



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: TRP MARKETING LLC
Recommended Group(s)/Line Item(s): Line 1- Audio, Visual and Lighting Services
Line 6 -Decorators / Exhibition Services
Line 7 - Destination Management Company / Special Event Production
Line 10- Banners/Printing/Promo Items

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo TITLE: VP of Administration
(Individual authorized to administer the contract.)

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO Date: 2019.04.03 11:01:55 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 QVL
 Reference for: (Name of Firm) TRP Marketing
 Organization/Firm Name providing reference: Nova Southeastern University College of Psychology
 Contact Name/Title: Carlos Perez, Ed.D.
 Contact E-mail: perez@nova.edu
 Contact Phone: 9542625702
 Name of Referenced Project: GEN2117351B1
 Contract No.
 Contract Amount:
 Date Services Provided: Several projects annually over 10 years
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Trade show displays

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"/>

Additional Comments: (provide on additional sheet if needed)
 Tim P is the owner and keeps close contact for projects

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCIB Date of Verification: 4/1/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1 QVL
 Reference for: (Name of Firm) TRP Marketing
 Organization/Firm Name providing reference: GFLCVB
 Contact Name/Title: Kim Canter / Marketing
 Contact E-mail: kcanter@broward.org
 Contact Phone: 954-767-2445
 Name of Referenced Project: Jazz in the Garden
 Contract No.
 Contract Amount: \$ 5,000
 Date Services Provided:

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 We used TRP Marketing for Jazz in the Garden for storage delivery logistic management labor and repairs.
 Great service!

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"/>

Additional Comments: (provide on additional sheet if needed)
 We have been working with the same vendor for the last few years which helps with continuity of services.

References Checked By
 Name: Monia Mele Title: Adm. Coordinator
 Division/Department: GFLCVB Date of Verification: 3/25/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1
 Reference for: (Name of Firm) TRP Marketing
 Organization/Firm Name providing reference: Norwegian Cruise Line Holdings
 Contact Name/Title: Jason Krimmel - VP, Trade Marketing
 Contact E-mail: jkrimmel@ncl.com
 Contact Phone: 305-436-4936
 Name of Referenced Project: Trade Show Booth Management
 Contract No. NA
 Contract Amount: NA
 Date Services Provided: 2012-2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Creation and Execution/Management (North America) of Trade Show Booth representing Norwegian Cruise Line Brands

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Marie Mele Title: Admin Coordinator
 Division/Department: GFLCVB Date of Verification: 4/1/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Imagine That Events and Entertainment LLC
Recommended Group(s)/Line Item(s): Line 5- Photography / Video Production;
Line 8-Party Supplies / Rentals;
Line 11- Entertainment

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo TITLE: VP of Administration
(Individual authorized to administer the contract.)

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.03 10:58:15 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN 2117351 B1 QVL
 Reference for: (Name of Firm) IMAGINE THAT ENTERTAINMENT
 Organization/Firm Name providing reference: HILLSBORO SHORES ASSOCIATION
 Contact Name/Title: DONNA ENGLE / EVENT COORDINATOR
 Contact E-mail: DONNA-ENGLE@concept.net
 Contact Phone: 954 270 9201
 Name of Referenced Project: SNOW PARTY 2017 & 2018 // ANNUAL MTG MAR 2018 & 2019
 Contract No. N/A
 Contract Amount: SNOW '17 = \$ 2380.- / SNOW '18 = 2450.- / AM '18 = \$ 750 / AM '19 = \$ 700
 Date Services Provided: 12/17/17 / 12/22/18 / 3/2/18 / 3/23/19
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Snow Party - Jazz Trio & various entertainers for ages 5-70 (mixed crowd) perform
 Annual Mtg & Dinner - Jazz Trio (adults only)

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"/>

Additional Comments: (provide on additional sheet if needed)
 Spot on! Plan to hire again for upcoming 2019 & 2020 events.

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: 4/1/19



Vendor Reference Verification Form

- Broward County Solicitation No. and Title: **GEN2117351B1 QVL**
- Reference for: (Name of Firm) : **Imagine that events**
- Organization/Firm Name providing reference: **Hilton Fort lauderdale beach resort**
- Contact Name/Title: **Correy Sax Food and beverage Manager**
- Contact E-mail: **corey.sax@hilton.com**
- Contact Phone: **9546434607**
- Name of Referenced Project:
- Contract No.
- Contract Amount:
- Date Services Provided: **Week ends, holidays, special guests.**

(List date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Private parties , holidays, pool side activations.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>			
2. Vendor's Organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>			
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>			

Additional Comments: (provide on additional sheet if needed) : Great Vendor

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: **March 29th 2019**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 *QVL*
 Reference for: (Name of Firm) Imagine that event
 Organization/Firm Name providing reference: City of Coconut Creek
 Contact Name/Title: Leonardo Moleiro
 Contact E-mail: Imoleiro@coconutcreek.net
 Contact Phone: 954-545-6682
 Name of Referenced Project: Multiple Projects
 Contract No.
 Contract Amount:
 Date Services Provided: Since Fall of 2016
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Variety of musical acts for various Coconut Creek events.

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: *Maria Mole* Title: *Admin.*
 Division/Department: *GFLCVB* Date of Verification: 03/27/2019



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Black Swan Events, Inc.

Recommended Group(s)/Line Item(s): Line 1 - Audio, Visual and Lighting
Line 2- Catering Services
Line 4- Florist/ Gift Baskets/ Plant Rentals
Line 5- Photography/ Video Service
Line 6- Decorators/ Exhibition Service
Line 7-Destination management/Special Events production
Line 8- Party Supplies/ Rentals
Line 10- Banners/Printing /Promo Items
Line 11- Entertainment

Initial Award Amount: N/A

Potential Total Amount: N/A

Initial Contract Term: Five Years

Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.03 10:53:44 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 QVL
 Reference for: (Name of Firm) Black Swan
 Organization/Firm Name providing reference: KEMET Electronics Corporation
 Contact Name/Title: Rehel Hicks/manager - HR
 Contact E-mail: rehel.hicks@kemet.com
 Contact Phone: 781-342-4444
 Name of Referenced Project: KEMET Tower Granding Opening
 Contract No. N/A
 Contract Amount: \$ 62,000
 Date Services Provided: 8/29/2018
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Prime vendor of the KEMET Tower Grand Opening. This was a ceremony for 230+ guests, which included catering, entertainment, decorations, giveaways & the coordination of transportation for guests.

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"/>

Additional Comments: (provide on additional sheet if needed)
 Excellent communication, follow up & organizational skill. Effortless planning for corporate & large scale events!

References Checked By: Maria Mele
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCIB Date of Verification: 013/29/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: QVL Solicitation GEN 211735181
 Reference for: (Name of Firm) Black Swan Events Inc
 Organization/Firm Name providing reference: Broward College obo. Family Central
 Contact Name/Title: Mirella Baker Bommel
 Contact E-mail: mbommel@broward.edu
 Contact Phone: 954-201-6597
 Name of Referenced Project: Family Central Annual 5K Walk for Kids
 Contract No. _____
 Contract Amount: \$5000
 Date Services Provided: 12/16

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Coordinated the event. Planned meetings, created task list, offered suggestions for promotion, coordinated event orders (T-shirts, promo materials etc). Took ^{on} overall management of event

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"/>

Additional Comments: (provide on additional sheet if needed)
 The level of professionalism was excellent. The flow of the event was ~~made~~ much more manageable because of the leadership of Black Swan Events. Highly recommend their services

References Checked By Name: Maria Melo Title: Admin. Coordinator
 Division/Department: GF2CIB Date of Verification: 3/29/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 *QVL*

Reference for: (Name of Firm) Black Swan

Organization/Firm Name providing reference:

Contact Name/Title: Elizabeth Owen

Contact E-mail: eowen@littler.com

Contact Phone: 954-579-5906

Name of Referenced Project: Elizabeth Owen's 60th Birthday

Contract No.

Contract Amount: \$30,000

Date Services Provided: 8/13/18 to now
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Maintained spreadsheet of costs - estimate v. actual, identified all vendors for the party (cake, photographer, decorations, videographer, DJ, sent out electronic invitations, maintained guest list which constantly changed, met with the venue regarding food and drinks, timing of deliveries, paid vendors directly and reimbursed by me.

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: *Maria Mele* Title: *Admin. Coordinator*
 Division/Department: *GFCCNB* Date of Verification: *3/29/19*



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: DAVIDiPhoto, Inc.
Recommended Group(s)/Line Item(s): Line 5- Photography / Video Production
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.03 10:59:09 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1 QVL
 Reference for: (Name of Firm) DavidiPhoto
 Organization/Firm Name providing reference: Victoria Mutual Building Society (VMBS)
 Contact Name/Title: Suzette Rochester Lloyd, Chief Representative Officer
 Contact E-mail: suzette.rochesterlloyd@myvmgroup.com
 Contact Phone: (305) 770-2643
 Name of Referenced Project: GEN2117351B1
 Contract No. _____
 Contract Amount: _____
 Date Services Provided: As needed during 2016 to current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Provide photo and video of company events and participation in other events as needed.

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"/>

Additional Comments: (provide on additional sheet if needed)
David Muir has provided photography and video services to the VMBS, and has delivered quality and effective service delivery. His level of professionalism and integrity remains unquestioned.

References Checked By
 Name: Marie Mele Title: Admin. Coordinator
 Division/Department: QVL/18 Date of Verification: 4/3/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 QVL
 Reference for: (Name of Firm) Davidphoto
 Organization/Firm Name providing reference: Office of Economic and Small Business Development
 Contact Name/Title: Paola Isaac Baraya, Economic Development Specialist
 Contact E-mail: pisaac@broward.org
 Contact Phone: 954-357-7894
 Name of Referenced Project: Florida International Trade & Cultural Expo 2018
 Contract No. Invoice #2615
 Contract Amount: \$2,900
 Date Services Provided: October 17-18, 2018
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Photography services for two days at the FITCE conference

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

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLWB Date of Verification: 4/3/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351 QVL
 Reference for: (Name of Firm) David i Photo
 Organization/Firm Name Urban League of Broward County
 Contact Name/Title: Alicia Brown, Vice President of Philanthropy & Communications
 Contact E-mail: ABROWN@ULBFL.ORG
 Contact Phone: (954) 625-2544
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided:

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 David i Photo is a trusted vendor and has worked with the Urban League since 2011. We can trust David i Photo to deliver quality results in a timely manner.

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Marie Male Title: Admin. Coordinator
 Division/Department: GFLC/VB Date of Verification: 4/3/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: COMMERCIAL PRINTERS, INC.
Recommended Group(s)/Line Item(s): Line 5- Photography / Video Production
Line 10- Banners/Printing/Promo Items
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.03 10:54:25 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN211735181 QV2
 Reference for: (Name of Firm) Commercial Printers
 Organization/Firm Name providing reference: City of Wilton Manors
 Contact Name/Title: Johnnie Goodnight - Office Manager - City Manager's Office
 Contact E-mail: JGOODNIGHT@WILTONMANORS.COM
 Contact Phone: 954) 390-2120
 Name of Referenced Project: _____
 Contract No. _____
 Contract Amount: N/A
 Date Services Provided: Pre 2013 to current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Printing of city newsletter and various other print jobs. And mail service.

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"/>

Additional Comments: (provide on additional sheet if needed)
Outstand's service provider. Our Account Exec Sue Matovich always went above & beyond to ensure every job was perfect!

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: 4/2/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: QVL GEN2117351B1
 Reference for: (Name of Firm) COMMERCIAL PRINTERS
 Organization/Firm Name providing reference: BROWARD SHERIFF'S OFFICE
 Contact Name/Title: JANE HIDALGO / GRAPHIC DESIGNER PROD. COORDINATOR
 Contact E-mail: JANE-HIDALGO@SHERIFF.ORG
 Contact Phone: 954-321-4838
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided: SINCE 2006

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
PRINTING

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: 4/3/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Qualified Vendor List (QVL) Solicitation GEN2117351B1
 Reference for: (Name of Firm) Commercial Printers
 Organization/Firm Name providing reference: City of Palm Beach Gardens
 Contact Name/Title: Candice Temple/Public Media Relations Manager
 Contact E-mail: ctemple@pbgfl.com
 Contact Phone: 561-799-4152
 Name of Referenced Project: Signature City Magazine
 Contract No. Blanket P.O. #014592
 Contract Amount: \$40,000 annually
 Date Services Provided: September 2015 to current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Printing, binding and mailing services for the City of Palm Beach Gardens' quarterly magazine. We have also used them for special mailers and promotional items.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 We have used Commercial Printers since September 2015 for our quarterly magazine for residents. They have consistently come in a the lowest bid for this project. There have been occasional hiccups, however overall we have been satisfied with the quality of work provided. We have worked with the same Account Representative for the last four years which helps immensely with continuity of services.

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: 4/2/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Superior Office Services, LLC
Recommended Group(s)/Line Item(s): Line 10- Banners/Printing/Promo Items
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.03 11:01:09 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: QEN2117351B1 QVL
 Reference for: (Name of Firm) SUPERIOR OFFICE SERVICES
 Organization/Firm Name providing reference: LSF Shuttle
 Contact Name/Title: Mark Levitt
 Contact E-mail: mlevitt@lsf.us
 Contact Phone: 954-463-0845
 Name of Referenced Project: Decals for fleet
 Contract No. _____
 Contract Amount: _____
 Date Services Provided: Ongoing
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Provide and installed decals for Broward Paratransit Services fleet. They have also made decals for the interior of the vehicles.

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"/>

Additional Comments: (provide on additional sheet if needed)
Great service.

References Checked By
 Name: Maria Mele Title: Admin Coordinator
 Division/Department: GFLC/B Date of Verification: March 22, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN 2117351B1 QVL
 Reference for: (Name of Firm) Superior Office Services
 Organization/Firm Name providing reference: Limosines of South Florida
 Contact Name/Title: Mark Levitt, Vice Pres.
 Contact E-mail: mlevitt@LOSF.US
 Contact Phone: (954) 463-0845
 Name of Referred Project:
 Contract No. Several Types / Including Broward Paratransit
 Contract Amount:
 Date Services Provided: Past five years
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Provided & Installed Vehicle Seats

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"/>

Additional Comments: (provide on additional sheet if needed)
Good Vendor

References Checked By
 Name: Marie Mele Title: Admin. Coordinator
 Division/Department: GFLCVB Date of Verification: 4/1/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1 *QV2*
 Reference for: (Name of Firm) Superior Office Services
 Organization/Firm Name providing reference: Miami Dade County Corrections
 Contact Name/Title: Commander Christopher Moreno
 Contact E-mail: Christopher.Moreno@miamidade.gov
 Contact Phone: 786-263-6149
 Name of Referenced Project: Vehicle Graphics and Wrapping
 Contract No. POCR1800454
 Contract Amount: \$87,600
 Date Services Provided: February 2018 through present
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Vendor assisted in the design and layout of graphics for the department's new fleet and installed vehicle wraps on approximately 50 vehicles including large buses.

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"/>

Additional Comments: (provide on additional sheet if needed)
 It has been and continues to be a pleasure to work with this vendor.

References Checked By
 Name: *Maria Mele* Title: *Admin. Coordinator*
 Division/Department: *GFLONB* Date of Verification: *4/1/19*



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: The Blue Tree Cafe
Recommended Group(s)/Line Item(s): Line 2-Catering Services
Line 4-Florist/Gift Baskets/Plant Rentals
Line 6-Decorators / Exhibition Services

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo TITLE: VP of Administration
(Individual authorized to administer the contract.)

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.03 11:01:33 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Qualified Vendor List (QVL) Solicitation GEN2117351B1
 Reference for: (Name of Firm) Blue Tree
 Organization/Firm Name providing reference: City of Miramar
 Contact Name/Title: Elsi Rose, Development & Capital Management Coordinator
 Contact E-mail: erose@miramarfl.gov
 Contact Phone: 954-602-3270
 Name of Referenced Project: Faith Based Sustainability Workshop
 Contract No. n/a
 Contract Amount: \$400.00
 Date Services Provided: 2/27/19

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Blue Tree Cafe provided turn key catering for 100 guests

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"/>

Additional Comments: (provide on additional sheet if needed)
 Chef Sharon is a resourceful, talented and creative professional who is a delight to work with.

References Checked By
 Name: Marisa Mele Title: Admin Coordinator
 Division/Department: GFLCVA Date of Verification: 4/1/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN 2117351B1 QVL
 Reference for: (Name of Firm) Blue Tree Catering
 Organization/Firm Name providing reference: School Specialty Inc.
 Contact Name/Title: MARK BAINES Sales manager
 Contact E-mail: MARK.BAINES@SCHOOLSPECIALLY.COM
 Contact Phone: 352-502-5163
 Name of Referenced Project: Broward Schools Furniture Vendor Fair
 Contract No. _____
 Contract Amount: \$2,000.00
 Date Services Provided: 1/11/19

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: Supplied 200 Box Lunches

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

Additional Comments: (provide on additional sheet if needed)
Quality of Lunches and pricing were exceptional. Very Fresh with plenty of meat on sandwiches. We would use them again.

References Checked By
 Name: Maria Mele Title: Admin. Coordinator
 Division/Department: GFLC/B Date of Verification: 4/2/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Qualified Vendor List (QVL) Solicitation GEN2117351B1
 Reference for: (Name of Firm) Blue Tree
 Organization/Firm Name providing reference: Broward County Transit
 Contact Name/Title: Kesha A. Davis *[Signature]*
 Contact E-mail: kedavis@broward.org
 Contact Phone: 954-357-8449
 Name of Referenced Project: 2018 Employee Appreciation Breakfast
 Contract No.
 Contract Amount: \$500
 Date Services Provided: Nov 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Provided catered breakfast for Transportation Department staff at GC-West

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"/>

Additional Comments: (provide on additional sheet if needed)
 Everyone loved the food and personal attention provided by vendor.

References Checked By
 Name: *Maria Mele* Title: *Admin. Coordinator*
 Division/Department: *GFLCVB* Date of Verification: *4/2/19*



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Insert Name of Division Director
Insert Agency Name
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: S & J CATERING INC
Recommended Group(s)/Line Item(s): Line 2- Catering Services
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: _____ TITLE: _____
(Individual authorized to administer the contract.)

SIGNATURE: **ANTHONY CORDO** Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:17:41 -04'00' DATE: _____



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 *QV2*

Reference for: (Name of Firm) S & J catering

Organization/Firm Name providing reference: City Of Miramar Cultural Affairs

Contact Name/Title: Randy Greene Banquet Manager

Contact E-mail: rsgreene@miramarculturalcenter.org

Contact Phone: 954.602.4535

Name of Referenced Project:

Contract No.

Contract Amount:

Date Services Provided: 2 year agreement
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:
Resident Caterer for Banquet Hall

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
Name: *Maria Mele* Title: *Admin Coordinator*

Division/Department: *GFLCVB* Date of Verification: *4/2/19*



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1 **QVL**

Reference for: (Name of Firm) **S & J Catering**

Organization/Firm Name providing reference:

Gutierrez Morales River e Associates PA CPA

Contact Name/Title: **Margarita Morales-River CPA Partner**

Contact E-mail: **Maggie@GMPA-CPA.com**

Contact Phone: **954-609-7124**

Name of Referenced Project: **Designated Caterer**

Contract No.

Contract Amount:

Date Services Provided:

(list date range or date services began until "current")

Vendor's role in Project:

- Prime Vendor
 Yes No

If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

All Catering + Meal Service for our firm.

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"/>

Additional Comments: (provide on additional sheet if needed)

S+S provides outstanding service. They are reliable, timely and always provide quality meals + related services at reasonable fees.

References Checked By

Name: Maria Melo

Division/Department: GFLCVB

Title: Admin. Coordinator

Date of Verification: 4/2/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Solicitation GEN2117351B1 *QVL*
 Reference for: (Name of Firm) S & J catering
 Organization/Firm Name providing reference: *Coconut Grove Events*
 Contact Name/Title: *Leslie Rowe, Co-Owner*
 Contact E-mail: *leslie@coconutgroveevents.com*
 Contact Phone: *305-446-2909*
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided:

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
S & J Catering provided the food and Beverage for all of the events at the Woman's Club of Coconut Grove from 2010 to 2013

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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: *Maria Melo* Title: *Admin. Coordinator*
 Division/Department: *GFLCVB* Date of Verification: *4/2/19*



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Your Events R Us, LLC dba Yeru Stem Education
Recommended Group(s)/Line Item(s): Line 4- Florist/Gift Baskets/Plant Rentals
Line 5 - Photography / Video Production
Line 6- Decorators / Exhibition Services
Line 11-Entertainment

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo TITLE: VP of Finance
(Individual authorized to administer the contract.)

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:09:58 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN217351B1 QNL
 Reference for: (Name of Firm) Your Events R. US. - S.T.E.A.M.
 Organization/Firm Name providing reference: Rachel Clementi -
 Contact Name/Title: Rachel Clementi
 Contact E-mail: rachelmclementi@gmail.com
 Contact Phone: 954-679-6718
 Name of Referenced Project: Off The Canvas Live! @ BMU
 Contract No. _____
 Contract Amount: \$300
 Date Services Provided: 5/11/18

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Your event R US was a vendor at our schools annual art exhibition. They came under S.T.E.A.M. and did great hands on project for 3 hours with our K-8th grade students.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Barbara DeMott
 Division/Department: GFLCVB

Title: Administrative Coordinator
 Date of Verification: 4/3/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Your Events R Us

Organization/Firm Name providing reference: City of Fort Lauderdale

Contact Name/Title: Nigel Dooling

Contact E-mail: ndooling@fortlauderdale.gov

Contact Phone: 954-828-4592

Name of Referenced Project: Youth Summer Event and Activity Vendor

Contract No. STEM Amusement, Education and Activities for Kids

Contract Amount: \$1250.00- 2500.00

Date Services Provided: July 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

The vendor provided my summer camp with several exciting and interactive stem stations for my campers to complete. At the end of their visit the campers were able to purchase gifts with the tokens they received from each station. This was a very fun and engaging activity for my camp that I will definitely be using in the future.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Barbara DeMott

Division/Department: GFLCVB

Title: Administrative Coordinator

Date of Verification: 3/27/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Your Events R Us

Organization/Firm Name providing reference: Miami Dade County Public Schools

Contact Name/Title: Winter Hollis

Contact E-mail: biznet77@ymail.com

Contact Phone: 954-699-0463

Name of Referenced Project:

Contract No. STEM Amusement, Education and Activities for Kids

Contract Amount: \$1250.00- 2500.00

Date Services Provided: July 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Your Event R Us (YERU) STEM Education offered STEM Exploration stations for students/kids in the form of a (1) STEM Fun Day and again in the form of (2) FSA STEM Labs

FSA – Florida Standards Assessment

STEM – Science, Technology, Engineering and Mathematics

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Wonderful vendor! Very accommodating and professional. The students were very much amused and learned a lot. Students asked if they will be returning and if they will get the experience again, which says a lot. 😊

References Checked By Name: Barbara DeMott

Division/Department: GFLCVB

Title: Administrative Coordinator

Date of Verification: 3/22/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: PREMIER CHOICE EVENTS, LLC
Recommended Group(s)/Line Item(s): Line 5- Photography / Video Production
Line 6 - Decorators / Exhibition Services
Line 7- Destination Management Company / Special Event Production
Line 9- Charter Yachts
Line 10 - Banners/Printing/Promo Items
Line 11- Entertainment

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:16:59 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Premier Choice Events
 Organization/Firm Name providing reference: Jackson Health Foundation
 Contact Name/Title: Charmaine Gatin, EVP & Chief Operating Officer
 Contact E-mail: charmaine_gatlin@yahoo.com
 Contact Phone: 404-428-5028
 Name of Referenced Project: Guardians of the Children Luncheon at Ritz Carlton
 Contract No. Event Design & Production
 Contract Amount: \$75,000
 Date Services Provided: Nov 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Outreach events, social media, floral and marketing services.

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"/>

Additional Comments: (provide on additional sheet if needed)
 Working with PCG has been a great relationship. They can take your vision and expand it to a WOW.

References Checked By
 Name: Barbara Demott Title: Admin. Coord.
 Division/Department: GRCSB Date of Verification: 4/4/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for: (Name of Firm) Premier Choice Events

Organization/Firm Name providing reference: Jackson Health Foundation

Contact Name/Title: Charmaine Gatlin, EVP & COO

Contact E-mail: charmaine_gatlin@yahoo.com

Contact Phone: 404-428-5028

Name of Referenced Project: Ice Cream We Love at Bal Harbour Shops

Contract No. Event Design & Production

Contract Amount: \$50,000

Date Services Provided: January 2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Décor & build out of VIP lounge

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Great to work with & very professional.

References Checked By
Name: Barbarba DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 4/3/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Premier Choice Events

Organization/Firm Name providing reference: City of North Miami

Contact Name/Title: Alberta Mathurin / Chief Asst to Major Joseph

Contact E-mail: amathurin@northmiamifl.gov

Contact Phone: 3053161922

Name of Referenced Project: 2018 Heritage Haitian Month Kick Off

Contract No. Event Design & Production

Contract Amount: \$50,000

Date Services Provided: Mar 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Design and project managemnt

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"/>

Additional Comments: (provide on additional sheet if needed)

Dedicated team to ensure complete success and customer satisfaction

References Checked By

Name: Barbara DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 3/28/2019



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: DigiVision Productions Inc
Recommended Group(s)/Line Item(s): Line 5 - Photography / Video Production
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:15:27 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) DigiVision Productions

Organization/Firm Name providing reference: Henderson Behavioral Health

Contact Name/Title: Suzanne Higgins / Director of Development

Contact E-mail: shiggins@hendersonbh.org

Contact Phone: 954-777-1624

Name of Referenced Project: Growing Strong Campaign video

Contract No. Video production

Contract Amount: \$6200.00

Date Services Provided: Nov 2018 - Jan 2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

DigiVision was tasked with producing a special gifts campaign video for a new Crisis Stabilization Unit that we are building. I have not worked on a video production like this in year's but was so impressed with the vision that Liz Priore had for this project. Loved her creative and unique style of capturing people and places while bringing technology to the table (use of a drone, 3D components, etc.) In helping to determine what we were going to use the video for, Liz was adept at educating us about placement for social media purposes and how many different versions of the video would be recommended. Liz was a consummate professional at all times and exhibited grace under pressure. She delivered all components of the project when promised with little or no edits needed as she got it right the first time. I look forward to the opportunity to work with her again and would highly recommend her as a vendor.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Liz has a unique ability to listen and understand what the client needs. Filming for a behavioral health organization challenged Liz in that she had to film on a unit where mental health clients were being treated and cared for. She showed compassion and professionalism at all times. She has great listening skills and creativity and was able to turn our vision into a wonderful final product!

Reference Verification: GEN2117351B1-
Request for Qualifications: Event Related Services

References Checked By

Name: Barbara DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 3/28/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) DigiVision Productions

Organization/Firm Name providing reference: Community Foundation of Broward

Contact Name/Title: Kirk Englehardt / VP Communications

Contact E-mail: kenglehardt@cfbroward.org

Contact Phone: 954-761-9503

Name of Referenced Project: Videos for web, social media, events, enewsletters, meetings, etc.

Contract No. Video production

Contract Amount: \$1200.00

Date Services Provided: On going

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

We cannot be more satisfied with the work done by Digivision Productions. The company has produced approximately 20 videos for the Community Foundation of Broward and we have several more in the works.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

You will be delighted with the results you get working with Digivision Productions. The company took time to understand our organization and the goals we had for these projects. The final products were creative, professional, engaging and memorable. We couldn't have asked for a better result and plan to continue using Digivision for all of our video production needs.

References Checked By

Name: Barbara DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 3/28/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) DigiVision Productions

Organization/Firm Name providing reference: Cleveland Clinic Florida

Contact Name/Title: Arlene Mitchell / Director of Communications

Contact E-mail: allena@ccf.org

Contact Phone: 954-659-5028

Name of Referenced Project: PSA:State of Pain: Opioids

Contract No. Video production

Contract Amount:

Date Services Provided: Nov 2018 - Feb 2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Creative concept, story boards, script and video shoot and editing for a public service video on opioid abuse

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Barbara DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 4/3/2019



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: LS Events LLC dba Via Americas
Recommended Group(s)/Line Item(s): Line 1- Audio, Visual and Lighting Services
Line 7 - Destination Management Company / Special Event Production
Line 8- Party Supplies / Rentals
Line 10- Banners/Printing/Promo Items
Line 11- Entertainment

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:16:31 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) LS Events

Organization/Firm Name providing reference: City of Pompano Beach

Contact Name/Title: Mark Beaudreau / Recreation Programs Administrator

Contact E-mail: mark.beaudreau@copbfl.com

Contact Phone: 954-786-4111

Name of Referenced Project: Annual Pompano Beach Brazilian Festival

Contract No. Full Production, Entertainment, Sales, Marketing, Promotion

Contract Amount: \$300,000

Date Services Provided: Oct 2012 - 2018

(list date range or date services began until "current")

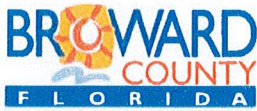
Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Luciano promotes and organizes the entire Event. The City provides in-kind and other financial resources for the Event. He does a fantastic job and we love the Event.

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"/>

Additional Comments: (provide on additional sheet if needed)
The Brazilian Festival is one of the City's noteworthy Events. It has grown in attendance and popularity each year.

References Checked By
 Name: Barbara DeMott Title: Administrative Coordinator
 Division/Department: GFLCVB Date of Verification: 3/29/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN211235131
 Reference for: (Name of Firm) LS Events
 Organization/Firm Name providing refer: Seminole Casino Coconut Creek
 Contact Name/Title: Robert Dearshine
 Contact E-mail: Robert.Dearshine@stufgaming.com
 Contact Phone: 954-444-8850
 Name of Referred Project: Keyboy Bunny Hunt Jack Tournament
 Contract No. _____
 Contract Amount: \$15,000
 Date Services Provided: February 2015
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 LS Events was hired to retrofit our pavilion Entrance to look like the Entrance of the Keyboy reunion. This was a custom built project that had alot of detailed Elements with strong Property Expectations. LS Events also custom built vignette walls for inside the pavilion.

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"/>

Additional Comments: (provide on additional sheet if needed)
 LS Events did an exceptional job with the decor. they were on point with all expectations. they truly went above & beyond to make the event a memorable success.

References Checked By Name: Barbara DeMott Title: Admin Coordinator
 Division/Department: GFLCVB Date of Verification: 4/2/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1GEN2117351B1

Reference for: (Name of Firm) LS Events Organization/Firm

Name providing reference: Castalia Communications

Contact Name/Title: Robert Watson – SVP US Distribution

Contact E-mail: bob@castaliacom.com

Contact Phone: 770-396-7850

Name of Referenced Project:

Contract No.

Contract Amount:

Date Services Provided:

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor: Pre-event promotion, on-site promotion, booth space, power

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Timeliness of:

a. Project	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed). This form is nearly impossible to fill out on a computer screen.

References Checked By

Name: Barbara DeMott

Division/Department: GFLCVB

Title: Administrative Coordinator

Date of Verification: 4/1/2019



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Logan Corporation
Recommended Group(s)/Line Item(s): Line 10-Banners/Printing/Promo Items
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.04 11:15:59 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: **Solicitation GEN2117351B1**

Reference for: **Logan Corporation**

Organization/Firm Name providing reference: **Logistics Management Group, Inc.**

Contact Name/Title: **Randi Freedman, Pres.**

Contact E-mail: **lmgrandi@aol.com**

Contact Phone: **305-790-3356**

Name of Referenced Project: **South Beach Wine & Food Festival**

Contract No. **n/a**

Contract Amount: **\$41,000.00**

Date Services Provided: **Annual project since 2004**

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor: I have engaged Logan Corporation for many of my projects for over 15 years. They have always provided a superior quality product and their services have been delivered on time and on budget. They are reliable, professional and have great flexibility to meet last minute needs

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Barbara DeMott Title: Admin. Coord.
 Division/Department: GRUB Date of Verification: 4/4/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Logan Corporation
 Organization/Firm Name providing reference: National Builders Group
 Contact Name/Title: Bonifacio Lopez
 Contact E-mail: blopez@nationalbuildersgroup.com
 Contact Phone: 786-372-1208
 Name of Referenced Project: Phillip Sylvester Building
 Contract No. Design, engineer, install frame and banner for large format wallscape banner
 Contract Amount: \$100,000
 Date Services Provided: June 2018 - ongoing

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 ENGINEERING, INSTALLATION, FABRICATION
 COORDINATION, CABLE SYSTEM, BANNER INSTALLATION

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Bob DeMott Title: Admin Lead
 Division/Department: Green Date of Verification: 3/27/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Logan Corporation
 Organization/Firm Name providing reference: Impress DC Media
 Contact Name/Title: Michael Dean
 Contact E-mail: mike.dean@impressdcmedia.com
 Contact Phone: 786-586-3324
 Name of Referenced Project: Vice Building
 Contract No. Provide engineering and install large format banner
 Contract Amount: \$80,000
 Date Services Provided: Aug 2018

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Engineer and Install 4 Large banners on Downtown Miami Apartment building roughly 40,000 Sqft in Total Area.

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Barbara Demott Title: Admin. Coordinator
 Division/Department: GFLCUB Date of Verification: 4/1/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Logan Corporation
 Organization/Firm Name providing reference: Master Visuals Pro LLC
 Contact Name/Title: Cesar Carrillo
 Contact E-mail: cesar@mastervisualspro.com
 Contact Phone: 786-547-3785
 Name of Referenced Project: MIAMI OPEN TENNIS
 Contract No. N/A
 Contract Amount: 22K
 Date Services Provided: 03/17/19 - 03/31/19
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 - LARGE FORMAT PRINTING

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"/>

Additional Comments: (provide on additional sheet if needed)
 - VERY KNOWLEDGABLE IN THE INDUSTRY
 - HIGHLY RECOMMENDED

References Checked By
 Name: Barbara DeMott Title: Admin. Coord.
 Division/Department: ORLES Date of Verification: 4/11/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: MAIN EVENT PLANNERS, CORP.

Recommended Group(s)/Line Item(s): Line 4 - Florist/Gift Baskets/Plant Rentals
Line 6 - Decorators / Exhibition Services
Line 7- Destination Management Company / Special Event Production
Line 8 - Party Supplies / Rentals
Line 11 Entertainment

Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable These are low dollar value purchases.

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO Digitally signed by ANTHONY CORDO
Date: 2019.04.05 10:16:39 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Main Event Planners

Organization/Firm Name providing reference: 211 Palm Beach

Contact Name/Title: John Liberman

Contact E-mail: jml@johnliberman.com

Contact Phone: 917-304-2949

Name of Referenced Project: A Night Under the Big Top

Contract No. Produce entertainment & event design for annual gala

Contract Amount: \$12,625

Date Services Provided: Feb 2016

(list date range or date services began until "current")

Vendor's role in Project: xPrime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor: Without Sandra's help this event would not have happened. She was instrumental as far as locating and booking the performing artists. She spent time scouting the location of the event to make sure performers were in their proper place in the venue. She also made sure the theme was carried to fruition. Sandra is a true professional. It was a pleasure to work with her, and I would recommend her highly.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- | | | | | |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Responsivex | <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"/> |

Additional Comments: (provide on additional sheet if needed)
She was excellent in every respect.

References Checked By

Name: Barb DeMott
Division/Department: Green

Title: Admin. Coord.
Date of Verification: 4/9/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1 - QUL

Reference for: (Name of Firm) Main Event Planners

Organization/Firm Name providing reference: Lighthouse of Broward County, Inc.

Contact Name/Title: Jose Lopez Masso, MBA, J.D. VP of Strategic Initiatives & Development

Contact E-mail: JLopez@LHOB.org

Contact Phone: 954-463-4217 ext. 141

Name of Referenced Project: Dining in the Dark Gala

Contract No. N/A

Contract Amount: \$12,000

Date Services Provided: October 2015
(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Sandra Vargas was the lead planner for our 2015 Dining in the Dark Gala. In that role she was asked to consult on over all event flow and design. She and her team were responsible for scheduling all committee meetings, keeping minutes and updating the events deliverables listing. She coordinated efforts between the LHOB event committee and the vendors who sponsored elements of the event such as Photography, Printing and Signage, Entertainment and Silent Auction. She and her staff managed all aspects of décor, set up, clean up as well as training and scheduling of the sighted guide volunteers necessary for the event. They designed and put together the layout for the evening's program. They were also tasked with preparing the event timeline in conjunction with our President & CEO, Dr. Elly Dupre.

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"/>

Additional Comments: (provide on additional sheet if needed)

Sandra has working with our organization since 2012 planning and coordinting weddings, Jazz and Art events in our Sensory Garden. In addition, she led our volunteer team at our Dining in the Dark Gala last year and volunteered her time at our Heroes Auction and Concert in April 2018. She and her team have developed a very clear vision of the needs and mission of our organization. We are looking forward to working with her and her staff on our next project now in mid-April here in the Sensory Garden at the Lighthouse of Broward.

References Checked By
 Name: Barbara Demott Title: Administrative Lead
 Division/Department: GRUB Date of Verification: 4/11/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: _____
 Reference for: (Name of Firm) Main Event Planners
 Organization/Firm Name providing reference: Mex Plus Centers
 Contact Name/Title: Brandon J. Hochman / Owner
 Contact E-mail: brandon.hochman@hotmail.com
 Contact Phone: (678) 640-8888
 Name of Referenced Project: GEN 2117351 B 1
 Contract No. _____
 Contract Amount: _____
 Date Services Provided: _____

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

A catered event at a beach pavilion for 150 people. We had incredible food and entertainment with a beautiful view. They organized the entire event from start to finish with every detail meticulously planned and executed.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

	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"/>

Additional Comments: (provide on additional sheet if needed)

Main Event Planners has done several jobs for my company and for my family. I highly recommend using their services. In my opinion they are the best there is - and I have catered over 50 events. They will be the only ones I will ever use.

References Checked By

Name: Barbare DeMott
 Division/Department: Greens

Title: Admin - Coord.
 Date of Verification: 4/2/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: Fiesta Carousel, Inc.
Recommended Group(s)/Line Item(s): Line 8- Party Supplies / Rentals
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These will be small dollar value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.09 14:24:56 -04'00' **DATE:**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN 2117 351 B1
 Reference for: (Name of Firm) Fiesta Carousel
 Organization/Firm Name providing reference: Lennar Corporation
 Contact Name/Title: Ela Alayon
 Contact E-mail: ela.alayon@lennar.com
 Contact Phone: 305-229-4680
 Name of Referenced Project: _____
 Contract No. _____
 Contract Amount: _____
 Date Services Provided: Regularly - for all our rental needs
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
*Provide tent rentals, chairs, table cloths, chafing dishes
 Set up + take down all products provided.*

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Barbara DeMott Title: Administrative Coordinator
 Division/Department: GFLCVB Date of Verification: 4/27/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Fiesta Carousel
 Organization/Firm Name providing reference: Simply A Perfect Party
 Contact Name/Title: Susan McCourt
 Contact E-mail: chicbbqsue@gmail.com
 Contact Phone: 954-454-1328 — 954-980-5548 cell
 Name of Referenced Project: various
 Contract No.
 Contract Amount: n/a
 Date Services Provided: Est. 1990 to current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Delivery + set up of Tents, Tables, chairs for various events.

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"/>

Additional Comments: (provide on additional sheet if needed)
 Miguel (Fiesta Carousel) is the only vendor we call for these services. The Best.
 Susan McCourt

References Checked By: Barbara DeMott Title: Admin Coordinator
 Name: Barbara DeMott
 Division/Department: GRUB Date of Verification: 4/5/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) Fiesta Carousel

Organization/Firm Name providing reference: River City Festival

Contact Name/Title: Tom Curtis

Contact E-mail: newtcurtis@curtispub.net

Contact Phone: 786-262-4616

Name of Referenced Project:

Contract No.

Contract Amount: 6,000

Date Services Provided: April 12-14

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Tents, tables & chairs

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By:

Name: Barbara DeMott
Division/Department: GRLEP

Title: Admin. Coordinator
Date of Verification: 4/9/19



TO: Denise Orcutt, Purchasing Agent
Purchasing Division
FROM: Anthony Cordo
Greater Fort Lauderdale Convention & Visitors Bureau
SUBJECT: Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services

Recommended Vendor: E-CORP PRODUCTIONS, INC.
Recommended Group(s)/Line Item(s): Line 1- Audio, Visual and Lighting Services
Initial Award Amount: N/A Potential Total Amount: N/A
Initial Contract Term: Five Years Contract Term, including Renewals: Five Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable These are small value purchases.

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Anthony Cordo
(Individual authorized to administer the contract.)

TITLE: VP of Administration

SIGNATURE: ANTHONY CORDO
Digitally signed by ANTHONY CORDO
Date: 2019.04.09 15:01:24 -04'00' **DATE:**

Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN 2117351B1
 Reference for: (Name of Firm) E-CORP PRODUCTIONS
 Organization/Firm Name providing reference: MIAMI DADE COLLEGE, LIVE ARTS
 Contact Name/Title: ED DAUS, PRODUCTION MANAGER
 Contact E-mail: edaus7@mdc.edu
 Contact Phone: 305-992-2997
 Name of Referenced Project: Little Havana Social Club, and more
 Contract No. N/A
 Contract Amount: \$10,000
 Date Services Provided: JAN-MAY 2018
 (list date range of date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
Vendor was hired to provide stagehands and carpenters for a monthly concert series. Services include trucking, staging, carpentry, and production support.

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"/>

Additional Comments: (provide on additional sheet if needed)
E-Corp provides hard working crews and professional administration. I've been hiring them for 10 years.

References Checked By
 Name: Barbara Denlett Title: Admin. Coord.
 Division/Department: GRCSB Date of Verification: 4/1/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) E-Corp Productions

Organization/Firm Name providing reference: AVS Production Group

Contact Name/Title: Genesaret Mejia

Contact E-mail: gmejia@avspg.com

Contact Phone: 718-904-0404

Name of Referenced Project: Labor for Event Production

Contract No. Various

Contract Amount: Various

Date Services Provided: Various

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

E-Corp Productions has always been incredibly dependable, which is why we continue to work with them for all of our Florida and, most recently, Texas events. They are always very responsive and deliverables are always turned in in a timely manner, even under tight deadlines.

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"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Barbara DeMott

Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 4/1/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2117351B1-

Request for Qualifications: Event Related Services

Reference for: (Name of Firm) E-Corp Productions

Organization/Firm Name providing reference: Chayanne

Contact Name/Title: John Sanchez

Contact E-mail: SoxMiami@gmail.com

Contact Phone: 305-420-8549

Name of Referenced Project: Chayanne Rehearsals

Contract No. Varies

Contract Amount: Varies

Date Services Provided: May 2017 - Present

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Lighting Techs, Stage Managers, Riggers, AV Technicians, Pipe & Drape Installation, Stage Set up & Break down, and much more.

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"/>

Additional Comments: (provide on additional sheet if needed)

I've worked with E-Corp for more than 2 years without fault or complaint. I know that whenever I need reliable help, even under short notice, they will deliver.

References Checked By

Name: Barbara DeMott
Division/Department: Office

Title: Admin Coordinator
Date of Verification: 4/5/19