided 160,700 SF | 2 |
|--|--|---|
| Reference for: Moss & Associates Organization/Firm Name providing reference: Florida International University (FIU) Contact Name: Martha Torres Title: Sr. Project Mgr. Referencet Email: torresma@fiu.edu Come Name of Referenced Project: FIU Parkview Student Housing & Parking Gr. Contract No. Date Services Provided: 06/30/2012 to 08/15/2013 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes No If No, please specific Description of services provided by Vendor: Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284 Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | erence date: 01/09/2018 Intact Phone: 305-348-0232 Farage Project Amount: \$ 47,000,000.00 fy in Additional Comments (but a parking spaces. Excellent Not | 2 |
| Organization/Firm Name providing reference: Florida International University (FIU) Contact Name: Martha Torres Title: Sr. Project Mgr. Referencet Email: torresma@fiu.edu Name of Referenced Project: FIU Parkview Student Housing & Parking G. Contract No. Date Services Provided: 06/30/2012 to 08/15/2013 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes No If No, please specife Description of services provided by Vendor: Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284 Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | ritact Phone: 305-348-0232 sarage Project Amount: \$ 47,000,000.00 fy in Additional Comments (but the provided 160,700 SF 4 parking spaces. Excellent Not | |
| Florida International University (FIU) Contact Name: Martha Torres Title: Sr. Project Mgr. Referenced Email: torresma@fiu.edu Con Name of Referenced Project: FIU Parkview Student Housing & Parking G. Contract No. Date Services Provided: 06/30/2012 to 08/15/2013 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes No If No, please specife Description of services provided by Vendor: Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284 Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | ritact Phone: 305-348-0232 sarage Project Amount: \$ 47,000,000.00 fy in Additional Comments (but the provided 160,700 SF 4 parking spaces. Excellent Not | |
| Contact Email: torresma@fiu.edu Name of Referenced Project: FIU Parkview Student Housing & Parking G. Contract No. Date Services Provided: 06/30/2012 to 08/15/2013 Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor Would you use this vendor again? Yes No If No, please specific Description of services provided by Vendor: Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284 Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | ritact Phone: 305-348-0232 sarage Project Amount: \$ 47,000,000.00 fy in Additional Comments (but the provided 160,700 SF 4 parking spaces. Excellent Not | |
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| Construction Manager at Risk. Moss constructed the Parkview Hall & Parking Garage residential complex for students and a 98,000 SF structured parking garage with 284. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | 4 parking spaces. Excellent Not | · . · . · . · · · · · · · · · · · · · · |
| 1. Vendor's Quality of Service a. Responsive | | |
| a. Responsive | | |
| b. Accuracy c. Deliverables | | |
| 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover | | |
| 3. Timeliness of: a. Project b. Deliverables | | |
| 4. Project completed within budget | | |
| 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | ✓✓✓✓ | |
| Additional Comments: (provide on additional sheet if needed) ****THIS SECTION FOR COUNTY USE ONLY*** Verified via: EMAIL VERBAL Verified by: JOHN HORNE Division; | <i>5EFHD</i> Date: 1.25 | |

Broward County Board of

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| BR | MARD | | | ne Beferre | Voridi | 'arn | | |
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| Brow | ard County S | olicitation No. a | nd Title: | | | | | |
| | | Managing Gene | | r for Cruise T | erminals 2 an | d 4 Parking G | arage Improve | ements |
| · · · <u></u> | | oss & Associate | | | | | | |
| Orga | | Name providing | | | | | | |
| | | oard Florida - V | | each, FL | | | | |
| | act Name: E | | | le: VP Design | an/Cefnstr. R | eference date: | 01/09/2018 | |
| | | ic.claussen@gc | | ······································ | | | 305-520-230 | 2646 |
| | · · · | ed Project: Brig | • | // | - West Palm | Beach FI | | 0 205 ⋅81, 83; |
| | ract No. | | te Services F | | 7,000 (000) | Project A | Amount: | - 0 7 6 |
| eevr | | | 7/28/0216 | to 08/1 | 6/2018 | \$ 86,959 | | |
| Vendo | r's role in Pro | ject: Prime | | | /Subcontracto | | · | |
| | | bitand | | | | | ol Commont- | (bolove) |
| | • | vendor again? vices provided | √ Yes | □No If | No, please spe | city in Addition | iai Comments | (below). |
| refer | enced Vendo | experience with or: ality of Service | 1 the | Needs Improvement | Satisfactory | Excellent | Not Applicable | : , |
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| 5. | Cooperation | | | _ | | | · | |
| | a. Your Fi | rm tractor(s)/Subco | onsultant(s) | ::- | 님 | 씱 | н Ц | |
| | | tory Agency(ies) | | - 計 1 1 1 1 1 1 1 1 1 | | | | |
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| Addition | ial Comments: (pr | ovide on additional sh | eet if needed) | | | | | |
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| | | | | ON FOR COUNTY | | <i></i> | | 26 |
| Verified v | via: Kemall | VERBAL V | erified by: | HN HORI | Division | SEFMA | Date: 1.2 | 5.18 |
| All Informat County as a Procurement | a basis for rejection, res | County is subject to verific cission of the award, or ten | ation. Vendor acknowled mination of the contract | iges that inaccurate, un and may also serve as | ruthful, or incorrect states the basis for debarment of | nents made in support of I Vendor pursuant to Sec | this response may be us tion 21.119 of the Brows | sed by the ard County |
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| BROWARD | Vendor Referenc | e Verification F | orm | | |
|---|--|-------------------------------------|--|-------------------|-------|
| FLORIDA | | | | | |
| Broward County Solicitation No. and Tit | le: | | | | |
| PNC2114814P1 Managing General C | ontractor for Cruise | Terminals 2 and | l 4 Parking Gar | age Improveme | ents |
| Reference for: Moss & Associates | | | | | |
| Organization/Firm Name providing refer | ence: | | | | |
| Brightline All Aboard Florida - Fort L | auderdale, FL | | | | |
| Contact Name: Eric Claussen | Title: VP/Des | ign/Constr. Re | ference date: | 01/09/2018 | 146 |
| Contact Email: eric.claussen@gobrigh | tline.com Lul | C. | ontact Phone: ¿ | 305-520-2300 | 305.8 |
| Name of Referenced Project: Brightline | e All Aboard Florida | a Station & Gar | age - Fort Lau | derdale, FL | 83 |
| Contract No. Date Se | ervices Provided: | | Project Ar | nount: | |
| 03/01/ | 2015 to 04/ | 11/2017 | \$ 34,166,1 | 46.00 | |
| Vendor's role in Project: Prime Vendor | or Subconsultai | nt/Subcontractor | | | |
| Would you use this vendor again? | Yes ∏No I | f No, please spe | cify in Additiona | l Comments (be | low). |
| adjacent to the Florida East Coast (FEC) Railw story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: | ay. The project consist unge area for travelers Needs Improveme | as well as parking Satisfactory | facilities. | Not Applicable | |
| story lobby spanning an elevated passenger lost Please rate your experience with the referenced Vendor: | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger lost Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
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| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
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| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: | unge area for travelers Needs | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger for Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget | unge area for travelers Needs Improveme | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm | unge area for travelers Needs Improveme | as well as parking Satisfactory | facilities. | Not | |
| story lobby spanning an elevated passenger lot Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsult | unge area for travelers Needs Improveme | as well as parking Satisfactory | facilities. | Not | |
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| story lobby spanning an elevated passenger for Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsult c. Regulatory Agency(ies) | ant(s) eeded) | as well as parking Satisfactory II | facilities. Excellent X X X X X X X X X X X X X X X X X X | Not | |

| LORIDA] | dor Reference V | | | |
|---|---|-----------------------|---------------------------------------|--|
| Broward County Solicitation No. and Title: | | | | |
| PNC2114814P1 Managing General Contrac | tor for Cruise Tel | rminals 2 and | 4 Parking Ga | rage Improvements |
| Reference for: Moss & Associates | <u></u> | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Organization/Firm Name providing reference: Harbourside Place, LLC | | | | |
| Contact Name: Anthony Mastrolanni T | itle: Owner's R | ОР | ference date: | 01/09/2018 |
| Contact Email: Anthony@acdofsouthflorida.c | | Co | ontact Phone: | 561-799-0050 |
| Name of Referenced Project: Harbourside - | Jupiter, FL | | | |
| Contract No. Date Services | Provided: | | Project A | mount: |
| 11/16/2012 | to 09/29/ | 2014 | \$ 91,401,9 | 922.00 |
| endor's role in Project: Prime Vendor | Subconsultant/S | Subcontractor | | |
| ould you use this vendor again? ✓ Yes | | o, please spec | ify in Additiona | al Comments (below) |
| escription of services provided by Vendor | | | | |
| onstruction Manager at Risk for large scale mixed use project on the intra svelopment I 6 Buildings I 4-Star. 235,610 SF Hotel I 179 Rooms I 31 Sli Office Space I 35,000 SF Restaurant Space I 2,500 SF Cultural Use Spa | acoastal waterway in Northe p, 965 LF Marina I 375,000 | SF Structured Parking | 1 929 Spaces 2,521 | .122 GSF, 10 Acre Mixed-Use SF Baliroom I 60,000 SF Class |
| Please rate your experience with the eferenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service Responsive | | | 7 | |
| a. Responsive b. Accuracy | | H | Ĭ. | |
| c. Deliverables | | | $\overline{\checkmark}$ | |
| 2. Vendor's Organization: | | | | |
| a. Staff expertise | H | H | H | |
| b. Professionalism c. Turnover | H | | 7 | |
| 3. Timeliness of: | | | | - · : |
| a. Project | | | \checkmark | |
| b. Deliverables | | | ✓ | |
| 4. Project completed within budget | | | | |
| 5. Cooperation with: | | | | |
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| a. Your Firm | | | <u>~</u> | |
| b. Subcontractor(s)/Subconsultant(s) | | | √ | |
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| b. Subcontractor(s)/Subconsultant(s)c. Regulatory Agency(ies) | | | | |
| b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) ditional Comments: (provide on additional sheet if needed) | ssionals in the busin | ess, with high re | egard for the rela | tionships they build. |
| b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) ditional Comments: (provide on additional sheet if needed) mazing organization and team work. The best profes | ssionals in the busin | | egard for the rela | itionships they build. |

SECTION E3: EVALUATION CRITERIA





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

| Discount October 0-8-4-8-5 N | T141 | | | | | |
|--|-----------------------|---------------------|----------------------|---------------------------------------|--|------|
| Broward County Solicitation No. and | | | | 4 D1-1 0 | | |
| PNC2114814P1 Managing Genera | Contractor | or Cruise Teri | minals 2 and | 4 Parking Ga | irage improvemen | ts |
| Reference for: MCM | | | | | | |
| Organization/Firm Name providing re | ference: | | | | | |
| Miami Lighthouse for the Blind | Title | | Long Pof | oronoo dato: | | |
| Contact Name: Virginia A. Jacko | and the second second | : President a | | | 01/04/2018 | |
| Contact Email: vjacko@miamilighthou | | | | | (305) 856-4176 | |
| Name of Referenced Project: Miam | | | and Parking | | | |
| | Services Pro | | | Project A | | |
| N/A : 05/0 | 05/2016 | to 07/24/2 | 2017 | \$ 6,910,0 | 32.00 | |
| /endor's role in Project: ✔ Prime Ve | ndor Su | bconsultant/Su | ubcontractor | | | |
| Vould you use this vendor again? | √ Yes |]No If No | , please spec | ify in Addition | al Comments (belo | w). |
| Description of services provided by | / Vendor: | | | | | |
| his project consisted of the demolition of a 1-story building | ng (Phase 1) and the | new construction of | a 72,000-square-foot | 4-story building (Ph | ase 2), which consisted of a | 1 |
| arking garage on Levels 1-3 (71 parking spaces) and off ind at the fourth level. The project required a tower crane | | | | existing structure on | the property at the second is | evei |
| Please rate your experience with t | | Needs | Satisfactory | Excellent | Not | |
| referenced Vendor: | ******* | Improvement | | www.man. | Applicable | |
| Vendor's Quality of Service | | | | . | | |
| a. Responsive b. Accuracy | | | | | | |
| c. Deliverables | | H : | | | | |
| 2 Vandaria Organization | | | | | | |
| Vendor's Organization: a. Staff expertise | | . i . i | | | <u>: </u> | |
| b. Professionalism | | | | \checkmark | | |
| c. Turnover | | | | | | |
| 3. Timeliness of: | | | : | · · · · · · · · · · · · · · · · · · · | | |
| a. Project | | | | \checkmark | | |
| b. Deliverables | | | | | | |
| 4. Project completed within budge | # · · · · | | | | | |
| 5. Cooperation with: | | | | | | |
| a. Your Firm | | | | | | |
| b. Subcontractor(s)/Subconsc. Regulatory Agency(ies) | suitant(s) | | | | | |
| c. Regulatory Agency (les) | | | | ✓ | | |
| | | | | | | |
| Additional Commenter (provide on additional above | if noodod\ | | | | | |
| Additional Comments: (provide on additional shee | t if needed) | | | | | |
| Additional Comments: (provide on additional shee | | I FOR COUNTY US | IT ON VITE | | | |

SECTION E3: EVALUATION CRITERIA





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

| FLORIDA | lor Reference V | | | |
|--|--|--|---|--|
| Broward County Solicitation No. and Title: | | | | |
| PNC2114814P1 Managing General Contract | or for Cruise Te | minals 2 and 4 | Parking Ga | rage Improvements |
| Reference for: MCM | | | | |
| Organization/Firm Name providing reference: | - | | | |
| Miami-Dade County Public Schools (MDCF | PS) | | | |
| Contact Name: Victor Alonso Ti | tle: Administra | tive DirecRefe | erence date: | 01/04/2018 |
| Contact Email: valonso2@dadeschools.net | | Cor | tact Phone: | (305) 995-4502 |
| Name of Referenced Project: Miami Senior H | ligh Historical F | Renovations a | nd Parking (| Garage |
| Contract No. Date Services | Provided: | | Project A | mount: |
| 00176800 10/14/2009 | to 02/01/ | 2014 | \$ 54,816, | 420.00 |
| /endor's role in Project: ✓ Prime Vendor | Subconsultant/S | ubcontractor | | 1 |
| Vould you use this vendor again? ✓ Yes | No If No | o, please specif | y in Addition | al Comments (below) |
| Description of services provided by Vendor: | | | | |
| nis project consists of extensive historical renovations, additions, and alterations to Miami Senior at phase consisting of construction of new buildings around the existing occupied campus. This a we Central Energy Plant and new auto-vocational building. Phase Two shifted sudents from the I broadsted of overall site improvements, including new irrigation and landscaping and all other misce | dded three new multi-story classre sistorical buildings into the newly of | oom buildings, a 94,539 SF, 3- onstructed classrooms allowing | story precast double-tee p for a complete renovation | arking garage with 204 parking spaces, of the historic buildings. Phase Three |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service a. Responsive | | | 7 | |
| b. Accuracy | | | | |
| c. Deliverables | | \overline{V} | | |
| 2. Vendor's Organization: | | | 7 | |
| a. Staff expertise b. Professionalism | | | 7 | |
| c. Turnover | | | | |
| 3. Timeliness of: | | | | |
| a. Project b. Deliverables | | | <u> </u> | |
| | | | | |
| Project completed within budget | | | ✓ | |
| Cooperation with: a. Your Firm | | | | |
| b. Subcontractor(s)/Subconsultant(s) | | | <u>V</u> | |
| c. Regulatory Agency(ies) | | <u>V</u> | | |
| | | | | |
| dditional Comments: (provide on additional sheet if needed) | | | | |
| | | | | |
| ***THIS SECT | TION FOR COUNTY U | SE ONLY*** | | |

SECTION E3: EVALUATION CRITERIA





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

| COUNTY Vend | dor Reference Ve | erification For | m :: | | |
|---|---|---|---|--|------|
| Draward Caushy Califolian No. and Title | | | | | |
| Broward County Solicitation No. and Title: PNC2114814P1 Managing General Contract | or for Cruice Ter | minals 2 and 4 | Parking Gar | age improvemer | nte |
| | or for Ordise Terr | 11111010 2 0110 7 | T Briding Car | age improvemen | |
| Reference for: MCM Organization/Firm Name providing reference: | | | | | |
| Miami-Dade County - Port Miami | | | | | |
| | itle: Project Mar | nager Refe | rence date: | 01/12/2018 | |
| Contact Email: jacord@miamidade.gov | 110,000,1100 | | tact Phone: (3 | 305) 347-4976 | |
| Name of Referenced Project: PortMiami Terr | minal F Upgrade | | · · · · · · · · · · · · · · · · · · · | | · |
| Contract No. Date Services | | | Project Am | ount: | |
| DB15-SEA-01 10/21/2016 | to 03/01/2 | 2018 | \$ 37,591,2 | 04.00 | |
| endor's role in Project: Prime Vendor | Subconsultant/Su | ubcontractor | | | |
| /ould you use this vendor again? | , □No If No. | nlease specify | in Additional | Comments (belo | (אוי |
| dreding, vancus celling finishes, intermeten Technicogy, Syiéèms, security systimus (damairas a Ing ayalam, starta concourse extension leading to the PDDs with fextile operable glosing ayal axis, Timos and cars. | end card accelle), cómhactons to exp am. Also includes utg improvaments | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star |) and (regisége scanners, central ping of additional buses, drop off z | |
| rays but Sanches to Terminal Fulphades includes construction of new three stays should be given by construction of the termination Technically System, beauting systems (calmination sping system), surely concauses extension leading to the PDBs with fexible operable globing systems, times and care. Please rate your experience with the referenced Vendor: | and card access), competions to exp | losive detection systems for b | aggage, connections to boo | and beggage scanners, central | |
| y/fong, varous cettra/falbée, information Technology, System, seonity systemia (camara s igna yapan, silesto cancourse extension leading to the PODs with fexitle occretibe glissing syst- lasts, timos and cons. Please rate your experience with the | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
| y/fang, varcus cettra/faltets, information Technology, Systems, security systemia (camaria a fighia y y y y and conclusive ordension leading to the PDBs with fexicle operable glinding systems and care. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
| y/fang, varcus cettra/finites. Information Technology. Systems. Beautily systemia (camara a finish system) and cancers extension leading to the PODs with fexicle operable glisting systems. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
| yvirang, varous cettral faithets. Information Technology, Systems, accountly systemia (camara a injust system) and concause extension leading to the PDBs with fexible operable glissing system. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
| yurang, varous cettral faithets. Information Technology, Systems, accountly systems in Cameras of Pilos with Fexicle operating systems and concurs of estate operating systems and control. Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization; a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables. | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
| pricang, unaus centra faibles, information Technology Systems, beautily systems in decidence of the PODs with feetbe operated gloring systems. Please rate your experience with the efferenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | ind card access), cómheirens to exp am. Also Mchales olg Mycrovomania Needs | elosive detection systems for b such as a new Ground Trans | aggage, connections to boo portation Area (GTA) for star | A and fingspäge scanners, central ping of additional buses, drop-off a Not | |
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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.

| Broward County Solicitation No. and Title: PNC2114814P1 Managing General Contractor for Cruise Terminals Reference for: MCM Organization/Firm Name providing reference: | 2 and 4 Parking Garage Improvements |
|---|---|
| WOW | |
| Organization/Firm Name providing reference: | |
| | |
| Leon Medical Centers | |
| Contact Name: Carlos Diez-Arguelles Title: Former Construct | tiorReference date: 01/04/2018 |
| Contact Email: carlos@pf-mgt.com | Contact Phone: (305) 335-1653 |
| Name of Referenced Project: Leon Medical Centers - Flagler Parkir | ng Garage |
| Contract No. Date Services Provided: | Project Amount: |
| N/A 10/16/2015 to 10/27/2016 | \$ 8,415,427.00 |
| endor's role in Project: Prime Vendor Subconsultant/Subcontr | ractor |
| /ould you use this vendor again? ✓Yes No If No, please | e specify in Additional Comments (below). |
| escription of services provided by Vendor: | |
| C Flayler Parking Garage is a unique project because of the challenges faced to ensure overall safety, address logistical constraints while delivering an excellent project for fer operations. Construction of this (0) story, precast parking garage attuated in the North East corner of the property will address the center's parking compession for years | |
| per Optimization to discription of process parking garages accused in our review case count of our property an author section state a spanking composition by years y line closures within the control these enabled a sale and productive McCorentraction sits and LMC operation orientation. The accusate sits composite of a view of the accusate of the process of a very basy medical currier accessible through two stair towers and two glass back elevators could not be control. The garage situature will provide 419 additional parking spaces to a very basy medical currier accessible through two stair towers and two glass back elevators could not be controlled as a controlled to the controlled accessible through two stair towers and two glass back elevators could not be controlled as a controlled accessible through two stair towers and two glass back elevators could not be controlled as a controlled as a controlled accessible through two stair towers and two glass back elevators could not be controlled as a controlled as a controlled accessible through two stair towers and two glass back elevators could not be controlled as a c | to and encilion of the gange is located less than 100 ft from the basis drop off and main enfrance to orplicted with fandscaping, signage and a way finding systems. |
| Please rate your experience with the Needs Satisfe | actory Excellent Not |
| referenced Vendor: Improvement | Applicable |
| Vendor's Quality of Service | |
| a. Responsive b. Accuracy | |
| c. Deliverables | |
| 2. Vendor's Organization: | |
| a. Staff expertise | |
| b. Professionalism | |
| c. Turnover | |
| 3. Timeliness of: | |
| a. Project | |
| b. Deliverables | |
| 4. Project completed within budget | |
| 5. Cooperation with: | |
| a. Your Firm | |
| b. Subcontractor(s)/Subconsultant(s) | |
| c. Regulatory Agency(ies) | |
| | |
| dditional Comments: (provide on additional sheet if needed) | |
| | |
| ***THIS SECTION FOR COUNTY USE ONLY* erified via: EMAIL VERBAL Verified by: OHN HORNE I | Division: SEFMO Date: 1.23.18 |

SECTION E3: EVALUATION CRITERIA





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

| COUNTY Vend | dor Reference V | erification For | m | | |
|--|---|--|--|---|---|
| Broward County Solicitation No. and Title: | | | | | |
| PNC2114814P1 Managing General Contract | or for Cruise Ter | minals 2 and 4 | Parking Gara | age Improvements | |
| Reference for: MCM | | | | | |
| rganization/Firm Name providing reference: /liami-Dade County - Port Miami | | | | | - |
| ontact Name: Elizabeth Ogden Ti | itle: Assistant F | ort Direg Refe | rence date: | 01/09/2018 | |
| ontact Email: eogden@miamidade.gov | | Con | tact Phone: (3 | 305) 347-5521 | |
| lame of Referenced Project: PortMiami Crui | se Terminal D E | | | | |
| Contract No. Date Services | Provided: | | Project Am | iount: | |
| 2011-014.05 03/05/2012 | to 10/31/2 | 2012 | \$ 7,860,79 | 1.00 | |
| rojest comune at a textilat altrigect exemple and a many premier of the enable Manicrigor Chamb Tetribit W, wi well to | arphanerous in the keestage Farang has | n craffel braggings, exemple del forther a | endap the coargings to the ending t | Secretary, Fire Assis promisions of the Samone | |
| prises common on recorder disseptements and a memory-record to the ending Prospect Class Pacified C. A. and a conservation of the prospect of Congress of the Prospect of the Prospect Class Pacific Class (Prospect Class Pacific Class Pacifi | parpeaments in the Leaster in France Aces (company of providing Cap Congress (All the 20 wears took or age for the particular of the (the American Constant Indian). This arguments are that a few findests of the water of 10 May a conding findests for the water of 10 May and aceding findests for the control of the constant Minimarks. | of craft to upgrade colours and between department of the Person Budget appropriate for the Person Budget appropriate for the Person Budget appropriate for 17.751 species for the Person Budget approximately for the Person Budget Budg | resign the continues to the entiring tips and above Section Creen Principles and above Section Creen Principles and above Section Creen Principles (Continues Continues Continue | Access. To some considerable is known. Annual Construction of the Construction. I more all Commun. Two chay address rether to be a set the Construction. I more all Commun. Two chay address or the all acts the late. Brought programs, write growned acts when the several position. The mean recall source a few than those and the construction of the acts and the acts are acts and the acts are acts and the acts are acts and the acts and | |
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| | | NORTH LEFT COLOR AND THE SAME TO SENSE THE SAME TO SENSE THE SAME TO SENSE THE SAME TO SENSE THE SAME | could be seemed to the or we will be an extended to the seemed to the se | | |
| eferenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy | | NOTICE LEFTON COLOR AND THE PARTY AND THE PA | could be defined as the second of the second | | |
| eferenced Vendor: 1. Vendor's Quality of Service | | NOTES LEATHER CONTROL AND TERMS AND THE AND TH | code in accessed in the control of t | | |
| eferenced Vendor: 1. Vendor's Quality of Service | | NOTION LEFTON CONTROL AND INFORMATION CONTROL AND INFO | could be defined as the country of t | | |
| eferenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables | | NOTICE LEFT STORY OF THE PROPERTY OF THE PROPE | | | |

SECTION E3: EVALUATION CRITERIA





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

| Broward County Solicitation No. and Title: | | | | | |
|---|--|---|---|---|------------------------------|
| PNC2114814P1 Managing General Contra | actor for Cruise Te | rminals 2 and / | Parking Gar | age Improvem | onte |
| D. 6 | actor for Ordise Te | Tillinais Z and - | r I arking Car | age improvem | |
| mom | | | | · · · · · · · · · · · · · · · · · · · | |
| Organization/Firm Name providing reference Leon Medical Centers | 5. | | | | |
| | T :0 = | Dofo | rongo doto: | | |
| Contact Name: Carlos Diez-Arguelles | Title: Former Co | | | 01/04/2018 | |
| Contact Email: carlos@pf-mgt.com | | | | 305) 335-1653 | |
| Name of Referenced Project: Leon Medica | | all Parking Gar | | | |
| | es Provided: | 10040 | Project Ar | | |
| N/A 07/21/201 | 5 to 08/11/ | 2016 | \$ 9,659,71 | 2.00 | |
| /endor's role in Project: ✓ Prime Vendor | Subconsultant/S | Subcontractor | | | |
| Vould you use this vendor again? | □ No If No | o, please specif | y in Additiona | Comments (be | elow). |
| Description of services provided by Vendo | or: | | | | |
| oney building was designed to replace an existing pathing left had serviced the pations for LMC Kendalf MCM's scope in ruge (Procast Structura) to service the parking recents to half pathents and dictate of the Loon Madical Genters Kendalf to the action pathing of the medical context it was with a program and apply a confessional approach where no interrupts | ironsh ins to the existing traffic flow would occur. The facility | provided to patrons with shuttin derviced | from and to the Medical Center, Due | to the nature of the property and the none- | e of the Civil |
| sts, projekting was necessary to insute to indescriptions to the shuttle resulten would occur at anytime. MCM as in successful to the shuttle resulten per open action to the shuttle state of the first abuse of the shutting perchain exquence MCM anapaged to complete the obvious perchains of the shutten of | d to complete the unit scope ahead of schodule leak the processfriction documentation recessory after of the water table and the depth of the pile caps do | ing the client pleased with hew suscessful d of the actual start of the work. The bright atterng wax a one of the challanges that v | we have managed to hit all the prom ng will have 2 enwators servicing all t re had to deal with and we have man | ised him aver dated of all the areas that o sceles \$ 2 stair wets aged to ever some this successfully, warks | neded to get ing 6 days a |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Vendor's Quality of Service | | | | | |
| a. Responsive b. Accuracy | | <u> </u> | | H | |
| c. Deliverables | | | 7 | | |
| 2. Vendor's Organization: | | | | <u> </u> | |
| a. Staff expertise | H | <u>~</u> | | H | |
| | I - I - I | | <u>~</u> | H | |
| b. Professionalism | | | | | |
| c. Turnover | | | . 😬 | | |
| c. Turnover 3. Timeliness of: | | | | | |
| c. Turnover | | | | | |
| c. Turnover 3. Timeliness of: a. Project | | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget | | | ✓ | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables | | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) |) | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | | | |
| c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | | | | | |



| BROWARD Vend | dor Reference V | erification For | m | |
|---|---|---|---|--|
| Broward County Solicitation No. and Title: | | | | |
| PNC2114814P1 Managing General Contract | tor for Cruise Ter | minals 2 and 4 | Parking Gara | age Improvements |
| Reference for: James A. Cummings, In | c. | | | |
| Organization/Firm Name providing reference: | | | | |
| City of Lauderhill, FL | | | | |
| C / Cet con c. Ce | itle: cm | | rence date: | 1/11/18 |
| | (-£1.90V | | tact Phone: | 954-730-3000 |
| | forming Arts Cent | ter and Library | · · · · | |
| Contract No. Date Services 00500 4/11/2013 | to July 20 | 115 | Project Am | |
| | | | \$13,266,1 | 40 |
| | Subconsultant/S | | , in Additional | Comments (below) |
| Would you use this vendor again? Yes | No If No | endous ac | Selected | Comments (below). |
| Description of services provided by Vendor: | VIAC | bid p | vocess. | Via a |
| General Contracting | | 1 | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service a. Responsive | | | | |
| b. Accuracy | | | | |
| c. Deliverables | Ш | Ш | | |
| Vendor's Organization: a. Staff expertise | | | | |
| b. Professionalism | | | | |
| c. Turnover | | | | |
| Timeliness of: a. Project | | N | | П |
| b. Deliverables | | | | |
| 4. Project completed within budget | | | | |
| Cooperation with: a. Your Firm | | | П | П |
| b. Subcontractor(s)/Subconsultant(s) | H | Ħ | | |
| c. Regulatory Agency(ies) | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| ***THIS SEC | TION FOR COUNTY US | SE ONLY*** | | |
| Verified via: Y EMAIL VERBAL Verified by: John | n Horne | Division: | SEFMD | Date: 1.23.18 |
| All information provided to Broward County is subject to verification. Vendor acknow County as a basis for rejection, rescission of the award, or termination of the contra Procurement Code. | vledges that inaccurate, untruth act and may also serve as the | nful, or incorrect statements basis for debarment of Ver | made in support of this ndor pursuant to Section | s response may be used by the n 21.119 of the Broward County |

Solicitation: PNC2114814P1

E. Evaluation Criteria

| BROWARD COUNTY | | Vendor Reference V | erification For | *** | | |
|---|---|----------------------|-----------------|--|-------------------|-------|
| Broward County Solicitation | on No. and Title | | | | | |
| PNC2114814P1 Managi | | | rminals 2 and 4 | Parking Gar | rage Improver | ments |
| Reference for James A. | Cummings, Inc. | | | | | |
| Organization/Firm Name (| 111177 | ce | | | | |
| University of Central Fl | | | | | | |
| Contact Name: Kris Sing | | Title: Director | | rence date: | 01/10/2018 | |
| Contact Email: krishna sir | | | Con | itact Phone: 4 | 1078235249 | |
| Name of Referenced Proj | | | | | | |
| Contract No. | | ices Provided: | 10040 | Project An | | |
| endor's role in Project: 🎧 | 02/01/20 | | | \$ 10,650,5 | 575.00 | |
| | | | . O atterioran | Eventlent | | |
| Please rate your experie | | Needs | Satisfactory | Excellent | Not Ameliochia | |
| Please rate your experie referenced Vendor: | ence with the | | Satisfactory | Excellent | Not Applicable | |
| Please rate your experie referenced Vendor: 1. Vendor's Quality of a. Responsive | ence with the | Needs | Satisfactory | Excellent | | |
| Please rate your experie referenced Vendor: 1. Vendor's Quality of | ence with the | Needs | Satisfactory | Excellent | | |
| Please rate your experie referenced Vendor: 1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization | ence with the Service | Needs | Satisfactory | Excellent | | |
| Please rate your experie referenced Vendor: 1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization. 3. Staff expertise | ence with the Service | Needs | Satisfactory | Excellent V V | | |
| Please rate your experie referenced Vendor: 1. Vendor's Quality of a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization | ence with the Service | Needs | Satisfactory | Excellent V V V | | |
| Please rate your experier referenced Vendor: 1. Vendor's Quality of a Responsive b Accuracy c Deliverables 2. Vendor's Organization a Staff expertise b Professionalism c Tumover 3. Timeliness of: | ence with the Service | Needs | Satisfactory | Excellent V V V | | |
| Please rate your experienced Vendor: 1 Vendor's Quality of a Responsive b Accuracy c Deliverables 2 Vendor's Organization a Staff expertise b Professionalism c Tumover | ence with the Service | Needs | Satisfactory | Excellent V V V | | |
| Please rate your experies eferenced Vendor: 1. Vendor's Quality of a Responsive b Accuracy c Deliverables 2. Vendor's Organization a Staff expertise b Professionalism c Tumover 3. Timeliness of a Project | ence with the Service on | Needs | \$attsfactory | Excellent V V V V V V V V V V V V V V V V V V | | |
| Please rate your experies eferenced Vendor: 1 Vendor's Quality of a Responsive b Accuracy c Deliverables 2 Vendor's Organization a Staff expertise b Professionalism c Turnover 3 Timeliness of: a Project b Deliverables 4. Project completed w | ence with the Service on | Needs | Satisfactory | Excellent V V V V V V V V V | | |
| Please rate your experier referenced Vendor: 1. Vendor's Quality of a Responsive b. Accuracy c. Deliverables 2. Vendor's Organizating a. Staff expertise b. Professionalist c. Turnover 3. Timeliness of: | ence with the Service on | Needs Improvement | Satisfactory | Excellent V V V V V V V V V V V V V V V V V V | | |
| Please rate your experies eferenced Vendor: 1 Vendor's Quality of a Responsive b Accuracy c Deliverables 2 Vendor's Organizating a Staff expertise b Professionalism c Tumover 3 Timeliness of a Project b Deliverables 4 Project completed w 5 Cooperation with a Your Firm | ence with the Service on within budget | Needs Improvement | \$atisfactory | Excellent V V V V V V V V V V V V V V V V V V | | |
| Please rate your experies eferenced Vendor: 1 Vendor's Quality of a Responsive b Accuracy c Deliverables 2 Vendor's Organization a Staff expertise b Professionalism c Tumover 3 Timeliness of: | ence with the Service on within budget | Needs Improvement | \$attsfactory | Excellent V V V V V V V V V V V V V V V V V V | | |
| Please rate your experiereferenced Vendor: 1. Vendor's Quality of a Responsive b Accuracy c Deliverables 2. Vendor's Organization a Staff expertise b Professionalist c Turnover 3. Timeliness of: | Service on: within budget (s)/Subconsultant ency(ies) | Needs Improvement | \$atisfactory | Excellent V V V V V V V V V V V V V V V V V V | | |
| a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 4. Project completed w 5. Cooperation with a. Your Firm b. Subcontractor(| ence with the Service on: which is budget sysubconsultant ency(ies) | Needs Improvement | | Excellent V V V V V V V V V V V V V V V V V V | | |

James A. Cummings, Inc.

Solicitation: PNC2114814P1

E. Evaluation Criteria

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|--|-------------------------------------|--------------------------|--------------|----------------|-------------------|------|
| つり参数を入り口 | | | | | | |
| SK CVVAKD | Vendo | r Reference Ver | ification F | orm | | |
| | | | | | | |
| Broward County Solicitation | No. and Title | | | | | |
| PNC2114814P1 Managing | General Contractor | for Cruise Term | inals 2 and | d 4 Parking Ga | rage Improvemei | nts. |
| Reference for sames A Cur | mmings, Inc. | | | | | |
| Organization/Firm Name pro | viding reference | | | | | |
| AECOM | | | | | | |
| Contact Name: Aaron Pani | | T4 Senior PM | V.1 | eference date: | 01/09/2018 | |
| Contact Email: aaron pankor | in@aecom.com | | | ontact Phone: | 305-205-0648 | |
| Name of Referenced Project | Terminal 4 Gate | Replacement | Western F | Expansion | | **** |
| Contract No. | Date Services Pi | rovided: | | Project A | | |
| R0787918R1 | 1714/11 | to Present | | \$176,502 | ,990 | |
| Construction Manager at R | | | | | | |
| Construction Manager at R Please rate your experienc | | | Satisfactory | Excellent | Not Annlicable | |
| Please rate your experienc | e with the | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Please rate your experienc referenced Vendor: 1 Vendor's Quality of Ser a. Responsive | e with the | | Satisfactory | Excellent | | |
| Please rate your experienc referenced Vendor: 1 Vendor's Quality of Ser | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Ser a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Sera. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Sera. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Serial Responsive by Accuracy conclusive and Deliverables 2 Vendor's Organization and Staff expertise by Professionalism control Tumover 3 Timeliness of: | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Serial Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Turnover | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Ser a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: a. Project b. Deliverables | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Serial Responsive by Accuracy conditions a Staff expertise by Professionalism continuous Tumover 3 Timeliness of: | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Ser a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: | e with the | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Sera. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Tumover 3 Timeliness of: a. Project b. Deliverables 4 Project completed withing 5 Cooperation with a. Your Firm b. Subcontractor(sy) | e with the rvice in budget | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Serial Responsive by Accuracy concluderables 2 Vendor's Organization as Staff expertise by Professionalism continuous Tumover 3 Timeliness of: | e with the rvice in budget | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Sera. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: a. Project b. Deliverables 4. Project completed with a. Your Firm b. Subcontractor(sy) c. Regulatory Agend | in budget (Subconsultant(s) | | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Ser a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: a. Project b. Deliverables 4 Project completed withing a. Your Firm b. Subcontractor(sylice) c. Regulatory Agend | in budget Subconsultant(s) cy(les) | Improvement | Satisfactory | Excellent | | |
| Please rate your experience referenced Vendor: 1 Vendor's Quality of Serial Responsive by Accuracy conclusive and Staff expertise by Professionalism continuous Tumover 3 Timeliness of a Project by Deliverables 4 Project completed with a Your Firm by Subcontractor(st/ | in budget Subconsultant(s) cy(les) | | Satisfactory | Excellent | | |

James A. Cummings, Inc.

Solicitation; PNC2114814P1

E. Evaluation Criteria

| SRCWARD Vend | or Reference V | /erification l | Form | | |
|--|--|-------------------------------------|------------------|--------------------------------------|-------------|
| Broward County Solicitation No. and Title: PNC2114814P1 Managing General Contracto | or for Cruise Te | rminals 2 ar | nd 4 Parking Gai | rage Improver | ments |
| Reference for James A. Cummings, Inc. | ikain, merupiki ini sebagai kepantan tang pangalap terminasi bermilika | danceire e den comerce e de les exe | | | |
| Organization/Firm Name providing reference: Florida Atlantic:University | | | | | - |
| Contact Name: Azita Dotiwala Tit | le: Campus F | Planner R | eference date | 03/11/2016 | |
| Contact Email: dashtaki@fau edu | | (| Contact Phone : | 561-297-0425 | |
| Name of Referenced Project FAU Parliament | t:Hatt | | | | |
| Contract No. Date Services I | Provided: | | Project Ar | nount: | |
| 06/22/2012 | to 08/19/ | /2013 | \$ 27,766.5 | 523 00 | |
| re-construction and construction services were | e preformed as | part of a Joir | nt Venture team | with Balfour E | 3eatty |
| Please rate your experience with the | Needs Improvement | part of a Jose | | with Baffour E Not: Applicable | eatty : |
| karing diskaring pilanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggal Kananggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalanggalangga | Needs | | | Not | deatty |
| Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy | Needs | | | Not | šeally — |
| Please rate your experience with the referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization: a. Staff expertise b. Professionalism | Needs | | | Not | eally |
| Please rate your experience with the referenced Vendor: 1 Vendor's Quality of Service | Needs | | | Not | eally |
| Please rate your experience with the referenced Vendor: 1 Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization. a. Staff expertise b. Professionalism c. Tumover 3 Timeliness of: a. Project b. Deliverables | Needs | | | Not | eally |
| Please rate your experience with the referenced Vendor: 1 Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: a. Project b. Deliverables 4 Project completed within budget 5 Cooperation with: a. Your Firm b. Subcontractor(s/Subconsultant(s) c. Regulatory Agency(ies) | Needs | | | Not | dealty |
| Please rate your experience with the referenced Vendor: 1 Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2 Vendor's Organization. a. Staff expertise b. Professionalism c. Turnover 3 Timeliness of: a. Project b. Deliverables 4 Project completed within budget 5 Cooperation with. a. Your Firm b. Subcontractor(s/Subconsultant(s)) c. Regulatory Agency(ies) | Needs Improvement | Satisfactor | y Excellent | Not Applicable | |