

Three-Question Matrix and Reference Checks
RFP No.: GEN2116179P1
RFP Name: Arbitrage Services

Ranking	12	13	14	15	16	17	18	19	20	21	22
Firm Name	Loop Capital Markets LLC	Merrill Lynch, Pierce, Fenner & Smith Incorporated d.b.a Bank of America Merrill	Morgan Stanley & Co. LLC	PNC Capital Markets LLC ("PNCMM")	Raymond James & Associates d.b.a Raymond James	RBC Capital Markets, LLC	Samuel A. Ramirez & Co., Inc., d.b.a Ramirez & Co., Inc.	Siebert Cisneros Shank & Co. L.L.C.	Tribal Capital Markets, LLC	UBS Financial Services Inc.	Wells Fargo Bank, N.A. Municipal Products Group
Questions											
1. 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	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS	NO EXCEPTIONS
2. Do the vendors have comparable government experience?	City of Houston New Jersey Turnpike Authority City of Tallahassee	Miami-Dade County City of Orlando Hillsborough County Aviation Authority Greater Orlando Aviation Authority	BC Board School City of Tallahassee City of Cape Coral	City of Cape Coral City of Pembroke Pines Canaveral Port Authority	City of Orlando Osceola County Greater Orlando Aviation Authority	Miami-Dade County City of Houston Greater Orlando Aviation Authority Port of Los Angeles	Miami-Dade County City of Houston City of Atlanta	Miami-Dade County Harbor Department of the City of Los Angeles State of Connecticut	State of California City of Sterling Heights, Michigan	State of Florida Bexar County City of Shreveport,	Miami-Dade County Manatee County City of Pembroke Pines Sr. Lucie County
3. Have the vendors' references been checked?	YES* (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo	YES (Completed) See attached PD Memo

* County staff verified two (2) of the three (3) references provided.
** County staff verified two (2) of the three (3) references provided.



Finance and Administrative Services Department
PURCHASING DIVISION
115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6066 • FAX 954-357-8535

DATE: August 6, 2018

TO: Evaluation Committee Members

THRU: Brenda J. Billingsley, Director of Purchasing **BRENDA BILLINGSLEY**
Digitally signed by BRENDA BILLINGSLEY
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCC, ou=PU, ou=Users, cn=BRENDA BILLINGSLEY
Date: 2018.08.06 14:46:00 -04'00'

FROM: Melissa Cuevas, Purchasing Agent **MELISSA CUEVAS**
Digitally signed by MELISSA CUEVAS
DN: dc=cty, dc=broward, dc=bc, ou=Organization,
ou=BCC, ou=PU, ou=Users, cn=MELISSA CUEVAS
Date: 2018.08.06 13:24:40 -04'00'

SUBJECT: Recommendation Memorandum
RFQ No. GEN2116442P1, Library of Bond Underwriters
Twenty two (22) Submittals

REFERENCE: (a) Procurement Code Subsection 21.83.d
(b) Procurement Code Subsection 21.30.f.5

In accordance with reference (a), the Director of Purchasing reviews all submittals for responsiveness and recommends to the Evaluation Committee her findings, which the Evaluation Committee may accept or arrive at a different conclusion. Pursuant to Procurement Code Subsection 21.8.a.65, a responsive Bidder [proposer] means a person who has submitted a bid [proposal] which conforms in all material respects to a solicitation.

The Request for Qualifications (RFQ) included three (3) responsiveness requirements, including Lobbyist Registration Certification Form, acknowledgement of "must" addenda and the Domestic Partnership Act Requirement. All proposers are recommended to be evaluated as responsive to all responsiveness requirements. There were no "Must" addenda issued for this solicitation.

In accordance with reference (b), the Evaluation Committee determines proposers' responsibility. Pursuant to Procurement Code Subsection 21.8.b.64, a responsible firm is one that has the capability in all respects to perform fully the contract requirements, and the integrity and reliability which will assure good faith performance. To assist the Evaluation Committee in this determination, information regarding Office of Economic and Small Business Development goals compliance, the "material" litigation history disclosure, financial information, State of Florida authority to conduct business, affiliated entities, proof of insurance, evidence of Registration as Broker Dealer with the Securities and Exchange Commission (SEC) and the Municipal Securities Rulemaking Board (MSRB), and Evaluation Criteria Response Form and Vendor Questionnaire Response Form responsibility requirements are provided. All proposers are recommended to be compliant to all responsibility requirements.

This solicitation does not have a Small Business Enterprise (SBE), County Business Enterprise (CBE) or Disadvantaged Business Enterprise (DBE) goal.

A draft Director of Purchasing's Recommendation Memorandum and the four (4) supporting documents from the Office of Economic and Small Business Development, the Finance and Administrative Services Department, the County Attorney's Office and the Risk Management Division were emailed to proposers with a request that, if a proposer desires to clarify any information provided in their response, they should do so in writing. All written explanations received were subsequently reviewed by staff, as applicable.

After careful review of the information provided and the solicitation's requirements, the following recommendations are provided for consideration and final determination by the Evaluation Committee:

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A. RESPONSIVENESS RECOMMENDATION

Recommendations regarding the responsiveness of proposers to the requirements are based on the solicitation's criteria:

1. Lobbyist Registration - Certification

A vendor who has retained a lobbyist(s) to lobby in connection with a competitive solicitation shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Section 1-262, Broward County Code of Ordinances.

A Lobbyist Registration Certification Form must be completed and returned upon request by the County if not included in the submittal.

<u>Name of Firm</u>	<u>Recommendation of Responsiveness</u>	<u>Remarks</u>
280 Securities LLC	Responsive	Not retained
Barclays Capital Inc., d/b/a Barclays	Responsive	Not retained
Blaylock Van, LLC	Responsive	Not retained
Citigroup Global Markets Inc.	Responsive	Not retained
Drexel Hamilton, LLC	Responsive	Not retained
Estrada Hinojosa & Company, Inc.	Responsive	Not retained
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Responsive	Retained*
Goldman Sachs & Co. LLC	Responsive	Not retained
Hilltop Securities Inc.	Responsive	Not retained
Jefferies LLC	Responsive	Not retained
J.P. Morgan Securities LLC	Responsive	Retained**
Loop Capital Markets LL	Responsive	Not retained

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Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Responsive	Not retained
Morgan Stanley & Co. LLC	Responsive	Not retained
PNC Capital Markets LLC ("PNCCM")	Responsive	Not retained
Raymond James & Associates d/b/a Raymond James	Responsive	Not retained
RBC Capital Markets, LLC	Responsive	Not retained
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Responsive	Not retained
Siebert Cisneros Shank & Co. L.L.C.	Responsive	Not retained
Tribal Capital Markets, LLC	Responsive	Not retained
UBS Financial Services Inc.	Responsive	Not retained
Wells Fargo Bank, N.A. Municipal Products Group	Responsive	Retained***

Additional Information

* First Tennessee Bank National Association d/b/a FTN Financial Capital Markets has retained Robert Szostak and Jonathan Ruth from FTN Financial Capital Markets.

** J.P. Morgan Securities LLC has retained Thomas J. Whitehouse from J.P. Morgan Securities LLC.

*** Wells Fargo Bank, N.A. Municipal Products Group has retained J. Michael Olliff and John P. Generalli from Wells Fargo Bank, NA Municipal Products Group.

2. "Must" Addenda

There was no "Must" addendum issued for this solicitation.

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3. Domestic Partnership Act

The Broward County Domestic Partnership Act (Section 16-1/2 – 157 of the Broward County Code of Ordinances, as amended) requires that, for projects where the initial contract term is more than \$100,000, that at the time of RFQ submittal, the vendor shall certify that the vendor currently complies or will comply with the requirements of the Domestic Partnership Act by providing benefits to Domestic Partners of its employees on the same basis as it provides benefits to employee's spouses.

After careful review of the information provided against the requirements of the RFQ as detailed above, the following recommendations are provided for consideration and final determination by the Evaluation Committee:

<u>Name of Firm</u>	<u>Recommendation of Responsiveness</u>	<u>Remarks</u>
280 Securities LLC	Responsive	Complies
Barclays Capital Inc., d/b/a Barclays	Responsive	Will Comply
Blaylock Van, LLC	Responsive	Complies
Citigroup Global Markets Inc.	Responsive	Complies
Drexel Hamilton, LLC	Responsive	Complies
Estrada Hinojosa & Company, Inc.	Responsive	Complies
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Responsive	Complies
Goldman Sachs & Co. LLC	Responsive	Complies
Hilltop Securities Inc.	Responsive	Complies
Jefferies LLC	Responsive	Complies
J.P. Morgan Securities LLC	Responsive	Complies
Loop Capital Markets LLC	Responsive	Complies

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Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Responsive	Complies
Morgan Stanley & Co. LLC	Responsive	Complies
PNC Capital Markets LLC ("PNCCM")	Responsive	Complies
Raymond James & Associates d/b/a Raymond James	Responsive	Complies
RBC Capital Markets, LLC	Responsive	Complies
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Responsive	Complies
Siebert Cisneros Shank & Co. L.L.C.	Responsive	Complies
Tribal Capital Markets, LLC	Responsive	Complies
UBS Financial Services Inc.	Responsive	Complies
Wells Fargo Bank, N.A. Municipal Products Group	Responsive	Complies

B. RESPONSIBILITY INFORMATION

The information provided below is intended to inform the Evaluation Committee regarding each proposer's responsibility. After careful review of the information provided and the solicitation's requirements, the following information is provided for consideration and final determination by the Evaluation Committee:

1. Office of Economic and Small Business Development Program

The Broward County Business Opportunity Act of 2012 and the Disadvantaged Business Enterprise Program Title 49 Code of Federal Regulations Part 26 establish the County's policies for participation by Small Business Enterprises (SBE), County Business Enterprises (CBE), and Federal Disadvantaged Business Enterprises (DBE's) in County contracts.

This solicitation does not have a Small Business Enterprise (SBE), County Business Enterprise (CBE) or Disadvantaged Business Enterprise (DBE) goal.

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2. Disclosure of Litigation History

The solicitation requests firms to disclose all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the vendor, any parent or subsidiary of the vendor, or any predecessor organization. It is the responsibility of each proposer to identify and disclose to the County all "material" cases. "Material" cases include cases involving work similar to the scope of work in this solicitation, professional negligence, malpractice, default, termination, suspension, poor performance, bankruptcy and business related criminal offenses. "Material" cases do not include cases that involve garnishment, auto negligence, personal injury, workers' compensation, foreclosure or a proof of claim filed by the vendor.

<u>Name of Firm</u>	<u>Responsibility Information</u>	<u>Remarks</u>
280 Securities LLC	No disclosed cases	No litigation with Broward County
Barclays Capital Inc., dba Barclays	No disclosed cases	No litigation with Broward County
Blaylock Van, LLC	No disclosed cases	No litigation with Broward County
Citigroup Global Markets Inc.	No disclosed cases	No litigation with Broward County
Drexel Hamilton, LLC	No disclosed cases	No litigation with Broward County
Estrada Hinojosa & Company, Inc.	One (1) disclosed case	No litigation with Broward County
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	No disclosed cases	No litigation with Broward County
Goldman Sachs & Co. LLC	Nine (9) disclosed cases	No litigation with Broward County
Hilltop Securities Inc.	No disclosed cases	No litigation with Broward County
Jefferies LLC	No disclosed cases	No litigation with Broward County

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J.P. Morgan Securities LLC	Two (2) disclosed cases	No litigation with Broward County
Loop Capital Markets LLC	No disclosed cases	No litigation with Broward County
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Three (3) disclosed cases	No litigation with Broward County
Morgan Stanley & Co. LLC	No disclosed cases	No litigation with Broward County
PNC Capital Markets LLC ("PNCCM")	Six (6) disclosed cases	No litigation with Broward County
Raymond James & Associates d/b/a Raymond James	No disclosed cases	No litigation with Broward County
RBC Capital Markets, LLC	Two (2) disclosed case	No litigation with Broward County
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	No disclosed cases	No litigation with Broward County
Siebert Cisneros Shank & Co. L.L.C.	No disclosed cases	No litigation with Broward County
Tribal Capital Markets, LLC	No disclosed cases	No litigation with Broward County
UBS Financial Services Inc.	One (1) disclosed case	No litigation with Broward County
Wells Fargo Bank, N.A. Municipal Products Group	No disclosed cases	No litigation with Broward County

3. Disclosure of Financial Information

The information provided is based on a review by the Finance and Administrative Services Department. Each Vendor shall submit its most recent two (2) years of financial statements for review. The financial statements are required to be audited financial statements. The annual financial statements shall be in the form of:

- i. Balance sheets, income statements and annual reports; or
- ii. Tax returns; or
- iii. SEC filings

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The disclosure of financial information by proposers is a matter of responsibility.

Reportable conditions include negative equity, net loss in its latest fiscal year and current ratios less than 1.0. Debt to Equity is a measure of a company's financial leverage calculated by dividing its total liabilities by stockholders' equity. This ratio provides the relative proportion of the firm's equity and debt used to finance assets. The current ratio is calculated by dividing current assets by current liabilities, with a ratio of 1.0 or higher generally indicates a firm can meet its financial obligations in a timely manner. Please note, the financial statements provided by all vendors did not break out current assets and current liabilities, therefore, the current ratios could not be calculated. Furthermore, a reportable condition is not necessarily indicative of a firm's inability to perform but may be one of many factors the Committee considers in its evaluation.

Refer to attached Financial Review Memorandum for full details.

Additional Information:

On August 3, 2018 in response to the Purchasing Director' Draft Memorandum, Raymond James & Associates d/b/a Raymond James noted an error in their financial data. Attached is the corrected Financial Review Memorandum.

On August 6, 2018 in response to the Purchasing Director' Draft Memorandum, Morgan Stanley & Co. LLC noted an error in their financial comment section. The sentence was corrected in the attached Financial Review Memorandum.

4. Authority to Conduct Business in Florida

A Florida corporation or partnership is required to provide evidence with its response that the firm is authorized to transact business in Florida and is in good standing with the Florida Department of State. If not with its response, such evidence must be submitted to the County upon request by the County.

<u>Name of Firm</u>	<u>Responsibility Information</u>	<u>Remarks</u>
280 Securities LLC	Provided Registration Number	Authorized/Good Standing
Barclays Capital Inc., d/b/a Barclays	Provided Registration Number	Authorized/Good Standing
Blaylock Van, LLC	Provided Registration Number	Authorized/Good Standing
Citigroup Global Markets Inc.	Provided Registration Number	Authorized/Good Standing
Drexel Hamilton, LLC	Provided Registration Number	Authorized/Good Standing
Estrada Hinojosa & Company, Inc.	Provided Registration Number	Authorized/Good Standing
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Did not provide Registration* Number	
Goldman Sachs & Co. LLC	Provided Registration Number	Authorized/Good Standing

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Hilltop Securities Inc.	Provided Registration Number	Authorized/Good Standing
Jefferies LLC	Provided Registration Number	Authorized/Good Standing
J.P. Morgan Securities LLC	Provided Registration Number	Authorized/Good Standing
Loop Capital Markets LLC	Provided Registration Number	Authorized/Good Standing
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Provided Registration Number	Authorized/Good Standing
Morgan Stanley & Co. LLC	Provided Registration Number	Authorized/Good Standing
PNC Capital Markets LLC ("PNCCM")	Provided Registration Number	Authorized/Good Standing
Raymond James & Associates d/b/a Raymond James	Provided Registration Number	Authorized/Good Standing
RBC Capital Markets, LLC	Provided Registration Number	Authorized/Good Standing
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Provided Registration Number	Authorized/Good Standing
Siebert Cisneros Shank & Co. L.L.C.	Provided Registration Number	Authorized/Good Standing
Tribal Capital Markets, LLC	Provided Registration Number	Authorized/Good Standing
UBS Financial Services Inc.	Provided Registration Number	Authorized/Good Standing
Wells Fargo Bank, N.A. Municipal Products Group	Provided Registration Number	Authorized/Good Standing

Additional Information:

* First Tennessee Bank National Association d/b/a FTN Financial Capital Markets did not provide certification indicating the firm is in good standing with Florida Department of State, Division of Corporations. FTN Financial Capital Markets indicates that is a division of First Tennessee Bank National Association (FTB), a national bank chartered with the Office of the Comptroller of the Currency (OCC). As a bank dealer registered with the OCC, pursuant to 15 USC § 78, FTN Financial Capital Markets is allowed to engage in the securities brokerage business in all fifty states and is not required to register individually in each state where it conducts business.

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State banking laws requiring registration to conduct business in a state are pre-empted by federal laws for national banks. First Tennessee Bank National Association d/b/a FTN has obtained all appropriate authorizations from the OCC to conduct its banking business in each state.

5. Affiliated Entities of the Principal(s)

All Vendors are required to disclose the names and addresses of “affiliated entities” of the Vendor’s principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. “Affiliated entities” of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity. An Affiliated Entities Certification Form was included in the solicitation and must be completed and returned upon request by the County, if not included in the original response.

<u>Name of Firm</u>	<u>Responsibility Information</u>	<u>Remarks</u>
280 Securities LLC	Provided	No Affiliates
Barclays Capital Inc., d/b/a Barclays	Provided	No Affiliates
Blaylock Van, LLC	Provided	No Affiliates
Citigroup Global Markets Inc.	Provided	No Affiliates
Drexel Hamilton, LLC	Provided	No Affiliates
Estrada Hinojosa & Company, Inc.	Provided	No Affiliates
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Provided	No Affiliates
Goldman Sachs & Co. LLC	Provided	Has Affiliates*
Hilltop Securities Inc.	Provided	No Affiliates
Jefferies LLC	Provided	No Affiliates
J.P. Morgan Securities LLC	Provided	No Affiliates
Loop Capital Markets LLC	Provided	No Affiliates

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Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Provided	Has Affiliates**
Morgan Stanley & Co. LLC	Provided	No Affiliates
PNC Capital Markets LLC ("PNCCM")	Provided	Has Affiliates***
Raymond James & Associates d/b/a Raymond James	Provided	No Affiliates
RBC Capital Markets, LLC	Provided	Has Affiliates****
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Provided	No Affiliates
Siebert Cisneros Shank & Co. L.L.C.	Provided	No Affiliates
Tribal Capital Markets, LLC	Provided	No Affiliates
UBS Financial Services Inc.	Provided	No Affiliates
Wells Fargo Bank, N.A. Municipal Products Group	Provided	No Affiliates*****

Additional Information

* Refer to attached Significant Subsidiaries of the Registrant document to view Goldman Sachs & Co. LLC affiliated entities.

**Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch disclosed Bank of America Corporation, NB Holdings Corporation and BAC North America Holding Company as affiliated entities.

*** PNC Capital Markets LLC ("PNCCM") disclosed The PNC Financial Services Group, Inc. and PNC Bank, National Association as affiliated entities.

**** RBC Capital Markets, LLC disclosed Royal Bank of Canada as affiliated entity.

*****Wells Fargo Bank, N.A. Municipal Products Group disclosed Wells Fargo Bank, NA Government Banking as affiliated entity.

6. Insurance Requirements

The solicitation indicated the insurance requirements deemed necessary for this project. It is not necessary to have this level of insurance in effect at the time of submittal, but it is necessary to submit certificates indicating that the firm currently carries the insurance or the vendor needs to submit a letter from the carrier indicating upgrade availability.

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<u>Name of Firm</u>	<u>Responsibility Information</u>	<u>Remarks</u>
280 Securities LLC	Provided	Compliant
Barclays Capital Inc., d/b/a Barclays	Provided	Compliant
Blaylock Van, LLC	Provided	Compliant
Citigroup Global Markets Inc.	Provided	Compliant
Drexel Hamilton, LLC	Provided	Compliant
Estrada Hinojosa & Company, Inc.	Provided	Compliant
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Provided	Compliant
Goldman Sachs & Co. LLC	Provided	Compliant
Hilltop Securities Inc.	Provided	Compliant
Jefferies LLC	Provided	Compliant
J.P. Morgan Securities LLC	Provided	Compliant
Loop Capital Markets LLC	Provided	Compliant
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Provided	Compliant
Morgan Stanley & Co. LLC	Provided	Compliant
PNC Capital Markets LLC ("PNCCM")	Provided	Compliant

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Raymond James & Associates d/b/a Raymond James	Provided	Compliant
RBC Capital Markets, LLC	Provided	Compliant
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Provided	Compliant
Siebert Cisneros Shank & Co. L.L.C.	Provided	Compliant
Tribal Capital Markets, LLC	Provided	Compliant
UBS Financial Services Inc.	Provided	Compliant
Wells Fargo Bank, N.A. Municipal Products Group	Provided	Compliant

7. Licensing Requirements

The RFQ solicitation document stated that in order to be considered a responsible Vendor for the scope of service, the Vendor shall be a Registered Broker Dealer with the SEC and the MSRB, at the time of submittal.

<u>Name of Firm</u>	<u>Responsibility Information</u>	<u>Remarks</u>
280 Securities LLC	Provided	Compliant
Barclays Capital Inc., d/b/a Barclays	Provided	Compliant
Blaylock Van, LLC	Provided	Compliant
Citigroup Global Markets Inc.	Provided	Compliant
Drexel Hamilton, LLC	Provided	Compliant
Estrada Hinojosa & Company, Inc.	Provided	Compliant
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Provided	Compliant
Goldman Sachs & Co. LLC	Provided	Compliant
Hilltop Securities Inc.	Provided	Compliant

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Jefferies LLC	Provided	Compliant
J.P. Morgan Securities LLC	Provided	Compliant
Loop Capital Markets LLC	Provided	Compliant
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Provided	Compliant
Morgan Stanley & Co. LLC	Provided	Compliant
PNC Capital Markets LLC ("PNCCM")	Provided	Compliant
Raymond James & Associates d/b/a Raymond James	Provided	Compliant
RBC Capital Markets, LLC	Provided	Compliant
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Provided	Compliant
Siebert Cisneros Shank & Co. L.L.C.	Provided	Compliant
Tribal Capital Markets, LLC	Provided	Compliant
UBS Financial Services Inc.	Provided	Compliant
Wells Fargo Bank, N.A. Municipal Products Group	Provided	Compliant

8. Evaluation Criteria Response Form and Vendor Questionnaire Response Form

The solicitation required all vendors to complete the Evaluation Criteria Response Form and Vendor Questionnaire Response Form.

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<u>Name of Firm</u>	<u>Responsibility Information</u>
280 Securities LLC	Provided
Barclays Capital Inc., d/b/a Barclays	Provided
Blaylock Van, LLC	Provided
Citigroup Global Markets Inc.	Provided
Drexel Hamilton, LLC	Provided
Estrada Hinojosa & Company, Inc.	Provided
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Provided
Goldman Sachs & Co. LLC	Provided
Hilltop Securities Inc.	Provided
Jefferies LLC	Provided
J.P. Morgan Securities LLC	Provided
Loop Capital Markets LLC	Provided
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Provided
Morgan Stanley & Co. LLC	Provided
PNC Capital Markets LLC ("PNCCM")	Provided

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Raymond James & Associates d/b/a Raymond James	Provided
RBC Capital Markets, LLC	Provided
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Provided
Siebert Cisneros Shank & Co. L.L.C.	Provided
Tribal Capital Markets, LLC	Provided*
UBS Financial Services Inc.	Provided
Wells Fargo Bank, N.A. Municipal Products Group	Provided

Additional Information

*Tribal Capital Markets, LLC provided their Evaluation Criteria Response Form and Vendor Questionnaire Form. However, failed to answer questions 2, 3.a and 3.b regarding Project Approach, Past Performance, and Experience.

C. REFERENCES

The solicitation's Evaluation Criteria – Past Performance Criteria, Page 21, Question 3, request that a minimum of three (3) non-Broward County Board of County Commissioner's references be provided for previous experience and projects. Attached are the references as verified by County staff.

The references listed below were not able to be verified by County staff:

<u>Name of Firm</u>	<u>Organization/Firm Name providing reference</u>	<u>Status</u>
Loop Capital Markets LLC	New Jersey Turnpike Authority	Unverified *
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	City of Atlanta, Georgia	Unverified **

Additional Information:

*County staff verified two (2) of the three (3) references provided.

** County staff verified two (2) of the three (3) references provided.

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D. PERFORMANCE EVALUATIONS

The Broward County Purchasing Division Contracts Central indicates evaluation scores for the proposing firms previously awarded contracts. Completed performance evaluations may be provided upon request.

Attached are Contracts Central performance evaluation history for each vendor, as applicable, including evaluation type (renewal, goals compliance, or final) and recommendation for future contracts (yes, no, or conditional). If a firm has periodic evaluations, it will be listed separately.

E. CONE OF SILENCE VIOLATIONS

The Cone of Silence for this procurement has been in effect since May 14, 2018 which prohibits potential vendors from discussing this solicitation with the Evaluation Committee, the County Administrator, Deputy County Administrator, Assistant County Administrator, Assistants to the County Administrator, their respective support staff, and any other person authorized to evaluate or recommend selection in this procurement process.

Upon the first meeting of the Evaluation Committee, the Cone of Silence expands to also include County Commissioners and their staff. Potential vendors and their representatives are substantially restricted from communicating with County Commissioners and their staff regarding this procurement as stated in the Cone of Silence Ordinance.

After application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation. Vendors are required to certify that they have read, understand and will comply with the Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances.

The following is a report of the proposers' Cone of Silence violations:

<u>Name of Firm</u>	<u>Remarks</u>	<u>Violations</u>
280 Securities LLC	Will Comply	None
Barclays Capital Inc., d d/b/a Barclays	Will Comply	None
Blaylock Van, LLC	Will Comply	None
Citigroup Global Markets Inc.	Will Comply	None
Drexel Hamilton, LLC	Will Comply	None
Estrada Hinojosa & Company, Inc.	Will Comply	None
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Will Comply	None
Goldman Sachs & Co. LLC	Will Comply	None

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Hilltop Securities Inc.	Will Comply	None
Jefferies LLC	Will Comply	None
J.P. Morgan Securities LLC	Will Comply	None
Loop Capital Markets LLC	Will Comply	None
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Will Comply	None
Morgan Stanley & Co. LLC	Will Comply	None
PNC Capital Markets LLC ("PNCCM")	Will Comply	None
Raymond James & Associates d/b/a Raymond James	Will Comply	None
RBC Capital Markets, LLC	Will Comply	None
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Will Comply	None
Siebert Cisneros Shank & Co. L.L.C.	Will Comply	None
Tribal Capital Markets, LLC	Will Comply	None
UBS Financial Services Inc.	Will Comply	None
Wells Fargo Bank, N.A. Municipal Products Group	Will Comply	None

F. VOLUME OF PREVIOUS WORK - EVALUATION CRITERIA AND/OR TIE BREAK CRITERIA

The volume of work for each of the proposing firms is as follows:

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<u>Name of Firm</u>	<u>Proposer Reported</u>	<u>County Estimated</u>
280 Securities LLC	\$0	\$0
Barclays Capital Inc., d/b/a Barclays	\$0	\$0
Blaylock Van, LLC	\$0	\$0
Citigroup Global Markets Inc.	\$856,181.50	\$856,160
Drexel Hamilton, LLC	\$0	\$0
Estrada Hinojosa & Company, Inc.	\$34,756.80	\$40,869
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	\$0	\$0
Goldman Sachs & Co. LLC	\$0	\$0
Hilltop Securities Inc.	\$0	\$0
Jefferies LLC	\$332,967	\$333,023
J.P. Morgan Securities LLC	\$1,974,852	\$1,033,013*
Loop Capital Markets LLC	\$0	\$0
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	\$168,105.75	\$168,106
Morgan Stanley & Co. LLC	\$513,070	\$532,340
PNC Capital Markets LLC ("PNCCM")	\$0	\$0
Raymond James & Associates d/b/a Raymond James	\$1,241,303	\$1,284,170

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RBC Capital Markets, LLC	\$1,411,215	\$1,422,065
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	\$542,902.93	\$542,903
Siebert Cisneros Shank & Co. L.L.C.	\$883,583	\$883,935
Tribal Capital Markets, LLC	\$0	\$0
UBS Financial Services Inc.	\$0	\$0
Wells Fargo Bank, N.A. Municipal Products Group	\$0	\$0

Additional Information

* Represents total compensation for all underwriters on deal.

G. LOCAL PREFERENCE

A vendor is eligible to be considered a local business for Local Preference purposes if it has a physical business address located within the limits of Broward County. The vendor must provide a valid business tax receipt issued by Broward County at least one (1) year prior to bid or proposal opening.

The results are as follows:

<u>Name of Firm</u>	<u>Eligibility</u>	<u>Broward County Tax Receipt</u>
280 Securities LLC	Not Eligible	Not Provided
Barclays Capital Inc., d/b/a Barclays	Not Eligible	Not Provided
Blaylock Van, LLC	Not Eligible	Not Provided
Citigroup Global Markets Inc.	Not Eligible	Not Provided
Drexel Hamilton, LLC	Not Eligible	Not Provided
Estrada Hinojosa & Company, Inc.	Not Eligible	Not Provided

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First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Not Eligible	Not Provided
Goldman Sachs & Co. LLC	Not Eligible	Not Provided
Hilltop Securities Inc.	Not Eligible	Not Provided
Jefferies LLC	Not Eligible	Not Provided
J.P. Morgan Securities LLC	Not Eligible	Not Provided
Loop Capital Markets LLC	Not Eligible	Not Provided
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Eligible	Provided
Morgan Stanley & Co. LLC	Eligible	Provided
PNC Capital Markets LLC ("PNCCM")	Eligible	Provided
Raymond James & Associates d/b/a Raymond James	Eligible	Provided
RBC Capital Markets, LLC	Eligible	Provided
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Not Eligible	Not Provided
Siebert Cisneros Shank & Co. L.L.C.	Eligible	Provided when requested
Tribal Capital Markets, LLC	Not Eligible	Not Provided
UBS Financial Services Inc.	Eligible	Provided when requested
Wells Fargo Bank, N.A. Municipal Products Group	Not Eligible	Not Provided

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H. LOCATION - TIE BREAKER

A Vendor located within Broward County is eligible for the Location Tie Breaker. The County requires a copy of the Broward County Business Tax receipt for a period of time of at least six (6) months prior to the solicitation deadline and it must be provided with its initial submittal.

The results are as follows:

<u>Name of Firm</u>	<u>Eligibility</u>	<u>Broward County Tax Receipt</u>
280 Securities LLC	Not Eligible	Not Provided
Barclays Capital Inc., d/b/a Barclays	Not Eligible	Not Provided
Blaylock Van, LLC	Not Eligible	Not Provided
Citigroup Global Markets Inc.	Not Eligible	Not Provided
Drexel Hamilton, LLC	Not Eligible	Not Provided
Estrada Hinojosa & Company, Inc.	Not Eligible	Not Provided
First Tennessee Bank National Association d/b/a FTN Financial Capital Markets	Not Eligible	Not Provided
Goldman Sachs & Co. LLC	Not Eligible	Not Provided
Hilltop Securities Inc.	Not Eligible	Not Provided
Jefferies LLC	Not Eligible	Not Provided
J.P. Morgan Securities LLC	Not Eligible	Not Provided
Loop Capital Markets LLC	Not Eligible	Not Provided
Merrill Lynch, Pierce, Fenner & Smith Incorporated d/b/a Bank of America Merrill Lynch	Eligible	Provided
Morgan Stanley & Co. LLC	Eligible	Provided

Recommendation Memorandum
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PNC Capital Markets LLC ("PNCCM")	Eligible	Provided
Raymond James & Associates d/b/a Raymond James	Eligible	Provided
RBC Capital Markets, LLC	Eligible	Provided
Samuel A. Ramirez & Co., Inc., d/b/a Ramirez & Co., Inc.	Not Eligible	Not Provided
Siebert Cisneros Shank & Co. L.L.C.	Eligible	Provided when requested
Tribal Capital Markets, LLC	Not Eligible	Not Provided
UBS Financial Services Inc.	Eligible	Provided when requested
Wells Fargo Bank, N.A. Municipal Products Group	Not Eligible	Not Provided

Attachments

1. Vendor Reference Verifications
2. Vendor Performance Evaluations

c: Bob Melton, County Auditor, Office of the County Auditor
Lori Fortenberry, Investment and Finance Coordinator, Finance and Administrative Services Department
(Project Manager)
Martha Perez-Garviso, Purchasing Manager, Purchasing Division, Finance and Administrative Services
Department
Glenn Miller, Assistant County Attorney, Office of the County Attorney
Fernando Amuchastegui, Assistant County Attorney, Office of the County Attorney

BJB/mc/mm



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: TOM LOCKARD / 280 SECURITIES

Organization/Firm Name providing reference:
PORT OF SAN FRANCISCO

Contact Name: ELAINE FORBES Title: Executive Director Reference date: 05/24/2018

Contact Email: elaine.forbes@sfport.com Contact Phone: 415-274-0445

Name of Referenced Project: 2014 REVENUE BONDS

Contract No. _____ Date Services Provided: _____ Project Amount: _____
09/01/2014 to 05/29/2014 \$ 21,000,000.00

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:

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/5/18

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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Tom Lockard, 280 Securities**

Organization/Firm Name providing reference:
City and County of San Francisco

Contact Name: **Nadia Sesay** Title: **Executive Director** Reference date: **05/24/2018**

Contact Email: **nadia.f.sesay@sfgov.org** Contact Phone: **(415) 749-2458**

Name of Referenced Project: **Variety of City and Redevelopment Agency Projects**

Contract No. _____ Date Services Provided: **01/01/2000** to **03/01/2014** Project Amount: _____

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:

Advisor and bond underwriter for the Mission Bay and Hunters Point public infrastructure projects in addition to lease financings for various municipal facilities.

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: **Anna Owens** Division: **FASD** Date: **7/23/18**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Tom Lockard

Organization/Firm Name providing reference:
City of Fairfield, CA

Contact Name: Robert Leland Title: Finance Director Reference date: 05/23/2018

Contact Email: robert.clark.leland@gmail.com Contact Phone: 530-219-5812

Name of Referenced Project: various projects over 25 years in excess of \$100M

Contract No. various Date Services Provided: 01/03/1985 to 12/30/2010 Project Amount:

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:

bond underwriting and financial advisory services provided by Tom Lockard of Stone and Youngberg to the City of Fairfield, CA

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Tom has the highest level of integrity, capital markets expertise and customer service. I trust Tom completely and recommend him very highly.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Barclays' Work on Miami-Dade County Water and Sewer**

Organization/Firm Name providing reference:
Miami-Dade County Bond Administration Department

Contact Name: **Arlesa Wood** Title: **Director, Bond Adm** Reference date: **12/13/2017**

Contact Email: **Arlesa.Wood@miamidade.gov** Contact Phone: **305-375-2275**

Name of Referenced Project: **Miami-Dade County Water and Sewer Commercial Paper and Series 2017**

Contract No. **N/A** Date Services Provided: **05/17/2016 to 05/16/2018** Project Amount: **\$ 1,129,380,000.00**

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:

Barclays is the letter of credit provider and dealer for \$200 million of the Department's \$400 million ongoing commercial paper program. Barclays also served as Co-Sr Manager on Series 2017 AB new money and refunding bonds in December 2017. The Series 2017 AB bonds were issued to refund commercial paper outstanding at the time and to refund Series 2010A bonds for savings.

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for:

Organization/Firm Name providing reference:

Texas Department of Transportation

Contact Name: **Jennifer Wright** Title: **Debt Director** Reference date: **05/29/2018**

Contact Email: **jennifer.wright@txdot.gov** Contact Phone: **512-463-8946**

Name of Referenced Project: **Texas Mobility Fund, General Obligation Refunding Bonds, Series**

Contract No. Date Services Provided: Project Amount:
08/01/2016 to 02/01/2017 \$ 770,155,000.00

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:

Participate in all financing activities including working group meetings, investor meetings, rating agency meetings and acting as the book-running senior manager for the transaction

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Barclays**

Organization/Firm Name providing reference:
Los Angeles World Airports

Contact Name: **Nerida Esguerra** Title: **Finance Division Manager** Reference date: **05/21/2018**

Contact Email: **nesguerra@lawa.org** Contact Phone: **424-646-5253**

Name of Referenced Project: **Los Angeles International Airport, Subordinate Revenue Bonds, Series**

Contract No. **Vendor #109711** Date Services Provided: **11/01/2017 to 03/15/2018** Project Amount: **\$ 426,475,000.00**

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:

Investment banking services for airport revenue bond financings which includes the pricing and marketing of fixed rate bonds.

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/2/18**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Blaylock Van, LLC**

Organization/Firm Name providing reference:
Board of Regents of the University of North Texas

Contact Name: **James Mauldin, CPA, C** Title: **Associate Vice Chair** Reference date: **05/31/2018**

Contact Email: **James.Mauldin@untsystem.edu** Contact Phone: **214-243-1768**

Name of Referenced Project: **Revenue Financing System Refunding and Improvement Bonds, Series**

Contract No. _____ Date Services Provided: **01/31/2017** to **01/31/2017** Project Amount: **\$ 196,165,000.00**

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:

Co-Managing Underwriter

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Blaylock Van, LLC

Organization/Firm Name providing reference:
City of Oakland

Contact Name: Katano Kassaine *KLC* Title: Director of Finance Reference date: May 25, 2018

Contact Email: kkasaine@oaklandnet.com Contact Phone: (510) 238-2989

Name of Referenced Project: Oakland Joint Powers Financing Authority Lease Revenue Refunding +

Contract No. _____ Date Services Provided: February 2018 to May 2018 Project Amount: \$60,025,000

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

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

Description of services provided by Vendor:
Co-Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Blaylock Van, LLC**

Organization/Firm Name providing reference:
Metropolitan Transportation Authority

Contact Name: **Patrick McCoy** Title: **Director of Finance** Reference date: **05/30/2018**

Contact Email: **pmccoy@mtahq.org** Contact Phone: **(212)878-7183**

Name of Referenced Project: **Transportation Revenue Refunding Green Bonds, Series 2017B**

Contract No. Date Services Provided: Project Amount:
06/07/2017 to 09/27/2017 \$ 662,025,000.00

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:

Served as one of the Co-Senior Managers (there were 3 in total) in the underwriting syndicate for the municipal bond transaction.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Citigroup Global Markets Inc.

Organization/Firm Name providing reference:
Hillsborough County Aviation Authority

Contact Name: Damian Brooke Title: Vice President, Firm Reference date: 05/30/2018

Contact Email: dbrooke@tampairport.com Contact Phone: (813) 870-8748

Name of Referenced Project: Customer Facility Charge Revenue Bonds, 2015 Series A&B

Contract No. _____ Date Services Provided: 06/30/2014 to 09/03/2015 Project Amount: \$383,325,000

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

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

Description of services provided by Vendor:

Senior Managing Underwriter on the 2015 Series A&B Customer Facility Charge Revenue Bonds

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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)

HCAA was very happy with the performance of the Citi team on the Authority's new money issue of CFC Bonds in 2015, so much so that the Authority recently selected Citi as the lead underwriter on TPA's upcoming \$650 million new money issue scheduled for October 2018. The Citi team was well prepared and very professional in its approach and we look forward to working with them again.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Citigroup Global Markets Inc.

Organization/Firm Name providing reference:
The School Board of Broward County, Florida

Contact Name: Ivan Perrone Title: Treasurer Reference date:
Contact Email: ivan.perrone@browardschools.com Contact Phone: (754) 321-1980

Name of Referenced Project: Certificates of Participation, Series 2015 A&B

Contract No. Date Services Provided: Project Amount:
11/11/2014 to 2/11/2015 \$423,165,000

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

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

Description of services provided by Vendor:

Senior Managing Underwriter on the Series 2015A&B COPs

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Citigroup Global Markets Inc.

Organization/Firm Name providing reference:
City of Fort Lauderdale, Florida

Contact Name: Lee Feldman Title: City Manager Reference date: 05/21/2018

Contact Email: lfeldman@fortlauderdale.gov Contact Phone: (954) 828-5013

Name of Referenced Project: Taxable Special Obligation Bonds, Series 2012

Contract No. Date Services Provided: Project Amount:
08/20/2012 to 10/03/2012 \$337,755,000

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

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

Description of services provided by Vendor:

Senior Managing Underwriter on the Series 2012 Taxable Special Obligation Bonds

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

Extremely professional, knowledgeable and committed to excellence.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: **Drexel Hamilton, LLC**

Organization/Firm Name providing reference:

Miami-Dade County

Contact Name: **Arlesa Wood**

Title: **Director**

Reference date: **05/31/2018**

Contact Email: **arlesa.wood@miamidade.gov**

Contact Phone: **305-375-2275**

Name of Referenced Project: **Underwriting Services**

Contract No.

Date Services Provided:

Project Amount:

RFQ. No. 751

05/13/2011 to 05/31/2018

2.7 Billion

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:

Co-Senior Manager and Co-Manager

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Drexel Hamilton LLC**

Organization/Firm Name providing reference:
New York City Comptroller's Office

Contact Name: **Carol S. Kostik** Title: **Deputy Comptroller** Reference date: **06/01/2018**

Contact Email: **ckostik@comptroller.nyc.gov** Contact Phone: **212/669-8334**

Name of Referenced Project: **New York City General Obligation Bonds and TFA Bond programs**

Contract No.	Date Services Provided:	Project Amount:
not applicable	05/05/2016 to 06/01/2018	\$ 17,500,000,000.00

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:

Drexel Hamilton is a Senior Co-Manager in underwriting syndicate for these two large bond programs with total issuance of approximately \$17.5 billion since May 2016. They actively support our bond sales through very substantial orders in our retail order period as well as priority orders from institutions. We also find them an excellent source of market insight and advice.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input 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)

Drexel Hamilton "punches above its weight" and is a valuable member of bond underwriting syndicate. Separately, they are Financial Advisor to another City credit (New York Water) so we are familiar with their bond pricing capabilities. They have been excellent at reading the market and the order book and we have great confidence in their judgment and advice.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Drexel Hamilton, LLC**

Organization/Firm Name providing reference:
Metropolitan Transportation Authority

Contact Name: **Patrick McCoy** Title: **Director of Finance** Reference date: **05/30/2018**

Contact Email: **pmccoy@mtahq.org** Contact Phone: **(212)878-7183**

Name of Referenced Project: **Transportation Revenue Refunding Green Bonds, Series 2017B**

Contract No. Date Services Provided: Project Amount:
06/07/2017 to 09/27/2017 \$ 662,025,000.00

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:

Served as one of the Co-Senior Managers (there were 3 in total) in the underwriting syndicate for the municipal bond transaction.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Estrada Hinojosa & Company, Inc.

Organization/Firm Name providing reference:

Miami- Dade County

Contact Name: Arlesa Wood

Title: Director

Reference date: 5/21/2018

Contact Email: Arlesa.Wood@miamidade.gov

Contact Phone: (305) 375-5147

Name of Referenced Project: Underwriting Services

Contract No.

Date Services Provided:

Project Amount:

RFQ. No. 751

1992 to Present

\$ 31,600,000.00

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:

Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: _____ Date: 7/10/2018

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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Estrada Hinojosa & Company, Inc.

Organization/Firm Name providing reference:

Collin County

Contact Name: Monika Arris Title: Budget Director Reference date: 5/24/2018

Contact Email: marris@collincountytx.gov Contact Phone: (972) 424-1460

Name of Referenced Project:

Contract No. Date Services Provided: Project Amount:
2012 to Present

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:

Underwriter for multiple bond sales

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/19/2018

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Estrada Hinojosa & Company, Inc.

Organization/Firm Name providing reference:
City of Miami Beach

Contact Name: Vivian Parks Title: Financial Analyst III Reference date: 5/21/2018

Contact Email: vivianparks@miamibeachfl.gov Contact Phone: (305) 673-7466

Name of Referenced Project: Underwriting Services

Contract No. Date Services Provided: Project Amount:
2005, 2011, 2015 to Present

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:

Estrada Hinojosa & Company has provided municipal underwriting services for the City of Miami Beach for the following transactions:
Taxable Special Obligations Refunding Bonds, Series 2005 \$53,030,000
General Obligation Refunding Bonds, Series 2011 \$34,940,000
Parking Revenue Bonds, Series 2015 \$58,825,000
Stormwater Revenue and Revenue Refunding Bonds, Series 2017 \$156,550,000

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **FTN Financial Capital Markets**

Organization/Firm Name providing reference:
Nassau County, NY

Contact Name: **Eric Naughton** Title: **Deputy County Executive** Reference date: **05/31/2018**

Contact Email: **Eric.Naughton@suffolkcountyny.gov** Contact Phone: **(631)853-6653**

Name of Referenced Project: **Series 2017 County TANs and BANs**

Contract No. Date Services Provided: Project Amount:
11/01/2017 to 12/12/2017 \$ 472,710,000.00

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:

Developed financing ideas, participated on all working group calls, reviewed documents, developed credit rating strategy and marketed the securities

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **FTN Financial Capital Markets**

Organization/Firm Name providing reference:
Union County, North Carolina

Contact Name: **Jeff Yates** Title: **Exec. Director of Ac** Reference date: **05/31/2018**

Contact Email: **jeffrey.yates@unioncountync.gov** Contact Phone: **704.283.3631**

Name of Referenced Project: **Union County, NC Unlimited TAX GO Bonds, Series 2017**

Contract No. Date Services Provided: Project Amount:
10/31/2017 to 10/31/2017 \$ 50,000,000.00

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:

FTN Financial municipal departments provides ongoing coverage to Union County for both competitive sale and negotiated transactions. Project above related to lead manager bid won for County's competitive sale.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **FTN Financial Capital Markets**

Organization/Firm Name providing reference:
City of Buffalo, NY

Contact Name: **Mark Schroeder** Title: **City Comptroller** Reference date: **05/31/2018**

Contact Email: **markjfschroeder@ch.ci.buffalo.ny.us** Contact Phone: **716-851-5255**

Name of Referenced Project: **City of Buffalo General Obligation Bonds**

Contract No. Date Services Provided: Project Amount:
04/19/2017 to 04/28/2017 \$ 24,360,000.00

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:

FTN underwrote our Series 2017 A General Obligation transaction. Since then, the Firm has provided in depth financial and credit analysis on our Water Revenue Bond program, including innovative approaches to refunding our BABs.

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

Additional Comments: (provide on additional sheet if needed)

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Broward County Board of
County Commissioners

Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Goldman Sachs & Co. LLC

Organization/Firm Name providing reference:

Miami-Dade County, Florida

Contact Name: Arlesa Wood Title: Division of Bond Ad Reference date: 06/22/2018

Contact Email: Arlesa.Wood@miamidade.gov Contact Phone: (305) 375-2275

Name of Referenced Project: Aviation Revenue Refunding Bonds, Series 2017B &D

Contract No.	Date Services Provided:	Project Amount:
<u>RFQ. No. 751</u>	<u>05/18/2017 to 08/29/2017</u>	<u>\$ 693,435,000.00</u>

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:

Goldman Sachs served as lead manager on \$693.4 million of aviation revenue refunding bonds, \$378.9 million of which were tax-exempt (subject to AMT) and \$314.6 million of which were taxable.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Goldman Sachs & Co. LLC

Organization/Firm Name providing reference:
City of Dallas, Texas

Contact Name: Corrine Steeger Title: Treasury Manager Reference date: 06/22/2018

Contact Email: corrine.steeger@dallascityhall.com Contact Phone: (214) 670-3676

Name of Referenced Project: Waterworks and Sewer System Revenue Refunding Bonds, Series

Contract No. _____ Date Services Provided: 04/28/2016 to 07/07/2016 Project Amount: \$ 540,345,000.00

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:

Goldman Sachs served as lead manager on \$540.3 million of waterworks and sewer system revenue refunding bonds, \$370.1 million of which were tax-exempt and \$170.2 million of which were taxable.

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Goldman Sachs & Co. LLC

Organization/Firm Name providing reference:
Palm Beach County, Florida

Contact Name: Mark Braun Title: Debt Manager Reference date: 06/22/2018

Contact Email: mbraun@pbcgov.org Contact Phone: (561) 355-2733

Name of Referenced Project: Public Improvement Revenue Bonds (Professional Sports Franchise +

Contract No. _____ Date Services Provided: _____ Project Amount: _____
09/09/2015 to 12/09/2015 \$ 122,005,000.00

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:

Goldman Sachs served as lead manager on \$122.0 million of public improvement revenue bonds, \$65.4 million of which were taxable and \$56.6 million of which were taxable.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Hilltop Securities Inc.

Organization/Firm Name providing reference:
City of Kissimmee, Florida

Contact Name: Ms. Amy S. Ady Title: Finance Director Reference date: 05/23/2018

Contact Email: aady@kissimmee.org Contact Phone: (407) 518-2220

Name of Referenced Project: Capital Improvement Revenue Bonds, Series 2016

Contract No. n/a Date Services Provided: 12/02/2015 to 02/04/2016 Project Amount: \$ 42,930,000.00

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:

Bond underwriting (senior managing underwriter).

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

The team at Hilltop was a pleasure to work with. The City had a very tight time line for the issuance of its bonds; however, the Hilltop team was on top of its game even during the Christmas holiday season. Everyone involved in the Kissimmee deal performed as consummate professionals. This was the first bond issue that I was responsible for since assuming the duties of Finance Director - their team took the time to make sure I understood everything and that I was comfortable moving forward with each step along the way.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Hilltop Securities Inc.

Organization/Firm Name providing reference:
Tohopekaliga Water Authority (FL)

Contact Name: Mr. Rodney Henderson Title: Dir. Bus. Services Reference date: 05/25/2018

Contact Email: rhenderson@tohowater.com Contact Phone: 407-944-5135

Name of Referenced Project: Utility System Revenue and Revenue Refunding Bonds, Series 2016

Contract No. n/a Date Services Provided: 01/19/2016 to 04/13/2016 Project Amount: \$ 173,605,000.00

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:

Bond underwriting (senior managing underwriter).

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

Additional Comments: (provide on additional sheet if needed)

We continue to be pleased with the underwriting services provided by the Hilltop Securities team. They are a team of professionals that are attentive to our objectives and bring a depth of knowledge in underwriting that has consistently delivered results that often exceed our initial goals.

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Broward County Board of
County Commissioners
Broward County Board of
County Commissioners

GEN2116442P1
Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Hilltop Securities Inc.

Organization/Firm Name providing reference:

City of Port Orange, Florida

Contact Name: Ms. Tracey Riehm Title: Finance Director Reference date: 05/30/2018

Contact Email: triehm@port-orange.org Contact Phone: (386) 506-5710

Name of Referenced Project: General Obligation Refunding Bonds, Series 2016

Contract No. n/a Date Services Provided: 02/29/2016 to 05/25/2016 Project Amount: \$ 12,895,000.00

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:

Bond underwriting (senior managing underwriter).

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

Additional Comments: (provide on additional sheet if needed)

Our primary point of contact was Mark Galvin.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Jefferies LLC**

Organization/Firm Name providing reference:
Osceola County

Contact Name: **Amanda Clavijo** Title: **Comptroller** Reference date: **05/25/2018**

Contact Email: **amanda.clavijo@osceola.org** Contact Phone: **407-742-1705**

Name of Referenced Project: **Tourist Development Tax Revenue Bonds Series 2016**

Contract No. **N/A** Date Services Provided: **12/17/2013** to **06/01/2018** Project Amount: **\$ 23,325,000.00**

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:

Jefferies LLC is part of the County's underwriter pool and has served as Co-Manager for Osceola County transactions in the past

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: **Municipal Securities Group | Jefferies LLC**

Organization/Firm Name providing reference:

Miami-Dade County, Florida

Contact Name: **Arlesa Wood** Title: **Director** Reference date: **05/22/2018**

Contact Email: **Arlesa.Wood@miamidade.gov** Contact Phone: **305-375-2275**

Name of Referenced Project: **Underwriting Services**

Contract No. RFQ. No. **751** Date Services Provided: **05/13/2011** to **05/22/2018** Project Amount: **\$ 81,215,000.00**

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:

Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Municipal Securities Group - Jefferies LLC**

Organization/Firm Name providing reference:
City of Orlando, Florida

Contact Name: **Christopher McCullion** Title: **CFO** Reference date: **05/22/2018**

Contact Email: **christopher.mccullion@cityoforlando.net** Contact Phone: **407-246-2341**

Name of Referenced Project: **City of Orlando Capital Improvement Bonds 2014 Series B,C & D**

Contract No. **RFP13-0013** Date Services Provided: **02/21/2013 to 05/22/2018** Project Amount: **\$ 85,010,000.00**

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:

Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

I highly recommend Jefferies for your consideration.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: J.P. Morgan Securities LLC

Organization/Firm Name providing reference:
Miami-Dade County, Florida

Contact Name: Arlesa wood Title: Director Reference date: 05/18/2018

Contact Email: al2@miamidade.gov Contact Phone: (305) 375-5147

Name of Referenced Project: Solid Waste System Revenue Refunding Bonds, Series 2015

Contract No. RFQ. No. 751 Date Services Provided: 08/31/2015 to 12/15/2015 Project Amount: \$ 83,755,000.00

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:

J.P. Morgan Securities LLC served as Senior Managing Underwriter for the County's Solid Waste System Revenue Refunding Bonds, Series 2015; Co-senior Manager on the County's Public Facilities Revenue Refunding Bonds Series 2015A, and Subordinate Special Obligation Refunding Bonds, Series 2016; Additionally, J.P. Morgan served as Co-manager on the Transit System Surtax Bonds, Series 2015, Water and Sewer Revenue Bonds, Series 2015 and 2016 General Obligation Re-marketing.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **J.P. Morgan Securities LLC**

Organization/Firm Name providing reference:
School Board of Broward County, Florida

Contact Name: **Ivan Perrone** Title: **Treasurer** Reference date: **05/18/2018**

Contact Email: **ivan.perrone@browardschools.com** Contact Phone: **(754) 321-1980**

Name of Referenced Project: **Certificates of Participation, Series 2016A/B**

Contract No. **N/A** Date Services Provided: **01/18/2016 to 04/27/2016** Project Amount: **\$ 216,940,000.00**

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:

J.P. Morgan Securities LLC served as Senior manager for the Board's Certificates of Participation, Series 2016A/B and Co-Manager for the Series 2017B and 2015A/B Certificates of participation.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: J.P. Morgan Securities LLC

Organization/Firm Name providing reference:
City of Miami Beach, Florida

Contact Name: John Woodruff Title: CFO Reference date: 05/18/2018

Contact Email: johnwoodruff@miamibeachfl.gov Contact Phone: 305-673-7466

Name of Referenced Project: Parking Revenue Bonds, Series 2015

Contract No. N/A Date Services Provided: 08/24/2015 to 12/15/2015 Project Amount: \$ 58,825,000.00

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:

J.P. Morgan Securities LLC served as Senior Managing Underwriter for the City's Parking Revenue Bonds, Series 2015 and Co-manager on the City's Stormwater Revenue Bonds, Series 2015.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Loop Capital Markets

Organization/Firm Name providing reference:
City of Houston, Texas

Contact Name: Charisse Moseley Title: Deputy Controller Reference date: 05/29/2018

Contact Email: charisse.moseley@houston.tx.gov Contact Phone: 832.393.3529

Name of Referenced Project: Public Improvement Refunding Bonds, Series 2016A

Contract No. _____ Date Services Provided: _____ Project Amount: _____
10/01/2015 to 04/30/2016 \$ 557,615,000.00

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:

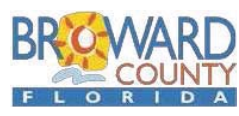
Investment Banking/Underwriter, Broker Dealer for Investments and Remarketing Agent for Commercial Paper

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
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Reference for: **Loop Capital Markets**

Organization/Firm Name providing reference:
New Jersey Turnpike Authority

Contact Name: **Donna Manuelli** Title: **Chief Financial Officer** Reference date:

Contact Email: **manuelli@turnpike.state.nj.us** Contact Phone: **732-750-5300 ext. 8130**

Name of Referenced Project: **Turnpike Revenue Bonds, Series 2017 B, 2017 E-F and 2017 G**

Contract No. Date Services Provided: Project Amount:
01/31/2018 to 12/31/2017 \$ 1,900,930,000.00

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:

Loop Capital Markets served as book-running senior manager on three transactions for the New Jersey Turnpike Authority's refunding bond issuances in 2017.

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

Additional Comments: (provide on additional sheet if needed)

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Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Loop Capital Markets

Organization/Firm Name providing reference:
City of Tallahassee, Florida

Contact Name: Kent Olson Title: Deputy Treasurer-C Reference date: 05/25/2018

Contact Email: kent.olson@talgov.com Contact Phone: 850-891-8082

Name of Referenced Project: Underwriter Services

Contract No. Various RFPs Date Services Provided: 01/01/2010 to 05/25/2018 Project Amount: \$ 470,355,000.00

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:

Loop has served as both senior manager (twice) and as a co-manager (four times) for the City's bond issuances since 2010.

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 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)

Loop has served the City very well as an underwriter.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Merrill Lynch, Pierce, Fenner & Smith Incorporated**

Organization/Firm Name providing reference:
Miami-Dade County, Florida

Contact Name: **Arlesa Wood** Title: **Director, Division of Bond Administration** Reference date: **05/15/2018**

Contact Email: **al2@miamidade.gov** Contact Phone: **(305) 375-5147**

Name of Referenced Project: **Underwriting Services**

Contract No. **RFQ No. 751** Date Services Provided: **05/03/2011** to **Present** Project Amount: **Varies (most recent, \$200MM)**

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:

Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Merrill Lynch, Pierce, Fenner & Smith Incorporated**

Organization/Firm Name providing reference:
City of Orlando, Florida

Contact Name: **Christopher McCullion** Title: Chief Financial Officer Reference date: **05/15/2018**

Contact Email: **christopher.mccullion@cityoforlando.net** Contact Phone: **(407) 246-4274**

Name of Referenced Project: **Underwriting Services**

Contract No. **RFP13-0013** Date Services Provided: **03/25/2013** to **Present** Project Amount: **Varies**

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:

Public offering of municipal bonds - financial analysis, structuring, marketing, sales, etc.

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

Additional Comments: (provide on additional sheet if needed)

I would highly recommend Merrill Lynch, Pierce, Fenner & Smith for consideration.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Merrill Lynch, Pierce, Fenner & Smith Incorporated**

Organization/Firm Name providing reference:
Hillsborough County Aviation Authority (Tampa International Airport)

Contact Name: **Damian Brooke** Title: **Vice President of Finance & Procurement** Reference date: **05/15/2018**

Contact Email: **dbrooke@tampaairport.com** Contact Phone: **(813) 870-8748**

Name of Referenced Project: **Underwriting Services**

Contract No. **RFP#12-534-026&17-534-0** Date Services Provided: **11/01/2012** to **Present** Project Amount: **Varies (most recent \$321MM)**

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:

BAML has worked as both senior underwriter and also as a member of the underwriting team on the Authority's new money and refunding debt issues since 2012.

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

Additional Comments: (provide on additional sheet if needed)

BAML have provided excellent service to the Authority in both lead and team underwriter roles. The Authority has completed multiple debt issues or reissues over the past five years, with BAML participating actively on all of the transactions. Their local, regional and national staff that we have dealt with have been very professional with their

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Bank of America/Merrill Lynch**

Organization/Firm Name providing reference:
Greater Orlando Aviation Authority

Contact Name: **Phillip N. Brown** Title: **Chief Executive Officer** Reference date: **05/21/2018**

Contact Email: **pbrown@goaa.org** Contact Phone: **407-825-2263**

Name of Referenced Project: **Airport Facilities Revenue Bonds and Taxable Refunding Revenue Bonds,**

Contract No. **N/A** Date Services Provided: **06/01/2016 to 09/30/2016** Project Amount: **\$ 252,890,000.00**

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:

Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Morgan Stanley & Co. LLC

Organization/Firm Name providing reference:
Broward County School District

Contact Name: Ivan Perrone Title: Treasurer Reference date: 05/30/2018

Contact Email: ivan.perrone@browardschools.com Contact Phone: 754-321-1980

Name of Referenced Project: \$207,530,000 Refunding Certificates of Participation, Series 2017 A&B

Contract No.	Date Services Provided:	Project Amount:
<u>14-12v</u>	<u>07/01/2013 to 12/27/2018</u>	<u>\$ 207,530,000.00</u>

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:

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

Additional Comments: (provide on additional sheet if needed)

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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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Morgan Stanley & Co. LLC.

Organization/Firm Name providing reference:
City of Tallahassee, Florida

Contact Name: Kent Olson Title: Deputy Treasurer Reference date: 05/25/2018

Contact Email: kent.olson@tallgov.com kent.olson@talgov.com Contact Phone: 850-891-8082

Name of Referenced Project: 104,975,000 Energy System Revenue Bonds, Series 2018

Contract No. RFP 0122-14 RWT-RC Date Services Provided: 12/14/2014 to 02/28/2018 Project Amount: \$ 104,975,000.00

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:
Senior underwriter on the above transaction.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Morgan Stanley & Co. LLC**

Organization/Firm Name providing reference:
City of Cape Coral

Contact Name: **Victoria Bateman** Title: **Financial Services** Reference date: **05/25/2018**

Contact Email: **vbateman@capecoral.net** Contact Phone: **239-574-0401**

Name of Referenced Project: **\$ 101,395,000 Special Assessment Utility Revenue Refunding Bonds**

Contract No. **RFP-FIN 16-95/KS** Date Services Provided: **09/01/2016 to 04/20/2017** Project Amount: **\$ 101,395,000.00**

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:

Senior Manager

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **PNC Capital Markets LLC**

Organization/Firm Name providing reference:
City of Cape Coral

Contact Name: **Heather Muniz** Title: **Treasury Accountant** Reference date: **05/30/2018**

Contact Email: **hmuniz@capecoral.net** Contact Phone: **239-573-3029**

Name of Referenced Project: **Water & Sewer Refunding Revenue Bonds, Series 2017**

Contract No. _____ Date Services Provided: **11/01/2018 to 12/31/2018** Project Amount: **\$ 248,355,000.00**

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:

An advanced refunding on 2011 & 2011A Bonds within a 6 week period prior to tax reform.

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **PNC Capital Markets, LLC**

Organization/Firm Name providing reference:
City of Pembroke Pines

Contact Name: **Lisa Chong** Title: **Finance Director** Reference date: **05/30/2018**

Contact Email: **lchong@ppines.com** Contact Phone: **954-450-1090**

Name of Referenced Project: **Capital Improvement Revenue Refunding Bonds, Series 2017**

Contract No. **N/A** Date Services Provided: **to 05/18/2017** Project Amount: **\$ 45,960,000.00**

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:

PNC Capital Markets, LLC was the senior manager on the City's Capital Improvement Revenue Refunding Bonds, Series 2017.

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

Additional Comments: (provide on additional sheet if needed)

PNC Bank has been great to work with. Their team is extremely knowledgeable and professional.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **PNC Capital Markets LLC**

Organization/Firm Name providing reference:
Canaveral Port Authority

Contact Name: **Patricia G. Poston** Title: **Sr. Director Finance** Reference date: **05/31/2018**

Contact Email: **pposton@portcanaveral.com** Contact Phone: **321-783-7831 ext 273**

Name of Referenced Project: **Port Improvement and Refunding Revenue Bonds**

Contract No. **Series 2016C and 2016D** Date Services Provided: **to 11/15/2016** Project Amount: **\$ 64,595,000**

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

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

Description of services provided by Vendor:

Senior Underwriter

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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Provided by Diana Mims-Reid, Controller

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Raymond James & Associates, Inc.**

Organization/Firm Name providing reference:
City of Orlando

Contact Name: **Christopher McCullion** Title: **Chief Financial Officer** Reference date: **05/21/2018**

Contact Email: **christopher.mccullion@cityoforlando.net** Contact Phone: **407-246-4274**

Name of Referenced Project: **State Sales Tax Pmts Refunding & Improvement Rev Bonds, Series 2016**

Contract No. **RFP13-0013** Date Services Provided: **02/21/2013 to 02/21/2018** Project Amount: **\$ 28,090,000.00**

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:

Raymond James is a member of the City's current Underwriting Team and served as Senior Manager for the City's State Sales Tax Payments Refunding and Improvement Revenue Bonds, Series 2016.

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

Additional Comments: (provide on additional sheet if needed)

I highly recommend Raymond James for consideration.

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Raymond James & Associates, Inc.

Organization/Firm Name providing reference:
Osceola County, Florida

Contact Name: Donna Renberg Title: Assistant County Manager Reference date: 05/22/2018

Contact Email: dren2@osceola.org Contact Phone: 407-742-2385

Name of Referenced Project: Sales Tax Revenue Refunding Bonds, Series 2016A

Contract No. Request for Qualifications Date Services Provided: 01/01/2014 to 05/08/2019 Project Amount: \$ 39,465,000.00

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:

Raymond James serves as an Underwriter on the County's Underwriting Team for multiple terms and senior managed the aforementioned project.

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Raymond James & Associates, Inc.

Organization/Firm Name providing reference:
Greater Orlando Aviation Authority

Contact Name: Phil Brown Title: Chief Executive Officer Reference date: 05/21/2018

Contact Email: pbrown@goaa.org Contact Phone: 407-825-6223

Name of Referenced Project: Priority Subordinated Airport Facilities Revenue Bonds, Series 2017A

Contract No. PSA404 Date Services Provided: 01/07/2009 to 09/01/2018 Project Amount: \$ 923,830,000.00

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:

Raymond James served as the Authority's Financial Advisor on the Series 2017A transaction listed above and has served as GOAA's financial advisor since 2009. Prior to 2009, Raymond James was member of the Authority's UW Team.

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: **RBC Capital Markets, LLC**

Organization/Firm Name providing reference:

Miami-Dade County

Contact Name: **Ms. Arlesa Wood** Title: **Director** Reference date: **05/29/2018**

Contact Email: **arlesa.wood@miamidade.gov** Contact Phone: **305-375-2275**

Name of Referenced Project: **Senior Managed Bond Underwriting and Credit Provider for Various Series**

Contract No. RFQ. No. **751** Date Services Provided: **01/01/2013 to 05/29/2018** Project Amount: **\$ 1,864,900,000.00**

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:

Senior Manager on the 2016 Remarketing of \$340,140,000 of Series 14A, 15D General Obligation Bonds; Senior Manager on the \$536,840,000 of Aviation Revenue Refunding Bonds, Series 15A/15B; Senior Manager on the 2015 Remarketing of \$243,085,000 of Series 13A/14A General Obligation Bonds; credit provider on \$600,000,000 of General Obligation Direct Purchase Flexible Drawdown Bonds.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **RBC Capital Markets, LLC**

Organization/Firm Name providing reference:
City of Houston, Texas

Contact Name: **Charisse Mosely** Title: **Deputy City Controller** Reference date: **05/29/2018**

Contact Email: **charisse.mosely@houstontx.gov** Contact Phone: **832-393-3529**

Name of Referenced Project: **Senior Manager Bond Underwriting, Forward BPA & Credit Provider**

Contract No. Date Services Provided: Project Amount:
01/01/2010 to 05/29/2018 \$ 1,948,270,000.00

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:

Senior Manager on \$288,080,000 Houston Combined Utility System Series 2017B; Sole Manager on the \$249,075,000 Combined Utility System 2012C; Senior Manager on the \$212,040,000 Combined Utility System Series 2010C, Forward Bond Purchase Agreement / Appropriation Line Provider on \$950,000,000 of various GO, Utility System, and Airport System Bonds; Direct Purchase Provider on \$249,075,000 Series 2010 Combined Utility System Revenue Bonds.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **RBC Capital Markets, LLC**

Organization/Firm Name providing reference:
Greater Orlando Aviation Authority (GOAA)

Contact Name: **Ms. Kathleen Sharman** Title: **CFO** Reference date: **05/29/2018**

Contact Email: **kathleen.sharman@goaa.org** Contact Phone: **407-825-2043**

Name of Referenced Project: **Airport Facilities Revenue Bonds, Series 2017A and Series 2015A**

Contract No.	Date Services Provided:	Project Amount:
	01/01/2015 to 05/29/2018	\$ 1,138,280,000.00

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:

Bookrunning Senior Manager on \$923,830,000 Greater Orlando Aviation Authority Priority Subordinated Airport Facilities Revenue Bonds, Series 2017A (AMT); and Co-Senior Manager on \$214,450,000 Series 2015A (AMT) Bonds

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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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Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **RBC Capital Markets, LLC**

Organization/Firm Name providing reference:
Port of Los Angeles

Contact Name: **Soheila Sajadian** Title: **Director of Debt and** Reference date: **05/29/2018**

Contact Email: **SSajadian@portla.org** Contact Phone: **(310) 732-3756**

Name of Referenced Project: **Port of Los Angeles - Senior Managed and Co-Managed Underwriting**

Contract No.	Date Services Provided:	Project Amount:
	01/01/2014 to 09/14/2016	\$ 575,885,000.00

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:

Senior Manager on the \$201,560,000 of Series 2016A/B/C Refunding Revenue Bonds; and Co-Manager on \$37,050,000 of Series 2015A Refunding Revenue Bonds; and Co-Manager on \$337,275,000 of Series 2014A/B/C Revenue and Revenue Refunding Bonds.

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 type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/3/18

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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Samuel A. Ramirez & Co., Inc.**

Organization/Firm Name providing reference:
Miami-Dade County

Contact Name: **Arlesa Wood** Title: **Director** Reference date: **05/30/2018**

Contact Email: **arlesa.wood@miamidade.gov** Contact Phone: **305-375-2275**

Name of Referenced Project: **Underwriting Services**

Contract No. Date Services Provided: Project Amount:
RFQ. No. 751 05/13/2011 to 05/31/2018 \$ 309,834,013.30

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:

Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/10/2018**

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Ramirez & Co.

Organization/Firm Name providing reference:

City of Houston, Texas

Contact Name: Charisse Mosely Title: Deputy Controller Reference date: 05/29/2018

Contact Email: charisse.mosely@houstontx.gov Contact Phone: 832.393.3529

Name of Referenced Project:

Contract No. _____ Date Services Provided: _____ Project Amount: _____
to _____

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:

Investment Banking/Underwriter, Broker Dealer for Investments, Remarketing Agent for Commercial Paper

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/19/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Samueal A. Ramirez & Co., Inc., Nadine Mentor**

Organization/Firm Name providing reference:
City of Atlanta, Georgia

Contact Name: **Jerrae Williams** Title: **Treasurer** Reference date: **05/25/2018**

Contact Email: **jerwilliams@atlantaga.gov** Contact Phone: **404-546-1868**

Name of Referenced Project: **GMA COP's and Zoo Project**

Contract No. Date Services Provided: Project Amount:
07/01/2017 to 01/05/2019 \$ 90,000,000.00

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:

Underwriting and Structuring Services

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

Nadine is excellent to work with and did an amazing job on our bond deals.

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

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Fortenberry, Lori

From: Fairclough, Scott <sgfairclough@AtlantaGa.Gov>
Sent: Monday, July 30, 2018 1:41 PM
To: Fortenberry, Lori
Cc: Owens, Anna
Subject: RE: Request for Underwriting Reference

Hi Lori- I have not worked with Nadine Mentor nor Ramirez...

Regards,
Scott

From: Fortenberry, Lori
Sent: Monday, July 30, 2018 1:29 PM
To: Fairclough, Scott
Cc: Owens, Anna
Subject: FW: Request for Underwriting Reference

Good afternoon Scott,

Samuel A. Ramirez & Co provided the name of your predecessor, Jerrae Williams, as a reference for underwriter services. Ramirez provided the attached form filled out by Jerrae for their services on the GMA COP's and Zoo Project. If possible, could you confirm that the reference she gave is accurate (based on your own experience of working with Ramirez)?

I appreciate any assistance you can provide!

Thank you,
Lori



Lori E. Fortenberry, CTP
Investment & Finance Coordinator
Finance and Administrative Services Department
115 S. Andrews Ave, Room A-430, Ft. Lauderdale, FL 33301
954-357-7201
lfortenberry@broward.org
www.broward.org/finance

From: Fortenberry, Lori
Sent: Tuesday, July 03, 2018 2:09 PM
To: 'jerwilliams@atlantaga.gov' <jerwilliams@atlantaga.gov>
Cc: Owens, Anna <ANOWENS@broward.org>
Subject: Request for Underwriting Reference

Good afternoon,

You have been listed as a reference by a firm that has provided underwriting services for your entity. If you would be willing to confirm the attached form is true and accurate, it would greatly assist Broward County in its upcoming procurement of these services. If possible, please respond to this email by July 9.

We greatly appreciate your consideration of this request.

Regards,
Lori



Lori E. Fortenberry, CTP

Investment & Finance Coordinator

Finance and Administrative Services Department

115 S. Andrews Ave, Room A-430, Ft. Lauderdale, FL 33301

954-357-7201

lfortenberry@broward.org

www.broward.org/finance

Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Siebert Cisneros Shank & Co., L.L.C.**

Organization/Firm Name providing reference:
Miami-Dade County

Contact Name: **Arlesa Wood** Title: **Director** Reference date: **05/22/2018**

Contact Email: **arlesa.wood@miamidade.gov** Contact Phone: **305-375-5147**

Name of Referenced Project: **Miami-Dade County Public Facilities Revenue and Revenue Refunding**

Contract No. RFQ. No. **751** Date Services Provided: **05/13/2011** to **05/23/2018** Project Amount: **\$ 205,350,000.00**

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:

Underwriting Services / Senior Manager

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/10/2018**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Siebert Cisneros Shank & Co., L.L.C.

Organization/Firm Name providing reference:
Harbor Department of the City of Los Angeles

Contact Name: Marla Bleavins Title: CFO Reference date: 05/22/2018

Contact Email: mbleavins@portla.org Contact Phone: 310-732-7706

Name of Referenced Project: Harbor Department of the City of Los Angeles Refunding Revenue Bonds,

Contract No. _____ Date Services Provided: _____ Project Amount: _____
09/30/2015 to \$ 37,050,000.00

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:

Senior Manager Underwriting Services for the Department's 2015 Series A Refunding Revenue Bonds

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 type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Siebert performed exceptionally as senior manager on the bond transaction for the Port of Los Angeles in 2015. I have no reservations in recommending them and would not hesitate to use them again. Siebert provided excellent service in structuring the transaction, marketing the transaction and conducting the sale. Their team was professional, knowledgeable and easy to work with.

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/3/18



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Siebert Cisneros Shank & Co., L.L.C.**

Organization/Firm Name providing reference:
State of Connecticut

Contact Name: **Peter McAlpine** Title: **Principal Debt Manager** Reference date: **05/22/2018**

Contact Email: **peter.mcalpine@ct.gov** Contact Phone: **860-702-3257**

Name of Referenced Project: **State of Connecticut Special Tax Obligation Bonds, 2016 Series A and**

Contract No. **N/A - Senior Manager** Date Services Provided: **07/01/2016 to 08/28/2016** Project Amount: **\$ 868,265,000.00**

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:

Underwriting Services - Book Running Senior Manager

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/9/2018**

Broward County Board of
County Commissioners



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Tribal Capital Markets, LLC**

Organization/Firm Name providing reference:
State of California

Contact Name: **Blake Fowler** Title: **Director of Public** Reference date: **06/28/2018**

Contact Email: Contact Phone: **916-653-3451**

Name of Referenced Project: **State of California General Obligations Bond**

Contract No. **GEN2116442P1** Date Services Provided: **03/05/2018 to 03/05/2018** Project Amount: **\$ 2,181,305,000.00**

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:

Tribal Capital Markets, LLC is well-capitalized by Morongo Band of Mission Indians; we have one of the largest balance sheets in the Diversity space. We provide New Issue and secondary sales and trading services in all Fixed Income and Equity securities. In addition, TCM provides corporate and municipal investment banking and underwriting services to public corporations, municipalities, depositories, and GSE's across the US.

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

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Blake Fowler only verified that Tribal Capital is a member of their underwriting pool. See attached email.

Fortenberry, Lori

From: Fowler, Blake <Blake.Fowler@treasurer.ca.gov>
Sent: Tuesday, July 03, 2018 2:30 PM
To: Fortenberry, Lori
Cc: Owens, Anna
Subject: RE: Request for Underwriting Reference

Hi Lori. It is our policy to not complete reference questionnaires for underwriting firms. However, I can tell you that Tribal Capital is a member of our underwriter pool. See <https://www.treasurer.ca.gov/bonds/pools/underwriter.asp>

Regards,

Blake

From: Fortenberry, Lori
Sent: Tuesday, July 03, 2018 11:25 AM
To: Fowler, Blake
Cc: Owens, Anna
Subject: Request for Underwriting Reference

Good afternoon,

You have been listed as a reference by a firm that has provided underwriting services for your entity. If you would be willing to confirm the attached form is true and accurate, it would greatly assist Broward County in its upcoming procurement of these services. If possible, please respond to this email by July 9.

We greatly appreciate your consideration of this request.

Regards,
Lori



Lori E. Fortenberry, CTP
Investment & Finance Coordinator
Finance and Administrative Services Department
115 S. Andrews Ave, Room A-430, Ft. Lauderdale, FL 33301
954-357-7201
lfortenberry@broward.org
www.broward.org/finance

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Broward County Board of
County Commissioners



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **Tribal Capital Markets, LLC**

Organization/Firm Name providing reference:
PA Housing Finance Agency

Contact Name: **Brian Hudson** Title: **Executive Director** Reference date: **06/28/2018**

Contact Email: _____ Contact Phone: **717-780-3800**

Name of Referenced Project: **Pennsylvania State Housing Finance Agency Refunding Bonds**

Contract No. **GEN2116442P1** Date Services Provided: **05/08/2017 to 05/08/2017** Project Amount: **\$ 89,450,000.00**

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:

Tribal Capital Markets, LLC is well-capitalized by Morongo Band of Mission Indians; we have one of the largest balance sheets in the Diversity space. We provide New Issue and secondary sales and trading services in all Fixed Income and Equity securities. In addition, TCM provides corporate and municipal investment banking and underwriting services to public corporations, municipalities, depositories, and GSE's across the US.

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/3/18**

Broward County Board of
County Commissioners



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: **Tribal Capital Markets, LLC**

Organization/Firm Name providing reference:
City of Sterling Heights, Michigan

Contact Name: **Nathan Shannon** Title: **Mayor** Reference date: **06/28/2018**

Contact Email: Contact Phone: **586-446-2305**

Name of Referenced Project: **Capital Improvement Bonds**

Contract No. **GEN2116442P1** Date Services Provided: **05/08/2018** to **05/08/2018** Project Amount: **\$ 19,390,000.00**

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:

Tribal Capital Markets, LLC is well-capitalized by Morongo Band of Mission Indians; we have one of the largest balance sheets in the Diversity space. We provide New Issue and secondary sales and trading services in all Fixed Income and Equity securities. In addition, TCM provides corporate and municipal investment banking and underwriting services to public corporations, municipalities, depositories, and GSE's across the US.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/20/2018

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 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.

Nate Shannon is a Council Member. He doesn't know this firm and is unsure why they used him as a reference. He stated he forwarded the email to the functional area within the City.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **UBS Financial Services Inc.**

Organization/Firm Name providing reference:
State of Florida

Contact Name: **Mr. J Ben Watkins III** Title: **Director, Division of** Reference date: **05/29/2018**

Contact Email: **Ben.Watkins@sbafla.com** Contact Phone: **(850) 488-4782**

Name of Referenced Project: **FL DOT Series 2018A and FL BOG Series 2013A**

Contract No. **NA** Date Services Provided: **12/19/2013 to 06/07/2018** Project Amount: **\$ 124,795,000.00**

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:

Municipal Bond Underwriting

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/3/2018**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: **UBS Financial Services Inc.**

Organization/Firm Name providing reference:
Bexar County, Texas

Contact Name: **Seth McCabe** Title: **Director, Budget & Finance** Reference date: **05/30/2018**

Contact Email: **SMcCabe@Bexar.org** Contact Phone: **210-335-3962**

Name of Referenced Project: **Limited Tax and Flood Control Refunding Bonds, Series 2017**

Contract No. **N/A** Date Services Provided: **11/01/2017 to 12/31/2017** Project Amount: **\$ 412,850,000.00**

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:

On December 12, 2017, UBS priced \$413 million for Bexar County consisting of \$385 million Limited Tax Refunding Bonds, Series 2017 and \$28 million Flood Control Tax Refunding Bonds, Series 2017.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input 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)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: **Lori Fortenberry** Division: **FASD** Date: **7/3/18**



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: UBS Financial Services Inc. Public Finance (Shawnell Holman)

Organization/Firm Name providing reference:
City of Shreveport, Louisiana

Contact Name: Sherricka F. Jones Title: Asst. CAO Reference date: 05/29/2018

Contact Email: sherricka.fields@shreveportla.gov Contact Phone: 318-673-5061

Name of Referenced Project: Water & Sewer Revenue Bonds

Contract No. _____ Date Services Provided: _____ Project Amount: _____
02/01/2018 to 05/31/2018 \$ 100,000,000.00

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:

Lead Underwriter to the City of Shreveport Water & Sewer Revenue Bonds

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/3/18

Broward County Board of
County Commissioners

GEN2116442P1

Broward County Board of
County Commissioners

Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:
Miami-Dade County

Contact Name: Arlesa Wood Title: Dir. Bond Admin. Reference date: 05/15/2018

Contact Email: al2@miamidade.gov Contact Phone: 305-375-5147

Name of Referenced Project: Aviation 2014 Bonds and W&S 2017 Bonds

Contract No. RFQ. No. 751 Date Services Provided: 12/03/2014 to 12/07/2017 Project Amount: \$761MM and \$929MM

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:
Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via X MAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/10/2018

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 Board of
County Commissioners
Broward County Board of
County Commissioners

GEN2116442P1
Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:

State Board of Administration Finance Corporation

Contact Name: Ben Watkins

Title: Director

Reference date: 05/15/2018

Contact Email: Ben.Watkins@sbafla.com

Contact Phone: 850-488-4782

Name of Referenced Project: Revenue Bonds 2016 (FHCF)

Contract No.

Date Services Provided:

Project Amount:

02/22/2016 to 02/22/2016

\$1.2B

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:

Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/3/18

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.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:
Manatee County

Contact Name: Jan Brewer Title: Dir. Finance Reference date: 05/15/2018

Contact Email: jan.brewer@mymanatee.org Contact Phone: 941-745-3726

Name of Referenced Project: Public Utilities 2015 Bonds and Public Utilities 2017 Bonds

Contract No. _____ Date Services Provided: 04/01/2015 to 12/15/2017 Project Amount: \$91MM and \$55MM

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:

Senior Managing Underwriter

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Project completed within budget	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cooperation with:				
a. Your Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Subcontractor(s)/Subconsultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Regulatory Agency(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: Financial Date: 5.25.18
7/3/18

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 Code.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:

JEA

Contact Name: Joe Orfano *JEO* Title: Treasurer Reference date: 05/15/2018

Contact Email: orfaje@jea.com Contact Phone: 904-665-4541

Name of Referenced Project: Water & Sewer 2017 Bonds

Contract No. _____ Date Services Provided: 12/13/2017 to 12/13/2017 Project Amount: \$437MM

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:

Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

Terrific bond underwriting execution in the face of a choppy market. Worked quite well with co-lead manager, Citigroup.

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: Lori Fortenberry Division: FASD Date: 7/5/18

Broward County Board of
County Commissioners
Broward County Board of
County Commissioners

GEN2116442P1
Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:

City of Pembroke Pines

Contact Name: Lisa Chong

Title: Finance Director

Reference date: 05/15/2018

Contact Email: lchong@ppines.com

Contact Phone: 954-450-1090

Name of Referenced Project: Public Improvement 2014 Bonds

Contract No.

Date Services Provided:

Project Amount:

08/19/2014 to 08/19/2014

\$29MM

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:

Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

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Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:

Central Florida Expressway Authority

Contact Name: Lisa Lumbard

Title: CFO

Reference date: 05/15/2018

Contact Email: Lisa.Lumbard@cfxway.com

Contact Phone: 407-690-5352

Name of Referenced Project: Senior Lien 2016 Bonds and Senior Lien 2017 Bonds

Contract No.

Date Services Provided:

Project Amount:

09/23/2016 to 12/06/2017

\$631MM and \$341MM

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:

Senior Managing Underwriter

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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Broward County Board of
County Commissioners
Broward County Board of
County Commissioners

GEN2116442P1
Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:
St. Lucie County

Contact Name: Shai Francis Title: COO Finance Reference date: 05/15/2018

Contact Email: franciss@stlucieclerk.com Contact Phone: 772-462-1482

Name of Referenced Project: Non Ad-Valorem 2017 Bonds

Contract No. _____ Date Services Provided: _____ Project Amount: _____
06/17/2017 to 06/17/2017 \$46MM

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:
Senior Managing Underwriter

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

Additional Comments: (provide on additional sheet if needed)

We are very pleased with the professional staff we worked with.

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Broward County Board of
County Commissioners

GEN2116442P1

Broward County Board of
County Commissioners

Bid GEN2116442P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:
GEN2116442P1 Library of Bond Underwriters

Reference for: Wells Fargo

Organization/Firm Name providing reference:
School Board of Miami-Dade County

Contact Name: Tony Vu Title: Treasurer Reference date: 05/15/2018

Contact Email: pvu@dadeschools.net Contact Phone: 305-995-1633

Name of Referenced Project: Certificates of Participation 2016C

Contract No. N/A Date Services Provided: 03/03/2016 to 03/03/2016 Project Amount: \$100MM

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:

Senior Managing Underwriter


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

Additional Comments: (provide on additional sheet if needed)

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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

280 Securities

No Vendors Found For Your Search. Try Again



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Merrill Lynch

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
MERRILL LYNCH PIERCE FENNER & SMITH INC	VS0000012860	VS00012860	0	1	0	0	0	0	0.00	N	N	View	LOC



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- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
BARCLAYS	VS0000011440	NO CONVERT	0	0	0	0	0	0	0.00	N	N		



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
CITIGROUP GLOBAL MARKETS, INC.	VS0000013895	VS00013895	0	1	0	0	0	0	0.00	N	N	View	LOC



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 - ▷ Purchase Order
 - ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
DREXEL HAMILTON	VS0000011952	NO CONVERT	0	0	0	0	0	0	0.00	N	N		



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Prime Vendor Dashboard - ESTRADA HINOJOSA & COMPANY,INC

VC0000042889 / NO CONVERT - ESTRADA HINOJOSA & COMPANY,INC Prime Vendor Summary


1 OE: Open Thres: No Threshold

No Fixed Contracts

No Final/Completed/Renewal Performance Evaluations Over Past 5 Years

No Purchase Orders

Contracts	Documents	Finish
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- ▷ Prime Vendor
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- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

First Tennessee Bank National

No Vendors Found For Your Search. Try Again



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 - ▷ Prime Vendor
 - ▷ Sub Vendor
 - ▷ Purchase Order
 - ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*, wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
GOLDMAN SACHS & COMPANY	VC0000006108	NO CONVERT	0	0	0	0	0	0	0.00	N	N		



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- ▷ FileRoom Insert
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- ▷ Prime Vendor
- ▷ Sub Vendor
- ▷ Purchase Order
- ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

hilltop securities

No Vendors Found For Your Search. Try Again



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Jefferies, LLC

No Vendors Found For Your Search. Try Again



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Prime Vendor Dashboard - JP MORGAN SECURITIES LLC


VS0000013894 / VS00013894 - JP MORGAN SECURITIES LLC Prime Vendor Summary

1 OE: Open Thres: No Threshold
No Fixed Contracts

No Final/Completed/Renewal Performance Evaluations Over Past 5 Years

No Purchase Orders

Contracts Documents Finish



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Loop Capital Markets

No Vendors Found For Your Search. Try Again



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: -
Wildcards Are Permitted (ie. wa*, *wa*,wa*inc)

Morgan Stanley & Co. LLC

No Vendors Found For Your Search. Try Again



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- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wildcards Are Permitted (ie. wa*, *wa*, wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
PNC CAPITAL MARKETS LLC	VS0000001125	NO CONVERT	0	0	0	0	0	0	0.00	N	N		



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Raymond James

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
RAYMOND JAMES & ASSOCIATES	VC0000101026	VC00101026	0	2	0	0	0	0	0.00	N	N	View	LOC



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Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
RBC CAPITAL MARKETS, LLC	VS0000011480	VS00011480	0	1	0	0	0	0	0.00	N	N	View	LOC



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 - ▷ Purchase Order
 - ▷ Evaluation
 - ▷ Log Off


Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*,wa*inc)

Raymond James

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
RAYMOND JAMES & ASSOCIATES	VC0000101026	VC00101026	0	2	0	0	0	0	0.00	N	N	View	LOC



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 - ▷ Prime Vendor
 - ▷ Sub Vendor
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 - ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard

Enter Vendor Name (or a portion of) Then Click Search: - Wilcards Are Permitted (ie. wa*, *wa*, wa*inc)

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE		
SIEBERT BRANDFORD SHANK & CO LLC	VC0000114638	NO CONVERT	0	1	0	0	0	0	0.00	N	N	View	



BROWARD
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- ▷ Procurement
- ▷ FileRoom DashBoard
- ▷ FileRoom Insert
- ▼ **Favorites**
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- ▷ Purchase Order
- ▷ Evaluation
- ▷ Log Off

Prime Vendor Dashboard

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Tribal Capital Markets

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BROWARD
COUNTY
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Contracts Central

Broward County Purchasing Division

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- ▷ Work Auth
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UBS Financial Services Inc.

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Wells Fargo Bank, N.A. Municipal Products Group

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Wells Fargo Bank

Prime Vendors Found For Your Search

AdvVendName	AdvantageID	PS VendID	FC	OE	SUB	ADV	PS	Eval#	EvalAvg	CBE	SBE			
WELLS FARGO BANK NA	VC0000045450	VC00044885	0	0	0	0	0	0	0.00	N	N	LOC		
WELLS FARGO BANK NA	NEW PS	C000044885	0	0	0	0	1	0	0.00	N	N	View	VOW	LOC
WELLS FARGO BANK NA	VC0000044885	VC00044885	0	2	0	7	0	2	4.81	N	N	View	VOW	LOC