Three-Question Matrix and Reference Checks RFP No. PNC2115316P1 FLL Welcome Sign and Broward County Logo Sign

| Ranking (Not Alphabetical) | 1 | 2 |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Firm Name | Hensel Phelps Construction Co. dba Hensel Phelps | West Construction, Inc. |
| Questions | | |
| Have the vendors taken any exceptions to the County's Standard Terms and Conditions? | NO EXCEPTIONS | NO EXCEPTIONS |
| 2. Do the vendors have comparable government experience? | U.S. Army Corps of Engineers, U.S. Army Corps of Engineers- South Atlantic Division | City of Tamarac, City of Pompano Beach, Florida Department of Transportation. |
| 3. Have the vendors' references been checked? | YES (Attached) | YES (Attached) |

PNC2115316P1



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: | Brownerd County | Lama Sian | | |
|-----------------------------------------------------------------------------------------------------|----------------------|---------------|-------------------------|-------------------|
| RFP PNC2115316P1, FLL Welcome Sign and Reference for: Acolite Claude United Sign Co. In | | Logo Sign | | |
| Notific Gladde Office Gight Go., III | ic. | | | |
| Organization/Firm Name providing reference: | | | | |
| Grove Bay Hospitality Group | | | | |
| Contact Name: Francesco Balli Reference date: 01/30/2018 | | | | |
| Contact Email: francesco@grovebaygroup.com Contact Phone: 305-431-6194 | | | | |
| Name of Referenced Project: American Harvest, Glass & Vine, Big Easy, Stiltsville and Stubborn Seed | | | | |
| Contract No. Date Services | Provided: | | Project A | mount: |
| 28628 01/28/2018 | to | | \$ 21,732. | 40 |
| Vendor's role in Project: Prime Vendor | Subconsultant/S | ubcontractor | | |
| Would you use this vendor again? Yes | ∏No | | | |
| Description of services provided by Vendor: | | | | |
| Creative illuminated signage at six of our res | staurants (there | are two of Ar | nerican Har | vest). |
| 5 5 | • | | | • |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service | | | | |
| a. Responsiveb. Accuracy | H | 님 | [✓] | H |
| c. Deliverables | H | Η | [<u>/</u> | H |
| 2. Vendor's Organization: | <u> </u> | Ш | (V) | <u> </u> |
| a. Staff expertise | | | $\overline{\checkmark}$ | |
| b. Professionalism | Ц | | √ | |
| c. Turnover | Ш | | \checkmark | |
| 3. Timeliness of: | | | [7] | |
| a. Project b. Deliverables | 片 | 片 | | H |
| b. Deliverables | L | | V | |
| Project completed within budget | | | \checkmark | |
| 5. Cooperation with: | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | H | 님 | | |
| c. Regulatory Agency(ies) | H | 片 | [<u>/</u>] | 片 |
| | Ш | | (V) | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| See additional sheet for Broward County co | mments | | | |
| ***THIS SE | CTION FOR COUNTY | USE ONLY*** | | |
| Verified via: X EMAIL X VERBAL Verified by: Ar | nonet Hanna | Division: | CIP | Date: 3/1/18 |

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 2/8 county as a basis for rejection, rescission of the award, or termination of the contract and may assure as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 53 hoursement Code.

PNC2115316P1



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: RFP PNC2115316P1, FLL Welcome Sign and Broward County Logo Sign | | | | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|--------------|-------------------|---|
| Reference for: ACU Signs | | | | ····· | |
| Organization/Firm Name providing reference: | 700 digita | | | | |
| Nicklaus Children's Health System | | | | | |
| Contact Name: Angelica M. Hoyos | | Refe | rence date: | 01/29/2018 | _ |
| Contact Email: angelica.hoyos@nicklaushealth.org Contact Phone: 786-624-6917 | | | | | |
| Name of Referenced Project: Exterior Sign fo | | adquarters | | | |
| Contract No. Date Services | Provided: | | Project A | mount: | |
| Unknown 11/28/2017 | to 03/01/ | 2018 | \$ 55,110. | .75 | |
| Vendor's role in Project: ✓ Prime Vendor ☐ | Subconsultant/S | ubcontractor | | | |
| Would you use this vendor again? | □No | | | | |
| Description of services provided by Vendor: | | | | | |
| During the last 3 years, ACU signs have inst | talled 3 exterior | signs for our | Corporate | Headquarters | |
| 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 | | | ✓ ✓ | | |
| Timeliness of: a. Project b. Deliverables | | | ✓ | | |
| 4. Project completed within budget | | | \checkmark | | |
| Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies) | | | ✓ ✓ | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| ACU signs have always quoted the bets price. In addition, the | neir customer service | is exceptional! | | | |
| | CTION FOR COUNTY | USE ONLY*** | | | |
| Verified vie: EMAIL X VERRAL Verified by: Am | onet Hanna | Division | CIP | Date: 3/1/18 | |

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 2/80 support of the award, or termination of the contract and may also save as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 55 procurement Code.

Vendor Reference Verification Form

| Reference for: Acolite and Claude United Sign Co | o Inc | | <u>.</u> | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|-----------------|---------------------|------|
| Organization/Firm Name providing reference: | | | • | | |
| The Related Group | | | | | |
| Contact Name: Mark Ramirez | | | rence date: | 01/29/2018 | |
| Contact Email: mramirez@relatedgroup.com | | Con | tact Phone: 3 | 3059277900 | |
| Name of Referenced Project: SLS LUX | | | | | |
| Contract No. Date Services I | | | Project Ar | | |
| Unknown 03/01/2017 | to 03/31/ | 2018 | \$ 150,000 | .00 | |
| endor's role in Project: 📝 Prime Vendor 🔃 | Subconsultant/S | ubcontractor | | | |
| /ould you use this vendor again? | No | | | | |
| escription of services provided by Vendor: | | | | | |
| esign / Furnish / Install - Marquis Signage at 62 st | ory roof top in ad | dition to marqui | s signage at th | ne ground floor are | eas. |
| | | | | | eas. |
| Please rate your experience with the | Needs | Satisfactory | Excellent | Not | - 1 |
| referenced Vendor: | Improvement | | | Applicable | |
| referenced Vendor: 1. Vendor's Quality of Service | Improvement | | | Applicable | |
| Vendor's Quality of Service a. Responsive | Improvement | | | Applicable | |
| Vendor's Quality of Service | Improvement | | ∀ | Applicable | |
| Vendor's Quality of Service a. Responsive b. Accuracy | Improvement | | ∀ | Applicable | v 1 |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise | Improvement | | | Applicable | |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: | Improvement | | | Applicable | ν, |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover | Improvement | | | Applicable | e e |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism | Improvement | | | Applicable | ** |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: | Improvement | | | 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 | Improvement | | | Applicable | ., |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: | Improvement | | | 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 | Improvement | | | Applicable | |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: | Improvement | | | Applicable | |
| Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables Project completed within budget Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | Improvement | | | Applicable | |

Broward County Board of County Commissioners

PNC2115316P1



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: | | | | |
|------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|------------------|----------------------|
| R FP , PNC2115316P1 - FLL Welcome Sign and Broward County Logo Sign | | | | |
| Reference for: BRD Construction Inc. | | | | |
| Organization/Firm Name providing reference: | | | | |
| Keller Bros. & Miller, Inc. | | | | |
| Contact Name: Ralph Salerno | | Refe | rence date: | 01/31/2018 |
| Contact Email: rjs@kbmprinting.com | | Con | tact Phone: | 716-854-2374 |
| Name of Referenced Project: Construction of a New Pressroom Addition @ 399 Franklin St. | | | | |
| Contract No. Date Services F | Provided: | | Project A | mount: |
| C07203 06/29/2007 | to | | \$ 745,410 | 0.00 |
| Vendor's role in Project: ✓ Prime Vendor ☐ | Subconsultant/S | ubcontractor | | |
| Would you use this vendor again? ✓ Yes | No | | | |
| Description of services provided by Vendor: | | | | |
| total construction of addition to our shoprenovated electrical and plumbing etcmade our old building | | and inside front o | of office side o | of buildingmajor |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable |
| Vendor's Quality of Service | | | | |
| a. Responsive b. Accuracy | H | H | 7 | H |
| c. Deliverables | | | Ž | |
| 2. Vendor's Organization: | | —————————————————————————————————————— | [7] | |
| a. Staff expertise b. Professionalism | H | H | <u>v</u> | H |
| c. Turnover | | H | 7 | П |
| 3. Timeliness of: | _ | _ | | _ |
| a. Project | L | | V | |
| b. Deliverables | | | \checkmark | |
| 4. Project completed within budget | | | \checkmark | |
| 5. Cooperation with: | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | \vdash | \vdash | ∀ | \vdash |
| c. Regulatory Agency(ies) | | | √ | |
| | — | | ш | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| We did use them again in 2014 - C14232 - Building a Secon | | | their work is ex | cellent |
| | CTION FOR COUNTY | | CID | 0/04/40 |
| Verified via:EMAIL X_VERBAL Verified by:A | monet Hanna | Division: | CIP | Date: <u>3/01/18</u> |

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 2/18 County as a basis for rejection, rescission of the award, or termination of the contract and may asso serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 31 Procurement Code.

PNC2115316P1



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: | | | | | |
|-----------------------------------------------------------------------------|------------------|----------------|--------------|---------------|--|
| RFP , PNC2115316P1 - FLL Welcome Sign and Broward County Logo Sign | | | | | |
| Reference for: BRD Construction Inc. | | ···· | | | |
| Organization/Firm Name providing reference: | | | | | |
| Northtown Automotive Companies | | | | | |
| Contact Name: Richard Pieri | | | rence date: | 01/31/2018 | |
| Contact Email: r.pieri@northtownauto.com | | Cor | tact Phone: | 7165531006 | |
| Name of Referenced Project: multiple | | | | | |
| Contract No. Date Services | Provided: | | Project A | mount: | |
| Unknown 03/01/2008 | to 07/01/2 | 2018 | \$ 30,000, | 000.00 | |
| Vendor's role in Project: ☑ Prime Vendor ☐ Subconsultant/Subcontractor | | | | | |
| Would you use this vendor again? | □No | | | | |
| Description of services provided by Vendor: | | | | | |
| Construction of new automobile dealerships | and related site | e work - vario | us Northtow | n properties. | |
| Please rate your experience with the | Needs | Satisfactory | Excellent | Not | |
| referenced Vendor: | Improvement | | LACCHOIL | Applicable | |
| Vendor's Quality of Service Responsive | | | | | |
| a. Responsive b. Accuracy | H | H | 7 | H | |
| c. Deliverables | | | V | | |
| 2. Vendor's Organization: | | П | [7] | | |
| a. Staff expertiseb. Professionalism | H | 片 | | H | |
| c. Turnover | | H | V | Ħ | |
| 3. Timeliness of: | | _ | | | |
| a. Project | | 닐 | ✓ | | |
| b. Deliverables | | | \checkmark | | |
| 4. Project completed within budget | | | \checkmark | | |
| 5. Cooperation with: | _ | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | H | 님 | ∀ | \vdash | |
| c. Regulatory Agency(ies) | H | H | ✓ | H | |
| | _ | | ب | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| ***TLUC OF | CTION FOR COUNTY | LISE ONLY*** | | | |
| | nonet Hanna | Division: | CIP | Date: 3/01/18 | |

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 2/18 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 33 more representation.

PNC2115316P1



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: | | | | | |
|-----------------------------------------------------------------------------|----------------------------------------|------------------|----------------|----------------------|--|
| R <u>FP</u> , <u>PNC2115316P1 - FLL Welcom</u> | e Sign and Brow | ard County Log | <u>o Si</u> gn | | |
| Reference for: BRD Construction Inc. | | | | | |
| Organization/Firm Name providing reference: | | | | | |
| Western New York Arena, LLC / Buffalo Sa | bres | | | | |
| Contact Name: Stan Makowski, Jr. | | Refe | rence date: | 01/31/2018 | |
| Contact Email: stan.makowski@sabres.com | | Con | tact Phone: 7 | 16.855.4520 | |
| Name of Referenced Project: | | | | | |
| Contract No. Date Services | Provided: | | Project An | nount: | |
| Unknown 06/01/2012 | to 01/31/2 | 2018 | Unknow | n | |
| Vendor's role in Project: ✓ Prime Vendor ✓ Subconsultant/Subcontractor | | | | | |
| Would you use this vendor again? √Yes | ∏No | | | | |
| Description of services provided by Vendor: | _ | | | | |
| Projects of various sizes and scopes, from a co | ncrete sculpture | base to a full n | nulti shop ret | ail space build out. | |
| | | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Vendor's Quality of Service | | | | | |
| a. Responsive b. Accuracy | H | | <u> </u> | H | |
| c. Deliverables | | H | Ž | | |
| 2. Vendor's Organization: | | _ | | | |
| a. Staff expertise | H | H | | H | |
| b. Professionalismc. Turnover | H | H | <u>V</u> | H | |
| 3. Timeliness of: | _ | Ш | | | |
| a. Project | | | \checkmark | | |
| b. Deliverables | | | \checkmark | | |
| 4. Project completed within budget | | | \checkmark | | |
| 5. Cooperation with: | - | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | 님 | 닏 | ✓ | | |
| c. Regulatory Agency(ies) | H | H | ✓ | H | |
| | ш | | | Ш | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| ***THIS SE | ***THIS SECTION FOR COUNTY USE ONLY*** | | | | |
| Verified via:EMAIL X_VERBAL Verified by: Amon | et Hanna | Division: | CIP | Date: 3/01/18 | |

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 2/8 county as a basis for rejection, rescission of the award, or termination of the contract and may see serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County 35 procurement Code.



BROWARD



| Vendor Reference Verification Form | | | | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------|--------------|---------------|------------------|--|
| Broward County Solicitation No. and Title: | | | | | |
| RPNC2115316P1 , FLL Welcome Sign & Broward County Lo | go Sign | | | | |
| Reference for: Hensel Phelps Construction Co. | | | | | |
| Organization/Firm Name providing reference: | | | | | |
| U.S. Army Corps of Engineers | | | | | |
| Contact Name: Dennis W. Newell | | | rence date: | 01/19/2018 | |
| Contact Email: dennis.w.newell@usace.army.mil Contact Phone: 321-494-0641 | | | | | |
| Name of Referenced Project: Design-Build US SOUTHERN COMMAND HO | | | | | |
| Contract No. Date Services | Provided: | | Project Am | iount: | |
| W91278-08-C-0021 03/31/2008 | to 10/29/ | 2010 | \$ 284,972, | 169.00 | |
| Vendor's role in Project: ✓ Prime Vendor | Subconsultant/S | ubcontractor | | | |
| Would you use this vendor again? Yes | No | | | | |
| Description of services provided by Vendor: | THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. | | | | |
| Design/Build US SOUTHERN COMMAND | | | enter and Ser | vices Buildings, | |
| to accommodate approx. 2,883 personnel a Please rate your experience with the | Needs | Satisfactory | Excellent | Not | |
| referenced Vendor: | Improvement | Catisfactory | Excellent | Applicable | |
| Vendor's Quality of Service Responsive | | | 1 | | |
| b. Accuracy | | | ✓ | | |
| c. Deliverables | | | ✓ | | |
| Vendor's Organization: a. Staff expertise | | 1.3 | 1 | | |
| b. Professionalism | | | ✓ | | |
| c. Turnover | | | ✓ | | |
| 3. Timeliness of: | | | 1 | | |
| a. Projectb. Deliverables | | | <u>~</u> | | |
| 4. Project completed within budget | | | ✓ | | |
| 5. Cooperation with: | | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | | | V | | |
| c. Regulatory Agency(ies) | | | 7 | | |
| | | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| We have since awarded several contracts v | | | ve been exce | ellent. | |
| ***THIS SI | ECTION FOR COUNTY | USE ONLY*** | | | |

Page | 96



Verified via: ___EMAIL X_VERBAL Verified by: Amonet Hanna ____Division: CIP ______Date: 3/2/18





| Broward County Solicitation No. and Title: | | | 36: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| RPNC2115316P1 FLL Welcome Sign & Broward County Lo | ogo Sign | | | |
| Reference for: HENSEL PHELPS | | | | 100000000000000000000000000000000000000 |
| Organization/Firm Name providing reference: | | | | 7 |
| Dayses I Come East | | | | |
| Contact Name: HAROLD STIRLING | | Refe | erence date: | 1 19 10 |
| Contact Email: HLROLD & STIPLING @ O | · · · · · · · · · · · · · · · · · · · | Coi | ntact Phone: | 07-467-4215 |
| Name of Referenced Project: | HIVERSACORU | DO O COM | *7 | 01-401-4215 |
| Contract No. Date Services | Provided: | | Project An | nount: |
| Unknown AUGUST 201 | 13 to OCT, 2 | 014 | 2,000,0 | 00 |
| Unknown AUGUST 20 Vendor's role in Project: Prime Vendor | Subconsultant/S | 2013 | 1,000,00 | 0 |
| | □No | abcomiscio | | |
| Would you use this vendor again? Yes | | | | |
| Description of services provided by Vendor: | | | | |
| | | | | |
| Please rate your experience with the | Needs | Satisfactory | Excellent | Not |
| referenced Vendor: | Improvement | | | Applicable |
| Vendor's Quality of Service Responsive | | | 10 | |
| b. Accuracy | H | H | 0/ | H |
| c. Deliverables | | Ħ | | |
| 2. Vendor's Organization: | | | | |
| a. Staff expertise | \vdash | | 19 | H |
| b. Professionalism | 님 | Ц | | 님 |
| c. Turnover | | | W | |
| Timeliness of: | | | | |
| a. Project b. Deliverables | H | H | | H |
| | | | | |
| Project completed within budget | | | L | |
| 5. Cooperation with: | | | res | |
| a. Your Firm b. Subcontractor(s)/Subconsultant(s) | 님 | | 1 | 님 |
| c. Regulatory Agency(ies) | H | H | | H |
| | | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | |
| | | | | |
| | CTION FOR COUNTY | USE ONLY*** | 1227 SANSON | |
| Verified via:EMAil. X_VERBAL Verified by: Am | onet Hanna | Division | CIP | Date: 3/7/18 |
| Ill information provided to Broward County is subject to verification. Vendor arknowle county as a Sasis for rejection, rescission of the award, or termination of the contract recurrenett Code. | edges that executate, infruit Land may also serve as the | ital, or incorrect statement basis for department of V | ts made in support of the endor pursuant to Section | is response may be used by the in 21.119 of the Broward County |







| BR) | () | W | AR | D |
|-----|----|--------|----|----|
| CHE | 0 | MI COL | | MA |

| Broward County Solicitation No. and Title: | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|------------------------------|--------------------------------|
| RPNC2115316P1 FLL Welcome Sign & Broward County Log | o Sign | | | |
| Reference for: Hensel Phelps Construction Company | | | | |
| Organization/Firm Name providing reference: | | | | |
| John Pilot / Colonel U.S. Army Corps of Er | ngineers (Retire | d); South A | tlantic Divison | |
| Contact Name: John Pilot | | R | eference date: | 01/19/2018 |
| Contact Email: pllot@milcorp.com / john.d.pllot@gma | | | Contact Phone: | 843) 360-1452 (C) |
| Name of Referenced Project: USSOUTHCOM | M HEADQUAR | TERS: Miar | ni-Doral FL | |
| Contract No. Date Services | Provided: | | Project Ar | nount: |
| W91278-08-C-0021 03/31/2008 | to 10/01/ | 2010 | \$ 237,399 | ,000.00 |
| Vendor's role in Project: Prime Vendor | Subconsultant/S | ubcontracto | r | |
| Would you use this vendor again? Yes | No | | | |
| Description of services provided by Vendor: | | | | |
| MILCON (Military Construction) funded facilities to | | | | |
| replacing existing leased spaces. The facilities ho | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactor | y Excellent | Not Applicable |
| Vendor's Quality of Service | | | | |
| a. Responsive b. Accuracy | | | | |
| c. Deliverables | | | / | |
| 2. Vendor's Organization: | | | | |
| Staff expertise | | | V | |
| b. Professionalism c. Turnover | H | | | |
| 5 XXX 32 32 55 | | | V | |
| 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) | | | | |
| Exceptional performance on this project by Hensel Phelps (| Construction Compar | ny. Project rece | eived multiple nation | al and regional awards. |
| "THIS SE | CTION FOR COUNTY | USE ONLY*** | | |
| Verified via:EMAIL X VERBAL Verified by: Am | onet Hanna | Division: | CIP | Date: 3/7/18 |
| 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 | ledges that inaccurate, untruli | hful, or incorrect state | ments made in support of the | is response may be used by the |





| Broward County Solicitation No. and Title: | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------|-------------------------------|--------------------------------------------|--|
| R PNC2115316P1 , FLL Welcome Sign & Broward County Logo Sign | | | | | |
| Reference for: Hensel Phelps Construction Comp | Reference for: Hensel Phelps Construction Company (HPCC) | | | | |
| Organization/Firm Name providing reference: | | | | | |
| USACE, South Atlantic Division, Mobile District | | | | | |
| Contact Name: John Pilot (Colonel, USA, RE | ET) | | erence date: | 03/07/2018 | |
| Contact Email: jpilot@milcorp.com | | Cor | ntact Phone: | (843) 360-1452 | |
| Name of Referenced Project: AAFES Mini Mall at the U.S. Southern Command Headquarters | | | | | |
| Contract No. Date Services F | Provided: | | Project A | mount: | |
| AAFES 0927-05-001 09/30/2010 to 02/20/2012 \$ 2,600,000.00 | | | | | |
| Vendor's role in Project: ☐ Prime Vendor ☑ Subconsultant/Subcontractor | | | | | |
| Would you use this vendor again? ✓ Yes | □No | | | | |
| Description of services provided by Vendor: | | | | | |
| Construct Mini-Mall, SOUTHCOM Headquarters, Mia food court, barber shop and dry cleaners. Supports 6 | | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Vendor's Quality of Service | | | 7 | | |
| a. Responsive b. Accuracy | H | H | 7 | H | |
| c. Deliverables | | | V | | |
| 2. Vendor's Organization: | | | | П | |
| a. Staff expertise b. Professionalism | H | H | 7 | H | |
| b. Professionalismc. Turnover | Ħ | H | Ħ | H | |
| Timeliness of: | | | الحا | | |
| a. Project | | | \checkmark | | |
| b. Deliverables | | | \checkmark | | |
| 4. Project completed within budget | | | \checkmark | | |
| 5. Cooperation with: | | | 2 1 | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | 님 | | ✓ | 片 | |
| c. Regulatory Agency(ies) | H | H | [<u>7</u>] | H | |
| | ! | | V | Ш | |
| Additional Comments: (provide on additional sheet if needed) | | | | | |
| Honsel Phelps exceeded expectations for this project. This facility provided quality of life support to the person. South America, and the Caribbean. Hensel Phelps provided a superior quality product on time and no budget. | Personnel support was excellent; jo | b well done. | a but acre compus for the DOD | o and US Government activities in Central, | |
| | CTION FOR COUNTY | | CIP | Date: 3/7/18 | |
| Verified via:EMAIL _X_VERBAL Verified by:All Information provided to Broward County is subject to verification, Vendor acknowle | monet Hanna | Division: | | | |
| County as a basis for rejection, rescission of the award, or termination of the contract Procurement Code. | | | | | |



| Reference for: West Construction | Inc. | | | | | | | |
|------------------------------------------------------|-----------------------------|----------------------|----------------------------------------|-------------------------|-------------------|---|--|--|
| Organization/Firm Name providin | g reference: | | | | | | | |
| City of Tamarac | | | | | | | | |
| Contact Name: John E. Dohert | y, PE | | Ref | erence date: | | | | |
| Contact Email: john.doherty@tam | arac.org | | Со | ntact Phone: | 954-597-3706 | | | |
| Name of Referenced Project: De | sign Build Fir | e Station 78 | | | | | | |
| Contract No. | ntract No. Date Services Pr | | | | | | | |
| FR14B | 07/15/2015 | to 05/01/2 | 2017 | \$3,500,000 |) | | | |
| endor's role in Project: 📝 Prime | Vendor [| Subconsultant/S | ubcontractor | | | | | |
| Vould you use this vendor again? | ✓Yes | □No | | | | | | |
| Description of services provided | d by Vendor: | _ | | | | | | |
| his project includes the complete d | | | | | | ł | | |
| ne development of a (+/-) 9,400 squ | ıare foot fire sta | | | tegrated public | artwork sign. | | | |
| Please rate your experience wi referenced Vendor: | th the | Needs Improvement | Satisfactory | Excellent | Not Applicable | | | |
| Vendor's Quality of Service | | | —————————————————————————————————————— | | | | | |
| a. Responsive | | H | Ш | V | Ц | | | |
| b. Accuracy | | 닏 | Ш | M | | | | |
| c. Deliverables | | Ш | | ✓ | | | | |
| 2. Vendor's Organization: | | | | | | | | |
| a. Staff expertise | | 片 | | | H | | | |
| b. Professionalism | | 님 | 님 | Y | H | | | |
| c. Turnover | | Ш | | [✔] | Ш | | | |
| 3. Timeliness of: | | | | | | | | |
| a. Project | | 님 | 님 | V | | | | |
| b. Deliverables | | Ц | | lacksquare | | | | |
| 4. Project completed within bu | dget | | | \checkmark | | | | |
| 5. Cooperation with: | | | | | | | | |
| a. Your Firm | | | | $\overline{\checkmark}$ | | | | |
| b. Subcontractor(s)/Subc | | | | lacksquare | | | | |
| c. Regulatory Agency(ie | S) | | | \checkmark | | | | |
| dditional Comments: (provide on additional | sheet if needed) | | | | | | | |
| Vould not hesitate to use on future project | • | | | | | | | |
| | | | | | | | | |
| | ***THIS SEC | TION FOR COUNTY | USE ONLY*** | | | | | |

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Firm was great to work with and the project made a lasting mark in the community. One of the design elements became a model for others to follow (pervious parking lot). The architecture and craftsmanship were high quality and assigned Staff proved to be knowledgeable and professional. This project required lots of interaction with another government agency and the team cooperated and helped resolved numerous problems; assisted with value engineering efforts; and, delivered a first class product.

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| B | | | \ | A | R | D |
|---|---|---|----------|-----|----|---|
| F | L | 0 | R | . P | D. | Α |

| Reference for: West Construction Inc. | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|----------------------------------------|----------------------------------|--|
| Organization/Firm Name providing reference: | (2) | | | | |
| City of Pompano Beach | | | | | |
| Contact Name: Horacio Danovich Reference date: 02/01/2018 | | | | 02/01/2018 | |
| Contact Email: horacio.danovich@copbfl.com | X //B | | entact Phone: o | 954-786-7834 | |
| Name of Referenced Project: Design Build N | ew Beach Libra | ıry | | | |
| Contract No. Date Services | | | | | |
| Unknown 07/23/2013 | to 07/16/2014 \$ 1,900,000.00 | | | 00.00 | |
| /endor's role in Project: 📝 Prime Vendor 🔃 | Subconsultant/S | ubcontractor | | | |
| Vould you use this vendor again? Yes | □No | | | | |
| Description of services provided by Vendor: | | | | | |
| This project consisted of designing and building | the Pompano Ne | w Beach Libr | ary. Small artw | ork signs installed. | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | |
| Vendor's Quality of Service | | | | | |
| a. Responsive b. Accuracy | - | H | N. | 片 | |
| c. Deliverables | | H | V | H | |
| 2. Vendor's Organization: | _ | _ | | | |
| a. Staff expertise | H | H | K | H | |
| b. Professionalismc. Turnover | Ħ | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | H | |
| 3. Timeliness of: | | ليبا | ليك | ليسا | |
| a. Project | | | $ \mathbf{V} $ | П | |
| b. Deliverables | | | 17 | Ħ | |
| b. Dollverables | | | الكيا | ليبيا | |
| 4. Project completed within budget | | | ☑ | | |
| 4. Project completed within budget5. Cooperation with: | | | ☑ | | |
| 4. Project completed within budget 5. Cooperation with: a. Your Firm | | | | | |
| 4. Project completed within budget5. Cooperation with: | | | | | |
| 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) | | | | | |
| 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) | on oloments became a model for o | Onem to follow (pervious pa | | Continuentable were high quality | |
| 4. Project completed within budget 5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(les) dditional Comments: (provide on additional sheet if needed) m was great to work with and the project made a lesting mark in the community. One of the design | CTION FOR COUNTY | USE ONLY*** | | Cretismanship were high quality | |



Vendor Reference Verification Form

| Broward County Solicitation No. and Title: R_PNC2115316P1 FLL Welcome Sign and Broward County Logo | | | | | | |
|-----------------------------------------------------------------------------------------------------|----------------------|-----------------------------|-----------------|---------------------------|--|--|
| Reference for: West Construction Inc. | | | | | | |
| Organization/Firm Name providing reference: | | | | | | |
| FDOT | | | | | | |
| Contact Name: Abraham Bah, P.E. Reference date: 03/07/2018 | | | | | | |
| Contact Email: abrahambah08@gmail.com | | Contact Phone: 904-333-3797 | | | | |
| Name of Referenced Project: Welcome to Florida Signs | | | | | | |
| Contract No. Date Services F | Provided: | Project Amount: | | | | |
| E2U33 07/01/2015 | to 12/01/2016 | | \$ 3,280,789.61 | | | |
| Vendor's role in Project: ☐ Prime Vendor ☐ S | Subconsultant/S | ubcontractor | | | | |
| Would you use this vendor again? Yes | □No | | | | | |
| Description of services provided by Vendor: | _ | | | | | |
| Construction of Welcome to Florida Signs on | | - | _ | · · | | |
| scape, sidewalk, pavement shoulders recons | | | | | | |
| Please rate your experience with the referenced Vendor: | Needs Improvement | Satisfactory | Excellent | Not Applicable | | |
| Vendor's Quality of Service | | | [7] | П | | |
| a. Responsive b. Accuracy | H | | <u> </u> | H | | |
| c. Deliverables | Ī | H | V | H | | |
| 2. Vendor's Organization: | · | | | | | |
| a. Staff expertise | H | 片 | V | H | | |
| b. Professionalismc. Turnover | H | [7] | <u>*</u> | H | | |
| 3. Timeliness of: | | <u> </u> | | | | |
| a. Project | | | \checkmark | | | |
| b. Deliverables | | \checkmark | | | | |
| 4. Project completed within budget | | | \checkmark | | | |
| 5. Cooperation with: | _ | | | | | |
| a. Your Firmb. Subcontractor(s)/Subconsultant(s) | 片 | 닏 | V | H | | |
| c. Regulatory Agency(ies) | H | H | ✓ | H | | |
| | Ш | | [V] | | | |
| Additional Comments: (provide on additional sheet if needed) | | | | | | |
| Vendor had good technical knowledge and understanding of t | he project and helpe | d resolve design pr | oblems by propo | sing practical solutions. | | |
| | CTION FOR COUNTY | USE ONLY*** | | | | |
| Verified via: X EMAIL VERBAL Verified by: An | nonet Hanna | Division: | CIP | Date: 3/8/18 | | |

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 Procurement Code.