### **Three-Question Matrix and Reference Checks**

#### S2115731P1

# Consultant Services for Broward County's Medical Examiner's and Broward Sheriff's Office Crime Laboratory Combined Facility

Ranking	1	2	3	4	5	6
Firm Name	Leo A Daly Company	Saltz Michelson Architects, Inc.	Bermello Ajamil & Partners, Inc.	Cartaya and Associates Architects, P.A.	MOBIO Architecture, Inc.	ARCADD, Inc.
Questions						
Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	*Palm Beach County Facilities Development *Hennepin County Minnesota- Facility Services Dept. / Planning & Project Development *Broward College *Palm Beach County Facilities Development	"Memorial Health System "Memorial Healthcare System "Stiles Corporation "Q.Fit LLC "Memorial Healthcare System	*City of Pompano Beach, FL *Stichting Onroerend Goed Aruba (SOGA) *Broward Health	*Aveva Drug Delivery Systems *City of Miramar	*City of Miami, Office of Capital Improvements *Miami-Dade County Aviation Department (MDAD) *Bostwick Design Partnership, Inc.	*Mary-Lynn Landgraf - US Dept of Commerce, Office of Textile *City of Edmonds, WA *City of South Portland, Maine
3. Have the vendors' references been checked?	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)	YES (Attached)

158 BROWARD COUNTY MEDICAL EXAMINER'S OFFICE & BSO'S CRIME LAB COMBINED FACILITY... Greater Than the Sum of its Parts

#### H. ADDITIONAL INFORMATION



### **Vendor Reference Verification Form**



Reference for: Architect - LEO A DALY				
Organization/Firm Name providing reference:				
Palm Beach County Facilities Developmen	it			
Contact Name: Mike McPherson Ti	tle: Project Ma	nager Refe	rence date:	
Contact Email: mmcphers@co.palm-beach.fl.us		Con	tact Phone: 5	61.233.0278
Name of Referenced Project: Palm Beach Co	ounty Jail Expan	nsion, West C	ounty Facility	1
Contract No. Date Services	Provided:		Project An	nount:
01/16/2007	to 01/01/	2011	\$ 103,771,	077.00
Vendor's role in Project:   ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? ✓ Yes	The second second		v in Additional	Comments (below).
Description of services provided by Vendor:		, p	,	
	Diameira: O	unting D	-1 0	Air a Adamininto to the
Executive Architect; Architectural Design; Site	Planning; Constr	uction Docume	nts; Construc	tion Administration
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
referenced Vendor:	Improvement	Gatiolactory	Excellent	Applicable
Vendor's Quality of Service				
a. Responsive			<u> </u>	
b. Accuracy     c. Deliverables			<b>✓</b>	
c. Deliverables			$\checkmark$	
<ol><li>Vendor's Organization:</li></ol>				
a. Staff expertise			<b>✓</b>	
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>			V V	
a. Staff expertise			✓	
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul> 3. Timeliness of:				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> 3. Timeliness of: <ul> <li>a. Project</li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of:</li> <li>a. Project</li> <li>b. Deliverables</li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> </ul> </li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				

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.

# 156 BROWARD COUNTY MEDICAL EXAMINER'S OFFICE & BSO'S CRIME LAB COMBINED FACILITY... Greater Than the Sum of its Parts



Broward County Board of County Commissioners

H. ADDITIONAL INFORMATION

Bid S2115731P1



RFI	P No	. S2115731P1,		ENSTRUMENT AND PROPERTY.	an analysis average		The second secon
Refe	rence	for: Leo A Daly, Co. A	Architects & Engineers				
Orga	nizati	on/Firm Name prov	viding reference:				
Hen	nepir	County Minneso	ta - Facility Serv	rices Dept. / Pla	inning & Proje	ect Developm	ent
Cont	act N	ame: Brett Bauer	Ti	tle: Division M	anager PIRefe	erence date:	01/22/2018
Cont	act E	mail: Brett.Bauer@He				ntact Phone: 6	12-348-9671
		Referenced Project:		xaminers Facili			
	ract N		Date Services		-	Project Am	nount:
A17	7168		08/14/2017	to 02/06/	2018	\$ 57,840,0	
G 10.72.90	N. Miller	le in Project: [7]D		_ Sections	1400000	F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
		le in Project: Pr	_	Subconsultant/S			
/Vould	you t	use this vendor aga	ain? ✓ Yes	□No If No	o, please specif	y in Additional	Comments (below
Desci	riptio	n of services prov	ided by Vendor:				
Detail	led Si	te Assessment / Lo	ocation Due Dilige	ence Process alo	ng with the sta	rt of Schemati	ic Design Services
				ence Process alo	ng with the sta	rt of Schemati	ic Design Services
Plea	se ra	te your experience		Needs	ng with the sta	ert of Schemati	Not
Plea refer	se ra	te your experience d Vendor:	e with the				
Plea refer	se ra	te your experience	e with the	Needs			Not
Plea refer	se ran rence Vend a. b.	te your experience d Vendor: dor's Quality of Serv Responsive Accuracy	e with the	Needs			Not
Plea refer	se ran rence Vend a. b.	te your experience d Vendor: dor's Quality of Serv Responsive	e with the	Needs			Not
Plea refer 1.	vence Vence a. b.	te your experience d Vendor: dor's Quality of Serv Responsive Accuracy	e with the	Needs			Not
Plea refer 1.	vence Vence b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise	e with the	Needs			Not
Plea refer 1.	vence Vence b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism	e with the	Needs			Not
Plea refer 1.	vence vence vence a. b. c. vence a. b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	e with the	Needs			Not
Plea refer 1.	vence Vence b. c. Vence a. b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	e with the	Needs			Not
Plea refer 1.	venda. b. c. Venda. b. c. Time	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	e with the	Needs			Not
Plea refer 1. 2.	vence vence vence a. b. c. Vence a. b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables	e with the	Needs			Not
Plea refer 1. 2.	vence vence vence a. b. c. Vence a. b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover	e with the	Needs			Not
Plea refei 1. 2. 3. 4.	se rairence Vence a. b. c. Vence a. b. c. Time a. b. Coop	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within	e with the	Needs			Not
Plea refer 1. 2.	se ran rence Vend a. b. c. Vend a. b. c. Time a. b. C.	te your experience d Vendor: dor's Quality of Senders Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed withing peration with: Your Firm	e with the vice	Needs			Not
Plea refer 1. 2.	se rairence Vence a. b. c. Vence a. b. c. Time a. b. Proje Coop a. b.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within peration with: Your Firm Subcontractor(s)/S	e with the vice  n budget Subconsultant(s)	Needs			Not
Plea refer 1. 2.	se rairence Vence a. b. c. Vence a. b. c. Time a. b. Proje Coop a. b.	te your experience d Vendor: dor's Quality of Senders Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed withing peration with: Your Firm	e with the vice  n budget Subconsultant(s)	Needs			Not
Plea refei 1. 2. 3. 4. 5.	se rance Vence a. b. c. Vence a. b. c. Proje Coop a. b. c.	te your experience d Vendor: dor's Quality of Sen Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within peration with: Your Firm Subcontractor(s)/S	n budget Subconsultant(s)	Needs			Not

12/Gounds as a basis for velocition, 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 36





Reference for: Architect - LEO A DALY				
Organization/Firm Name providing reference:		,	9	rest a su
Broward College				
Contact Name: Linda Wood T	itle: Dean, Bro	ward ColliRefe	rence date:	1/22/18
Contact Email:  wood@broward.edu		Cor	itact Phone: 9	54,201.6789
Name of Referenced Project: Institute of Pul	olic Safety Build	ing 22		
Contract No. Date Services	Provided:		Project Am	nount:
03/01/2009	to 07/12/	2012	\$8,300,00	0.00
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 Additional	Comments (below).
Description of services provided by Vendor	_			
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
referenced Vendor: 1. Vendor's Quality of Service	mprovensen			Аррасавіе
a. Responsive				
b. Accuracy     c. Deliverables			4	
		لسا	4	
Vendor's Organization:     a. Staff expertise	П	П	P	П
b. Professionalism				Ō
c. Turnover				<u>-</u>
3. Timeliness of:				_
a. Project b. Deliverables	H	님		
Project completed within budget				
5. Cooperation with:				
<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>				
c. Regulatory Agency(ies)				
Additional Commente: (provide on additional sheet if needed)				

All information provided to Breward 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 detaurpent of Vendor possional to Section 24 118 of the Breward County Procurement Code.







Reference for: Architect - LEO A DALY				
Organization/Firm Name providing reference:				
Palm Beach County Facilities Developmen	nt			
Contact Name: John Chesher T	itle: Director of	Capital Ir Refe	rence date:	
Contact Email: jchesher@co.palm-beach.fl.us		Con	tact Phone: 5	61-233-0200
Name of Referenced Project: Palm Beach S	heriff's Office, F	orensics & Te	chnology Fa	cility
Contract No. Date Services	Provided:		Project An	nount:
14218 07/01/2015	to		\$ 22,000,0	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 Additional	Comments (below).
Description of services provided by Vendor:				
Complete design and construction administ				
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not
referenced Vendor:  1. Vendor's Quality of Service	improvement			Applicable
a. Responsive			<b>✓</b>	
b. Accuracy			$\checkmark$	
c. Deliverables			$\checkmark$	
Vendor's Organization:				
a. Staff expertise     b. Professionalism	H	H	7	
c. Turnover		H	<b>✓</b>	
3. Timeliness of:		_		
a. Project			<b>✓</b>	
b. Deliverables			$\checkmark$	
4. Project completed within budget				<b>✓</b>
5. Cooperation with:				
a. Your Firm			$\checkmark$	
<ul><li>b. Subcontractor(s)/Subconsultant(s)</li><li>c. Regulatory Agency(ies)</li></ul>			$\checkmark$	
c. Regulatory Agency (les)			$\checkmark$	
Additional Comments: (provide on additional sheet if needed)				

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		Control of the contro		
Organization/Firm Name providing reference:				
Memorial Health System				3
Contact Name: Douglas Zaren, FACHE T	itle: CEO of MF	1110	rence date:	01/23/2018
Contact Email: dzaren@mhs.net		Con	tact Phone: g	54-518-5003
Name of Referenced Project: Memorial Sout	h including Des	gn of New Me	morial Reha	b Institute
Contract No. Date Services		nt	Project An	nount: Million
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again?   √Yes	□No If No	, please specif	y in Additiona	Comments (below),
Description of services provided by Vendor:				
Design				
<b>3</b> e3-3e.				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive			<b>√</b>	
b. Accuracy			N.	
c. Deliverables			$\checkmark$	
<ol><li>Vendor's Organization;</li></ol>			[7]	
Staff expertise	H	H		H
b. Professionalism	H	$\vdash$	Y.	H
c. Turnover			[▼]	
3. Timeliness of:				
	H	H	V	H
a. Project			1	
a. Project			$\checkmark$	
a. Project b. Deliverables				
<ul> <li>a. Project</li> <li>b. Deliverables</li> <li>4. Project completed within budget</li> <li>5. Cooperation with:</li> <li>a. Your Firm</li> </ul>				
<ul> <li>a. Project</li> <li>b. Deliverables</li> <li>4. Project completed within budget</li> <li>5. Cooperation with:</li> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul>				
<ul> <li>a. Project</li> <li>b. Deliverables</li> <li>4. Project completed within budget</li> <li>5. Cooperation with:</li> <li>a. Your Firm</li> </ul>				

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eference for: Saltz Michelson Architects				
rganization/Firm Name providing reference	i.	Marine de la Carte	and the second second	Minimum , market and m
Memorial Healthcare System				
ontact Name: Joe Alcure (Retired)	Title: Dir. of Cons	truction Ref	erence date:	01/23/2018
ontact Email: jakourejr@aol.com		Co	ntact Phone: 9	54-347-6555
ame of Referenced Project: South Browa	rd Hospital District	Continuing	Architectural	Prof. Services
ontract No. Date Service			Project Am	nount
	to See be	low	Se	e below
culture for 18 plus	They were	e on m	y confin	Comments (bel
lease rate your experience with the eferenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
eferenced Vendor:  1. Vendor's Quality of Service	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service a. Responsive	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism	Needs	The second secon	Excellent	
eferenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise	Needs	The second secon	Excellent	
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:	Needs	The second secon	Excellent    Delta   D	
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	Needs	The second second second	Excellent  Single Singl	
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	Needs	The second second second	Excellent    Distribution   Distribu	
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	Needs	The second second second	Excellent  Similar Alpha Alpha  Similar  Similar	
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  4. Project completed within budget  5. Cooperation with:	Needs	Satisfactory	Excellent    Part   Par	
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  4. Project completed within budget  5. Cooperation with: a. Your Firm	Needs improvement	Satisfactory	ত্র জ্যের ব্যব্যব্য ব্যব্যব্	
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)	Needs improvement	Satisfactory	ত্র জ্যের ব্যব্যব্য ব্যব্যব্	
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)	Needs improvement	Satisfactory	ত্র জ্যের ব্যব্যব্য ব্যব্যব্	
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)	Needs improvement	Satisfactory	ত্র জ্যের ব্যব্যব্য ব্যব্যব্	



Reference for: Saltz Michelson	Architects				
Organization/Firm Name provid	ing reference:				
Stiles Corporation					
Contact Name: Terry Hardmo	n Tit	le: Project Ex	ecutive F	Reference date:	01/23/2018
Contact Email: Terry.Hardmon@	stiles.com		3	Contact Phone: 9	54-627-9226
Name of Referenced Project: B	ig Cypress Fa	mily Medical C	enter		
Contract No.	Date Services F	Provided:		Project An	nount:
18-18814	10/01/2014	to 11/11/	2016	\$ 8,400,04	0.00
endor's role in Project: Prim	ne Vendor 🗸	Subconsultant/S	ubcontract	or	
ould you use this vendor again		□No If No	o, please sp	ecify in Additiona	Comments (below
escription of services provide	ed by Vendor:	_			
ull architectural services.					
Please rate your experience ve ferenced Vendor:	vith the	Needs Improvement	Satisfacto	ry Excellent	Not Applicable
1. Vendor's Quality of Service	е				
a. Responsive		$\vdash$			
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>		H	H	<b>✓</b>	
2. Vendor's Organization:				<u> </u>	
a. Staff expertise				✓	
<ul> <li>b. Professionalism</li> </ul>				$\checkmark$	
c. Turnover				$\checkmark$	
3. Timeliness of:					
a. Project		님	H	V	
b. Deliverables		Ц		<b>V</b>	
4. Project completed within b	oudget			$\checkmark$	
5. Cooperation with:			2		
a. Your Firm				1	
b. Subcontractor(s)/Sul				<b>V</b>	
c. Regulatory Agency(i	es)			1 PO	$\checkmark$
	ol about if acaded)				
ditional Comments: (provide on additional	a sneet it needed)				
ditional Comments: (provide on additional	a sneet if needed)				
ditional Comments: (provide on additional		ION FOR COUNTY U	SE ONLY***		



Reference for: Saltz Michelson Architects, Inc	<b>c.</b>			
Organization/Firm Name providing reference	e:			
Q, Fit LLC				
Contact Name: John Allen	Title: Owner	Refe	rence date:	01/24/2018
Contact Email: jallen@quantumhydraulic.com	1	Con	tact Phone:	w./
Name of Referenced Project: Quantum M.				
Contract No. Date Service	es Provided:		Project Ar	mount:
02/01/201	3 to 12/07/	2016	\$ 6,800,00	00.00
Vendor's role in Project: ✓ Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? Yes	No If No	, please specif	y in Additiona	al Comments (below).
Description of services provided by Vend		the strain of the strain		
Architectural & project management thro		n.		
	-g.,,,,,,			
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
referenced Vendor:  1. Vendor's Quality of Service	miprovenient.		The wife and the second	Applicable
a. Responsive			<b>V</b>	
b. Accuracy c. Deliverables			<b>V</b>	
c. Deliverables			$\checkmark$	
2. Vendor's Organization:		T		
a. Staff expertise	H		V	
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>				
a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul> 3. Timeliness of:				
a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> 3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> 4. Project completed within budget 5. Cooperation with:				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> </ul> </li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(</li> </ul> </li> </ul>	s)			
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> </ul> </li> </ul>	s)			
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(</li> </ul> </li> </ul>				

All information provided to Broward County is subject to verification. Vandor 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:



Reference for: Saltz Michelson Architects				
Organization/Firm Name providing reference:				
Memorial Healthcare System				
	tle: V.P. Const	truction Refe	rence date:	01/23/2018
Contact Email: dschlemmer@mhs.net		Con	tact Phone:	
Name of Referenced Project: Memorial Healt	h Care System	- multiple pro	jects	
Contract No. Date Services	Provided:		Project An	nount
06/01/1990	10 Prese	nt	up to	multi-millio
Vendor's role in Project: Prime Vendor	Subconsultant/S	Subcontractor		
Nould you use this vendor again? Yes			y in Additional	Comments (below
Description of services provided by Vendor:				• • • • • • • • • • • • • • • • • • • •
3 year continuing agr	pements.	design /	mstwa	tion docu
syear continuing agi	comon.	0-014.1,0	.01701.00	
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
referenced Vendor:	Improvement			Applicable
referenced Vendor: 1. Vendor's Quality of Service	Improvement	П	X	Аррисавіе
1. Vendor's Quality of Service a. Responsive	Improvement	B	<b>A</b>	
referenced Vendor: 1. Vendor's Quality of Service	Improvement		XIXIX	
referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables	Improvement		XXXX X	
referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise	Improvement			
referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism	Improvement			
referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise	Improvement			
referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism	Improvement			
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				
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:				
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				
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  4. Project completed within budget  5. Cooperation with:				
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				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm				

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, unlindful, or incorrect statements made in support of this response may be used by the County as a basis for rejocution, resolvation 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



### SUPPLEMENTAL INFORMATION

### VENDOR REFERENCE VERIFICATION FORM - EVALUATION CRITERIA, ITEM 3

FLORIDA	dor Reference V	ermication For	m	
Broward County Solicitation No. and Title: RFP No. S2115731P1, Broward Cou	unty's MEO an	d BSO's Cri	me Lab Co	mbined Facility
Reference for: Bermello Ajamil & Partners, Inc.				
Organization/Firm Name providing reference:				
City of Pompano Beach, FL				
Contact Name: Tammy Good T	itle: Project Ma	nager II Refe	erence date:	01/22/2018
Contact Email: tammy.good1@copbfl.com		Con	tact Phone: 9	54-786-5512
Name of Referenced Project: Pompano Bea	ch Public Safety	Complex		
Contract No. Date Services			Project Am	rount:
07-930 01/01/2011	to 01/01/	2016	\$ 5,000,00	0.00
Design renovations for existing public safet		V., .		
Please rate your experience with the	y complex buildi  Needs Improvement	ng and site. Satisfactory	Excellent	Not Applicable
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service	Needs	V., .	Excellent	
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service a. Responsive	Needs	V., .	Excellent	
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service	Needs	V., .	Excellent	
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization:	Needs	V., .	Excellent  V	
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	Needs	V., .	Excellent  V	
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization:	Needs	V., .	Excellent  V V V	
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	V., .	Excellent  V V V V V V V	
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	Needs	V., .	Excellent  V V V V	
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	V., .	Excellent  V V V V V V	
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	Needs	V., .		
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  4. Project completed within budget  5. Cooperation with:	Needs	V., .		
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  4. Project completed within budget	Needs Improvement	V., .		
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  4. Project completed within budget  5. Cooperation with: a. Your Firm	Needs Improvement	V., .		
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s) c. Regulatory Agency(ies)	Needs Improvement	V., .		
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service	Needs Improvement	V., .		



# SUPPLEMENTAL INFORMATION

# VENDOR REFERENCE VERIFICATION FORM - EVALUATION CRITERIA, ITEM 3

Broward County Board of County Commissioners

Bid S2115731P1



eference for: Bermello Ajamil & Partners, Inc.				
Organization/Firm Name providing reference:			4	_
STICHTING ONROEREND	GOED	ARNBA	(SOG	(A)
Contact Name: Jahn W Ti	tle: HARRAN	Soca Refe	rence date:	Tan 24201d
Contact Name: JOHN W Ti	con 1	Con	tact Phone:	2975948139
Name of Referenced Project: Dr. Horacio E.	Oduber Hospita	L(HOH)		-17-17-1
Contract No. Date Services	Provided: 4/20	14 - ONGOING	Project Am	nount: ~ 05\$100
	to			
endor's role in Project: Prime Vendor	Subconsultant/S	Subcontractor		
/ould you use this vendor again? VYes	□No If No	o, please specif	y in Additional	Comments (below
escription of services provided by Vendor:				
	advivesh	rat rou sev	virses	
	action	no · · · · · sc·		
Please rate your experience with the	Needs	Satisfactory	Excellent	Not
	Improvement	To Discount Artist Street Art		Applicable
referenced Vendor:  1. Vendor's Quality of Service	Improvement		<b>+</b>	Applicable
1. Vendor's Quality of Service a. Responsive	Improvement		<b>₩</b>	Applicable
referenced Vendor: 1. Vendor's Quality of Service	Improvement		XXX XX	Applicable
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables	Improvement		N N	Applicable
1. Vendor's Quality of Service a. Responsive b. Accuracy	Improvement		NA N	Applicable
1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization: a. Staff expertise b. Professionalism	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	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:	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	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	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	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	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 b. Subcontractor(s)/Subconsultant(s)	Improvement		B	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	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)			B	Applicable



### SUPPLEMENTAL INFORMATION

### VENDOR REFERENCE VERIFICATION FORM - EVALUATION CRITERIA, ITEM 3

Broward County Solicitation No. and Title:	ndor Reference V	erification For	m	
RFP No. S2115731P1, Broward Co	unty's MEO an	d BSO's Cri	me Lab Co	mbined Facility
Reference for: Bermello Ajamil & Partners, Inc				
Organization/Firm Name providing reference	:			
Broward Health				
	Title: Project Ma	mager	rence date:	01/25/2018
Contact Email: RPolemeni@browardhealth.org				954.320.2870
Name of Referenced Project: Broward Hea	Ith / CDTC Maste	er Plan Expans	sion	
Contract No. Date Service			Project An	
N/A 11/11/2013	to 05/28/	2014	\$ 1,400,00	00.00
/endor's role in Project:   ✓ Prime Vendor   [	Subconsultant/S	Subcontractor		
Vould you use this vendor again? Yes	□No If No	o, please specif	y in Additiona	Comments (below).
Description of services provided by Vendo	r:			
Master Planning and Feasibility Analysis				
Please rate your experience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
referenced Aeudot.	miles o comon			
referenced Vendor:  1. Vendor's Quality of Service				
Vendor's Quality of Service     a. Responsive			V	
Vendor's Quality of Service			\ \ \ \	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization:			\ \ \ \	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization:     a. Staff expertise				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization:				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover				
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				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover      Timeliness of:				
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				
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  4. Project completed within budget  5. Cooperation with:				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm				
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  4. Project completed within budget  5. Cooperation with:				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(sc. Regulatory Agency(ies)				
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  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s c. Regulatory Agency(ies)		SE ONLY***		



	erence	For: Cartaya and Associates Architec	cts, P.A.			
-		ion/Firm Name providing reference:				
	otex					
			Title: Global Di	COLO	erence date:	01/22/2018
	tact E	director @apotonicom		Cor	ntact Phone: 4	16-675-8411
		Referenced Project: Apotex Miram	ar			
Con	tract N		and the second		Project An	
		01/01/2017	to 01/22	2/2018	\$ 100,000,	000.00
Vend	or's ro	ole in Project: Prime Vendor	Subconsultant/	Subcontractor		
Woul	d you	use this vendor again?  Yes	□No If N	lo, please speci	fy in Additional	Comments (below).
Desc	riptio	n of services provided by Vendo	r:			
The fac		ctural services for the renovation of a portion of an exti ouse equipment related to this process as well as offici or).				
		te your experience with the ed Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1.		dor's Quality of Service	П			
		Responsive Accuracy	H		<u>V</u>	H
		Deliverables			d	Ħ
2.	Ven	dor's Organization:				
		Staff expertise	H		<b>V</b>	
		Professionalism Turnover	H		<u> </u>	H
3.	Time	eliness of:				
٥.		Project		$\checkmark$		
		Deliverables		$\checkmark$		
4.	Proj	ect completed within budget		$\checkmark$		
5.		peration with:				
		Your Firm Subcontractor(s)/Subconsultant(s	, <u> </u>		V	
		Regulatory Agency(ies)			<b>✓</b>	
Additio	onal Co	mments: (provide on additional sheet if needed)				

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, resdssion 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.



Organization/Firm Name providing reference: Aveva Drug Delivery Systems  Contact Name: Brian Saponaro Title: Mechanical Designer Reference date: 02/16/2018  Contact Email: Brian.Saponaro@AvevaDDS.com Contact Phone: 954-430-3340 Ext. 3:  Name of Referenced Project: Aveva Blending Room  Contract No. Date Services Provided: Project Amount: 04/01/2017 to 09/30/2017 \$80,000.00  All Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Would you use this vendor again? Yes No If No, please specify in Additional Comments (beld Description of services provided by Vendor:  Cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report summarizing the findings plus a design solution including Architectural and MEP drawings.  Please rate your experience with the referenced Vendor: Satisfactory Excellent 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)	Reference for: Cartaya and Associates Architec	ts, P.A.			
Contact Name: Brian Saponaro Title: Mechanical Designer Reference date: 02/16/2018  Contact Email: Brian.Saponaro@AvevaDDS.com Contact Phone: 954.430.3340 Ext. 3.  Name of Referenced Project: Aveva Blending Room  Contract No. Date Services Provided: Project Amount: 04/01/2017 to 09/30/2017 \$80,000.00  (endor's role in Project: Prime Vendor Subconsultant/Subcontractor  Vould you use this vendor again? Yes No If No, please specify in Additional Comments (below Description of services provided by Vendor: Description of services provided by Vendor's Organization:  1. Vendor's Organization:  2. Vendor's Organization:  2. Vendor's Organization:  3. Timeliness of:  4. Project  5. Cooperation with:  6. Cooperation with:  7. Out Firm  8. Description of services provided:  8. Project  8. Description of services provided by Vendor:  8. Subscontractor(s)/Subconsultant(s)	Organization/Firm Name providing reference:				
Contact Email:   Brian.Saponaro@AvevaDDS.com   Contact Phone:   954-430-3340   Ext.   3	Aveva Drug Delivery Systems				
Name of Referenced Project: Aveva Blending Room  Contract No. Date Services Provided: Project Amount: 04/01/2017 to 09/30/2017 \$80,000.00  Pendor's role in Project: Prime Vendor Subconsultant/Subcontractor  Vould you use this vendor again? Yes No If No, please specify in Additional Comments (below the scription of services provided by Vendor:  Cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report ummarizing the findings plus a design solution including Architectural and MEP drawings.  Please rate your experience with the 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)	Contact Name: Brian Saponaro T	itle: Mechanical [	Designer Refe	erence date:	02/16/2018
Date Services Provided:  04/01/2017 to 09/30/2017 \$80,000.00  endor's role in Project: Prime Vendor Subconsultant/Subcontractor  /ould you use this vendor again? Yes No If No, please specify in Additional Comments (beloescription of services provided by Vendor:  cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report ummarizing the findings plus a design solution including Architectural and MEP drawings.  Please rate your experience with the Needs Improvement 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)	Brian. Oaponaro@/wevabbe		Cor	ntact Phone: 95	54-430-3340 Ext. 32
O4/01/2017 to 09/30/2017 \$80,000.00		g Room			
endor's role in Project: Prime Vendor Subconsultant/Subcontractor  //ould you use this vendor again? Yes No If No, please specify in Additional Comments (beloescription of services provided by Vendor:  Cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report furnarizing the findings plus a design solution including Architectural and MEP drawings.  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  2. Vendor's Organization:  3. Staff expertise  4. Project completed within budget  5. Cooperation with:  2. Vendor's Organization:  3. Timeliness of:  4. Project completed within budget  5. Cooperation with:  6. Ayour Firm  7. Subcontractor(s)/Subconsultant(s)	Contract No. Date Services	Provided:		Project Am	ount:
Would you use this vendor again?	04/01/2017	to 09/30/2	017	\$ 80,000.00	0
escription of services provided by Vendor:  cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report ummarizing the findings plus a design solution including Architectural and MEP drawings.  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  2. Responsive  3. Accuracy  4. Professionalism  5. Timeliness of:  6. Project  6. Project completed within budget  7. Project completed within budget  8. Satisfactory  8. Excellent  Applicable  Applicable  Applicable  Applicable  Applicable  Fixed and MEP drawings.  Not Applicable	endor's role in Project: Prime Vendor 🗸	Subconsultant/Su	bcontractor		
Pescription of services provided by Vendor: Cartaya conducted code research for a Class 1 Div. 1 Blending Suite and provided a report summarizing the findings plus a design solution including Architectural and MEP drawings.  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)	ould you use this vendor again? Yes	□No If No.	please speci	ify in Additional	Comments (belov
Please rate your experience with the referenced Vendor:    Vendor's Quality of Service					
Please rate your experience with the referenced Vendor:    Vendor's Quality of Service	artaya conducted code research for a Cla	ss 1 Div. 1 Blend	ing Suite an	d provided a r	report
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)					
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)		Needs			Not
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)		Improvement			Applicable
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. 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)	1 2			✓	
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)	b Accuracy		1		
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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)			<u></u>		
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. Deliverables		<b>V</b>		
3. Timeliness of:  a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:				
a. Project b. Deliverables  4. Project completed within budget  5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization: a. Staff expertise				
b. Deliverables  4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:     a. Staff expertise     b. Professionalism				
4. Project completed within budget  5. Cooperation with:  a. Your Firm  b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:				
5. Cooperation with: a. Your Firm b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:     a. Project				
a. Your Firm b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:     a. Project				
b. Subcontractor(s)/Subconsultant(s)	c. Deliverables  2. Vendor's Organization:     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:     a. Project     b. Deliverables				
	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				
c. Regulatory Agency(ies)	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:				
	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				
Iditional Comments: (provide on additional sheet if needed)	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)				



deference for: Cartaya and Associates Architect	ts, P.A.			
organization/Firm Name providing reference:				
City of Miramar				
contact Name: Luisa Millan T	itle: Director	Refe	rence date:	01/23/2018
contact Email:  mmillan@miramar.gov		Con	tact Phone: 9	54-602-3316
lame of Referenced Project: Miramar Police	Headquarters			
contract No. Date Services	Provided:		Project Am	nount:
3001 06/01/2014	to 06/02/	2016	\$ 23,118,9	14.00
endor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		
ould you use this vendor again?	□No If No	nlease specif	v in Additional	Comments (belo
escription of services provided by Vendor		, piodos oposii	, minimalitation	Commonto (Doio
vided architectural services for new police headquarters which include		ffice spaces for the Poli	ice Chief Assistant C	hief and command staff
nmunity policing bureau; special operations, support services and parention area, community meeting room, mechanical and electrical roo	trol officers; investigative fa	acilities; appropriate spa	aces for record keepir	ng, conference rooms,
lease rate your experience with the	Needs	Satisfactory	Excellent	Not
eferenced Vendor:	Improvement			Applicable
Vendor's Quality of Service				
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>	H		V	
c. Deliverables	H		<u></u>	H
			I W	
0 1/ 1 1 0				
Vendor's Organization:     Staff exportise				
a. Staff expertise			<b>✓</b>	
<ul><li>a. Staff expertise</li><li>b. Professionalism</li></ul>			<b>✓</b>	
<ul><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>				
<ul><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul> 3. Timeliness of:				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> 3. Timeliness of: <ul> <li>a. Project</li> </ul>				
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<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ul> 3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> 4. Project completed within budget 5. Cooperation with: <ul> <li>a. Your Firm</li> </ul>				
<ul> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> <li>3. Timeliness of: <ul> <li>a. Project</li> <li>b. Deliverables</li> </ul> </li> <li>4. Project completed within budget</li> <li>5. Cooperation with: <ul> <li>a. Your Firm</li> <li>b. Subcontractor(s)/Subconsultant(s)</li> </ul> </li> </ul>				



Broward County Solicitation No. and Title:	-4.1- 8450	-I DCOI- C::		unhimed English
RFP No. S2115731P1, Broward Cour Reference for: MOBIO ARCHITECTURE, INC.'s			me Lab Co	mbined Facility
Organization/Firm Name providing reference:	- ANTINEIN ADDE	LT. MIXICILL		
City of Miami, Office of Capital Improvemen	nts			
Contact Name: Robert Fenton Tit	tle: Sr. Project	Manage Refe	erence date:	03/08/2018
Contact Email: rfenton@miamigov.com			itact Phone: 7	86-263-2133
Name of Referenced Project: Miami Marlins F	Parking Garage	s, Surface Lo	ts, and Site I	mprovements
Contract No. Date Services I	Provided:		Project An	nount:
11/01/2009	to 04/15/	2014	\$ 75,000,0	00.00
Vendor's role in Project: Prime Vendor	Subconsultant/S	ubcontractor		
Would you use this vendor again? Yes	No If No	, please specif	y in Additiona	Comments (below).
Description of services provided by Vendor:				
MOBIO's partner Abdel F. Martel led the Leo A Daly design team fi multi-story mixed use garages for the new Miami Marlins Stadium				
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			<b>√</b>	
c. Deliverables		-	$\checkmark$	
<ol> <li>Vendor's Organization:</li> <li>a. Staff expertise</li> <li>b. Professionalism</li> <li>c. Turnover</li> </ol>			<b>√ √ √</b>	
3. Timeliness of:				
<ul><li>a. Project</li><li>b. Deliverables</li></ul>			<b>√</b>	
4. Project completed within budget			$\checkmark$	
<ul><li>5. Cooperation with:</li><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li><li>c. Regulatory Agency(ies)</li></ul>			✓ ✓ ✓	
Additional Comments: (provide on additional sheet if needed)			ï	
***THIS SECT	ION FOR COUNTY U	SE ONLY***		
Verified via: Verified by: RAC	hel Davids	Oivision:	CMD	Date: 3 20 120 18



Broward County Solicitation No. and Title: RFP No. S2115731P1, Broward Cou	nty's MEO ar	nd BSO's Cr	ime Lab Co	mbined Facil	lity
Reference for: MOBIO ARCHITECTURE, INC.					
Organization/Firm Name providing reference:					
Miami-Dade County Aviation Department (	MDAD)				
Contact Name: Enrique Perez T	itle: Chief of C			02/22/2018	
Contact Email: ESPerez@miami-airport.com			ntact Phone: 3		
Name of Referenced Project: MIA - South &	Central Termin	als BHS/CBIS	/CBRA Progr	am	
Contract No. Date Services			Project An	/Mahi	0-53
T042A 06/15/2015	to 03/16/	/2018	\$ 165,000,	000.00	Mill
Vendor's role in Project: Prime Vendor	Subconsultant/S	Subcontractor			
Would you use this vendor again? Yes	□No If N	o, please speci	fy in Additional	Comments (bel	ow).
Description of services provided by Vendor:					
Planning, Architecture, and Interior Design p	professional se	rvices			
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		<b>V</b>			
<ul><li>Vendor's Organization:</li><li>a. Staff expertise</li><li>b. Professionalism</li><li>c. Turnover</li></ul>		ンソン			
3. Timeliness of:     a. Project     b. Deliverables		<b>▽</b>			
4. Project completed within budget				V	
<ul><li>5. Cooperation with:</li><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li><li>c. Regulatory Agency(ies)</li></ul>		ンンン			
Additional Comments: (provide on additional sheet if needed)					
	ion for county u		cmo	Date: 3 23 2	018

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.



Broward County Solicitation No. and Title:				
RFP No. S2115731P1, Broward Cour	nty's MEO ar	nd BSO's Cr	ime Lab Co	mbined Facility
Reference for: MOBIO ARCHITECTURE, INC.				
Organization/Firm Name providing reference:				
BOSTWICK DESIGN PARTNERSHIP, INC				
,	tle: PRINCIPA	\ <u></u>	erence date:	02/21/2018
Contact Email: bodem@bostwickdesign.com				954-952-7586
Name of Referenced Project: MAGEE WOME	EN'S HOSPITA	L REMODELI	NG & RENC	VATIONS
Contract No. Date Services I	Provided:		Project Ar	nount:
11/01/2016	to <b>02/17</b>	/2017	\$ 5,000,00	00.00
Vendor's role in Project: Prime Vendor	Subconsultant/S	Subcontractor		
Would you use this vendor again?     Yes	□No If N	o, please specit	fy in Additiona	I Comments (below)
Description of services provided by Vendor:				
MOBIO provided architecture professional support for the renovations of approximately 15,500 S.F. of				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
<ul><li>a. Responsive</li><li>b. Accuracy</li></ul>				
c. Deliverables			$\checkmark$	
2. Vendor's Organization:				
Staff expertise     Professionalism	H			
c. Turnover			<b>√</b>	
3. Timeliness of:				
a. Project			<b>√</b>	
b. Deliverables			4	
Project completed within budget				$\checkmark$
<ol><li>Cooperation with:</li><li>a. Your Firm</li></ol>				
b. Subcontractor(s)/Subconsultant(s)	H			
c. Regulatory Agency(ies)	and the same of th			<b>√</b>
Additional Comments: (provide on additional sheet if needed)				
	ION FOR COUNTY U		0.00	3/20110
Verified via: Verified by: Note: Not	hel David:	SOY Division: _	Crno	Date: 32318



	rence for: Hisham N. Ashkouri, RA, N	ICARB AR	CADD, Inc.		
Orga	nization/Firm Name providing reference:  Mary-Lynn Landgraf US Depa	rtment of Co	mmerce,(	Office of	Textile
Con		ītle:		erence date:	14 March 2018
Con	tact Email: mll@tmo.blackberry.net		Cor	ntact Phone: 7	03-981-3914
Nam	e of Referenced Project:				
- 1	tract No. Date Services	Provided		Project Am	ount-
00.1	Date 55/1/655	to			
				Milli	ons
end	or's role in Project: Prime Vendor	]Subconsultant/S	ubcontractor		
Voul	d you use this vendor again?	□No If No	, please speci	fy in Additional	Comments (below
uni rebu	worked with Dr. Ashkouri's office, ARCADD INC, fr versities and municipal buildings to include complet uilding projects in Afghanistan and Iraq. The project	e downtown redevelo	pment plans for B	aghdad and Kabu	I for
113	se rate your experience with the renced Vendor:	Improvement	Satisfactory	Excellent	Applicable
1.	Vendor's Quality of Service				
	a. Responsive			×	
	b. Accuracy     c. Deliverables			LX.	
	c. Deliverables				
2.	Vendor's Organization:				
	a. Staff expertise     b. Professionalism	H	H		H
	c. Turnover		H		H
3.	Timeliness of: a. Project				
	b. Deliverables	F			듬
					LX
	Project completed within budget				×
4.					
4. 5.	Cooperation with:			×	
	a. Your Firm				x
	<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>				
	a. Your Firm				x
5.	<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li><li>c. Regulatory Agency(ies)</li></ul>				х
5.	<ul><li>a. Your Firm</li><li>b. Subcontractor(s)/Subconsultant(s)</li></ul>				x

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 1/29/9/19/4 8/3 Passis 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 36



Refe	erence	for: Hisham N. Ashkouri, ARC	ADD, Inc.				
Orga	anizat	ion/Firm Name providing reference:					
(	at	rof Edmonds, WA					
		lame: Patrick Doherty		C Direct Refe	erence date:	3/14/18	
Con	tact E	mail: patrick do hevty		Cor	ntact Phone:	125771-02	CI
Nam	ne of F	Referenced Project: Commercia	illastai lai la	13 11	dant 110	alth District	1 -
	tract f		Provided:	for Ver	Project Am	nount:	2
	I/A		15 to 2016		And the second of the second	n, Development	t
	Soften Park	ole in Project: Prime Vendor	Subconsultant/S	ubcontractor	400 1111110	ii, Dorolopiiloii	•
		use this vendor again? Yes	_		h, in Additional	Comments (belo	land.
		- 4		b, picase specii	y in Additional	Comments (belo	wy.
250					The state of the s		
20	Con	n of services provided by Vendor	Varivadar	al mount	tarte Co	wont play	1,
	Pere	ed concept project an	key reder	elopuen	tgite. Co	ncept plan	1/
	Pere	ed concept project an	a budge	r. '		5000	1/
Plea	Pere Udi se ra	ed concept project an	key reder	elepwew Satisfactory	Excellent	Not Applicable	1/
Plea efe	Pere vence	erings, and profest and the your experience with the door's Quality of Service	key reder	r. '		Not	1,
Plea efe	Pere vence vence a.	erings, and profest and the vour experience with the dor's Quality of Service Responsive	key reder	r. '		Not	1,
Plea efe	Pere vence vence a.	erings, and profest and the your experience with the door's Quality of Service	key reder	r. '		Not	1/
Plea efe 1.	Vence.	erings, and profest and terings, and profest and terings, and profest and terings, and profest and terings, and profest and terings and terings and terings and terings are also also also also also also also also	key reder	r. '		Not	1,
Plea efe 1.	Venden	erings, and profess merings, and profess meter of the second of the seco	key reder	r. '		Not	1,
Plea efe 1.	Venden	erings, and profest and terings, and profest and terings, and profest and terings, and profest and terings, and profest and terings and terings and terings and terings are also also also also also also also also	key reder	r. '		Not	1,
Plea efe 1.	Veno a. b. c.	erings, and profess merings, and profess meterings, and profess meterings and profess me	key reder	r. '		Not	1,
Plea efe 1.	Venda. b. c. Venda. b. c.	concept project and erings, and pro form te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization; Staff expertise Professionalism	key reder	r. '		Not	11/
Pleasefe 1.	Venue a. b. c. Venue a. b. c.	erings, and proferm te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project	key reder	r. '		Not	11/
Pleasefe 1.	Venue a. b. c. Venue a. b. c.	erings, and profess meterings, and professionalism Turnover elicited concept project and professionalism end concept project and professionalism eliness of:	key reder	r. '		Not	1,
plea efe 1.	Venue a. b. c. Time a. b.	erings, and proferm te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project	key reder	r. '		Not	1,
2. 3.	Venue a. b. c.  Venue a. b. c.  Venue a. b. c.  Proje	concept project and erings, and pro form te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within budget	key reder	r. '		Not	1,
2. 3.	Venue a. b. c.  Venue a. b. c.  Venue a. b. c.  Proje	erings, and proferm te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables	key reder	r. '		Not	1,
2. 3.	Venue a. b. c.  Venue a. b. c.  Venue a. b. c.  Proje	concept project and pro form te your experience with the ed Vendor: dor's Quality of Service Responsive Accuracy Deliverables dor's Organization: Staff expertise Professionalism Turnover eliness of: Project Deliverables ect completed within budget peration with:	key reder	r. '		Not	1,

Verified via: VERBAL VERBAL Verified by: Rachel Davidson Division: Cmb Date: 311612018

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 1/2 county as a page or 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 36.

Broward County Board of County Commissioners



#### Vendor Reference Verification Form

	erence for: Hisham N. Ashkouri, RA, No anization/Firm Name providing reference:	CARB-ARCAD	D, Inc.		
	City of South Portland, Maine				
		itle: former City	Manager Refe	rence date:	
Cor	tact Email: jeffreyj@mrra.us	-		tact Phone:	(207) 798-6512
Nar	no of Potoronged Project:	ng and preliminar	y design of new	City Hall	
Cor		Provided: est. 20			nount: \$ under \$20,000
Vend	or's role in Project: 🔻 Prime Vendor	Subconsultant/S	Subcontractor		
Wou	d you use this vendor again? XYes	□No If No	o, please specif	y in Additional	Comments (below).
Desc	ription of services provided by Vendor:	for all departments eva information, files etc., t	aluating who worked fre the need or not for conf for us to evaluate and to	quently with whom as idential space and me	velop a detailed space utilization plan nd what were the nature of shared eeting space. They then put togethe vided an exteior design concept and
	ase rate your experience with the renced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1.	Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables			x x x	
2.	Vendor's Organization: a. Staff expertise b. Professionalism c. Turnover			X X	
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)			X X	

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 1/250 min and a space of the same of the same of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County of the Brow