

Three-Question Matrix and Reference Checks
RFP No. PNC2116439P1
RFP Name: Job Order Contract (JOC) Program Consultant

Ranking	1
Firm Name	The Gordian Group, Inc.
Questions	
1. Have the vendors taken any exceptions to the County's Standard Terms and Conditions?	<p style="text-align: center;">Yes</p> <p>Software as a Service Agreement: Section 1.2; Section 3.2; Section 3.2.1; Section 3.3.3; Section 3.4; Section 6.2; Section 6.3; Section 7.1; Section 7.3; Section 13.1; Section 13.9; Section 13.19; Section 13.30; Section 13.31; Section 13.32.</p> <p>Service Level Agreement: Section 2.1.1; Section 2.1.3; Section 2.2.1; Section 2.3.1; Section 2.3.4; Section 2.5.1; Section 2.7.1; Section 2.7.4; Section 3.6; Section 4.1.1; Section 4.1.3; Section 4.1.4; Section 4.2.1; Section 4.2.6; Section 4.2.8; Section 4.3.2; Section 5.1.7; Section 6; Section 7.1.</p>
2. Do the vendors have comparable government experience?	<p>1. City of Miami;</p> <p>2. Miami-Dade County Public Schools;</p> <p>3. Pinellas County Board of County Commissioners</p>
3. Have the vendors' references been checked?	Yes (Attached)



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2116439P1 Job Order Contract (JOC) Program Consultant

Reference for: The Gordian Group

Organization/Firm Name providing reference:

City of Miami - Office of Capital Improvements

Contact Name: Hector Badia

Title: Assistant Director

Reference date: 03/27/2018

Contact Email: HBadia@miamigov.com

Contact Phone: 305-416-1206

Name of Referenced Project: Various Job Order Contracts

Contract No.

Date Services Provided:

Project Amount:

NJPA

09/15/2015

to

CURRENT

JOC System License Fee; 1.98% of the value of the work ordered

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

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

Description of services provided by Vendor:

Gordian provide services as it relates to our Job Order Contracting by managing the software and providing support and training to staff and contractors. We have also used Gordian and related contractors through the the National Joint Powers Alliance and Gordian's ezIQC program.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: X EMAIL ☐ VERBAL

Verified by: ANDY A. CAMACHO

Division: FMD

Date: 04/26/2018



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2116439P1 Job Order Contract (JOC) Program Consultant

Reference for: The Gordian Group

Organization/Firm Name providing reference:

Miami-Dade County Public Schools

Contact Name: Francis Hoar

Title: Admin. Director

Reference date: 04/02/2018

Contact Email: fhoar@dadeschools.net

Contact Phone: 3059954044

Name of Referenced Project: Professional Services Contract, Job Order Contracting "JOC"

Contract No.

Date Services Provided:

Project Amount:

N/A

12/20/2015

to

12/19/2019

\$ 550,000.00

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

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

Description of services provided by Vendor:

Develop and support a Job Order Contracting program used to execute construction projects

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

The value of the contract can vary depending on the our use of JOC. The amount entreated is the estimated amount for fees for the duration of the contract.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

PNC2116439P1 Job Order Contract (JOC) Program Consultant

Reference for: Gordian Group

Organization/Firm Name providing reference:

Pinellas County Board of County Commissioners

Contact Name: Andrew W. Pupke

Title: Director

Reference date: 03/27/2018

Contact Email: apupke@pinellascounty.org

Contact Phone: 727-464-3237

Name of Referenced Project: Job Order Contracting (JOC)

Contract No.

Date Services Provided:

Project Amount:

167-0421-CP(DF)

02/13/2018

to

02/12/2023

\$ 20,000,000.00

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

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

Description of services provided by Vendor:

Vendor provides turn-key Job Order Contracting (JOC) management. Services include maintaining pricing books and Progen software, and resolving issues between owner and contractor.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

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Division: FMD

Date: 04/25/2018