

TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Potential Total Amount: N/A Initial Award 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 11:01:55 -04'00' DATE: SIGNATURE:



		Verification Fo	rm OVI		
Broward County Solicitation No. and Title: Solicitation GEN2117351B1					
Reference for: (Name of Firm) TRP Mar					
Organization/Firm Name providing refere		theastern Unive	rsity College	of Psychology	
Contact Name/Title: Carlos Perez, Ed.D	).				
Contact E-mail: perez@nova.edu					
Contact Phone: 9542625702					
Name of Referenced Project: GEN2117	'351B1				
Contract No.					
Contract Amount:					
	cts annually ove				
(list date ra	nge or date serv	vices began unti	("current")		
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye				onal Comments (bel	ow).
Description of services provided by V					
Trade show displays					
The contract of the contract o					
5			- Holin III		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	improvement	•			
a. Responsive					
Harris Andrews Conference and Conference			$\boxtimes$		
b. Accuracy c. Deliverables	H				
Vendor's Organization			$\boxtimes$		
a. Staff expertise			$\boxtimes$		
b. Professionalism		H	$\boxtimes$	님	
c. Turnover		H	$\boxtimes$	H	
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables	H	H	$\boxtimes$	H	
Additional Comments: (provide on ad	ditional sheet i	f needed)			
Tim P is the owner and keeps close co	ontact for proje	ects			
D-f					W100-1105
References Checked By		Title:	1	Cardin	t
Name: (Mayer / NULL)  Division/Department: GFLCIB		Title: A	/erification:	yourain	alo
Division/Department. GFCC18		Date of V	enilication.	411 119	



		Verification Fo	rm OV		
Broward County Solicitation No. and Title: GEN211735181 (XVL					
Reference for: (Name of Firm) TRP Mark					
Organization/Firm Name providing refere	nce: GFLC	CVB ,			
Contact Name/Title: KIM Ca	nter,/	Market	ng		
Contact E-mail: Kcanter Dono	Ward. 6	w	0		
Contact Phone: 954 - 761 - 21	445	1			
Name of Referenced Project:	in the	2 Gord	len		
Contract No.		0			
Contract Amount: \$ 5,000					
Date Services Provided:					
(list date rar	ige or date serv	rices began unti	"current")		
Vendor's role in Project:   Prime Ven	dor 🗌 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Yes	s 🗌 No If	No, please spe	cify in Addition	onal Comments (below).	
Description of services provided by V					
We used TRP Marketing for Jazz in the		torage delivery	logistic mar	nagement labor and	
repairs.					
Great service!					
Please rate your experience with the	Needs	0-41-54	C Ilant	Net Applicable	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables	$\Box$		$\boxtimes$		
2. Vendor's Organization	-				
a. Staff expertise			$\boxtimes$		
b. Professionalism			$\boxtimes$		
c. Turnover			$\boxtimes$		
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on add			bish balm		
We have been working with the same services.	vendor for the	e last few years	wnich neip	s with continuity of	
services.					
References Checked By		· ·		1	
Name: Mou a mele		Title: A	m. Com	rdinder	
Division/Department: GFLCVB		Date of	Verification: 3	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 Needs **Excellent Not Applicable** Satisfactory Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) References Checked By Name: Division/Department: Date of Verification:



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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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. TITLE: VP of Administration TYPED NAME OF SIGNER: Anthony Cordo (Individual authorized to administer the contract.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 10:58:15 -04'00' DATE: SIGNATURE:



Ven	dor Reference	Verification Fo	m 1		
Broward County Solicitation No. and Titl	e: GEN 21	17351BI	QVL		
Reference for: (Name of Firm) TMA	GINE TH		TAINME	NT	
Organization/Firm Name providing refer	ence: HILLS	BORD SHORE			
Contact Name/Title: DONNA ENG	E/EVE	NT COORDII			
Contact E-mail. DONNA - ENG	-LEQ CON				
Contact Phone: 954 276 92	101	,			
Name of Referenced Project: 5NOW	PARTY 20	17 \$ 2018 // F	WNUAL M	TG MAR 201	8 ¢ 2019
Contract No.					
Contract Amount: 5Now 17=# 2	380- / 5NOV	118= 2450 -	-/AM'18=	\$ 750 AM'19	= \$700
Date Services Provided: 12/17/17		12/22/18 /	3/2/	18 3/23/	19
(list date ra	nge or date ser	vices began until	"current") /	7 7 7	. ,
Vendor's role in Project: ☐ Prime Ver Would you use this vendor again? ☐ Ye	ndor 🗌 Sub es 🔲 No I	-consultant/Sub- If No, please spe		nal Comments (bel	ow).
Description of services provided by V	endor:				
Smow Party - Gagg Jaio E	vanious en	tentainens.	for ageo	5-70 ( mixed	s) bord
Smow Party - Jagg Inis & ammed Mtg & Dimmin - Ja	gg Inio Ca	dultoomly	)		0
Please rate your experience with the referenced Vendor:	Needs Improvemen	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	=				
a. Responsive					
b. Accuracy			<b>X</b>		
c. Deliverables			\\		
2. Vendor's Organization			/ '		
a. Staff expertise			,≧<		
b. Professionalism			$\triangleright$		
c. Turnover			$\bowtie$		
3. Timeliness of:	_		-	_	
a. Project		口	₹,		
b. Deliverables			×	Ц	
Additional Comments: (provide on ad Spot on! Plan to hine			g 2019 £	2020 Grent,	o ·
References Checked By Name: Maria Mell Division/Department: GFLCVB	3	Title: A	dmin. (	pordinato	ı_



## Vendor Reference Verification Form

•	Broward County Solicitation No. and Title: QEN2117351B   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.s ax@hilt on.com
•	Contact Phone: 954643 4607
٠	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")
	r's role in Project: ☑ Prime Vendor ☐ Sub-consultant/Sub-contractor ☐ No If No, please specify in Additional Comments (below).
Descri	ption of services provided by Vendor: Private parties , holidays, pool side activations.
	e rate your experience with the need Vendor:

	Needs Improvement	Satisfactory	Excellent	Exhibit 3 Page 8 of 72 Not Applicable
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables				
Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover				
Timeliness of:     a. Project     b. Deliverables				
Additional Comments: (provide on ad	dditional sheet i	f needed) : Gre	eat Vendor	
References Checked By Name. Maria Mole Division/Department: GFLCVB				Condinator Warch 29th 2019

Vendor Reference Verification Form - Bids

A Service of the Broward County Board of County Commissioners

(rev 3/2016)

Excellence in Public Procurement - Our Best. Nothing Less.



Vendor Reference Verification Form						
Broward County Solicitation No. and Title: Solicitation GEN2117351B1						
Reference for: (Name of Firm) Imagine th						
Organization/Firm Name providing refere	nce: City of Co	conut Creek				
Contact Name/Title: Leonardo Moleiro						
Contact E-mail: Imoleiro@coconutcreek.r	net					
Contact Phone: 954-545-6682						
Name of Referenced Project: Multiple Pr	rojects					
Contract No.						
Contract Amount:						
Date Services Provided: Since Fall of 2016						
(list date ran	ge or date sen	vices began until	"current")			
Vendor's role in Project: ⊠ Prime Vendor ☐ Sub-consultant/Sub-contractor ☐ 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		
Vendor's Quality of Service			98000	Transaction .		
a. Responsive			$\boxtimes$			
b. Accuracy			$\boxtimes$			
c. Deliverables			$\boxtimes$			
2. Vendor's Organization						
a. Staff expertise			$\boxtimes$			
b. Professionalism			$\boxtimes$			
c. Turnover			$\boxtimes$			
3. Timeliness of:	_	_	-			
a. Project			$\boxtimes$			
b. Deliverables			$\boxtimes$			
Additional Comments: (provide on add	litional sheet	if needed)				
References Checked By Name: Maria Mill Division/Department: GFLC/B		Title: A	o MCN -	03/27/2019		



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.

Concurrence: Exhibit 3 Page 11 of 72

TITLE: VP of Administration

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

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



	lor Reference		rm O V (1	(90)	
Broward County Solicitation No. and Title Reference for: (Name of Firm) Black Swa	Solicitation GE	EN211/351B1	QVL		_
Organization/Firm Name providing refere		-1			_
Contact Name/Title: Dah 1/ His kill	PHILIP		5 Corpora	no N	-
A TILE	r/manager	FIP			-
Contact Phone: 721 - 247 - 4444	neticom				
Name of Referenced Project: KEME	1	1 21 1 1 2 1	In this a		-
Contract No. N/A	JOWLY 6	tranding 1	perang		_
Contract Amount: \$ 52,000					-
Date Services Provided: 0/20/2019	\				-
(list date ran	ge or date servi	ices began unti	l "current")		_
Vendor's role in Project:   Prime Vendor's	dor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? 🖾 Yes				nal Comments (below).	
		, р.сссс срс			1
Description of services provided by Ve	endor;	Sunhal Ones	ing This	when a certhan	
1 220 to water which while	edid cate	ina estert	minhallet.	decounting sines	1
frime vehdor of the KEME for 230+ guerter, which included the coordination of trans	nowation I	and the	ou ronsora	arconaring giview	rya
& the reprolition of time	barisoling lo	y good is.			
					1
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables			$\boxtimes$		
2. Vendor's Organization			57 <b>8</b> -225		
<ul> <li>a. Staff expertise</li> </ul>			$\nabla$		
<ul> <li>b. Professionalism</li> </ul>			ĺΣ		
c. Turnover			İΩ		
3. Timeliness of:					
a. Project					
			M		
b. Deliverables			⊠ ⊠		
Additional Comments: (provide on add	☐ ☐	needed)	Ø		7
Additional Comments: (provide on add	litional sheet if	needed)	Ø	ekill Effortlers	7
Additional Comments: (provide on add	litional sheet if	needed)	Ø	skill. Effortlær	
Additional Comments: (provide on add	litional sheet if, follow up large scow	needed)  4 or gahi 2	Ø	skill. Effortlus	
	litional sheet if follow up large scou	needed)  organiz  Luunts!	Ø	skill. Effortlær	
Additional Comments: (provide on add	litional sheet if follow up large scow	needed)  4 or gahiz	Ø	rkill. Effortlær	
Additional Comments: (provide on add  Excellent to inhunication planning for corporate of  References Checked By	litional sheet if follow up large scou	needed)  4 or gahiz  1 Lyunts!	Ø	skill. Effortlus	
Additional Comments: (provide on add Excellent to immunication planning for corporate of	litional sheet if follow up large scoul	f or gahiz	Ø	skill. Effortlær	



Vend	dor Reference	Verification Fo	rm .	072.2	
Broward County Solicitation No. and Title	: QVL SO	licitation	GEN.	211735/81	
Reference for: (Name of Firm) Back		ients In			
Organization/Firm Name providing refere	nce: Brown		ge obo.	Family Cen	tra
Contact Name/Title: Mirella Bake	c bemme		7	· · · · · · · · · · · · · · · · · · ·	,
Contact E-mail: Mbemmel & bi	oward.	edu			
Contact Phone: 954-201-659					
Name of Referenced Project: Family	y Centra	1 Annual	5 K h	Jalk for Kid	5
Contract No.	1				
Contract Amount: \$ 5000					
Date Services Provided: (2/16	The state of the s				
(list date ran	ige or date serv	vices began unti	"current")		
Vendor's role in Project:  Prime Vendor		consultant/Sub-	contractor		
Would you use this vendor again? ☒ Yes	s 🗌 No If	No, please spe	cify in Additio	onal Comments (belo	w).
Description of services provided by Ve	endor:	, ,		1 1 1	
Coordinated the event.	Planned	meetings	, create	d task list,	
Coordinated the event. Offered suggestions for	- promot	ion, coord	dinated	event orde	25
CTShirts, promo materi	als etc).	Took ove	rall ma	nademento.	fexe
Please rate your experience with the	Needs			J	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
<ol> <li>Vendor's Quality of Service</li> </ol>					
a. Responsive			$\boxtimes$		
b. Accuracy			X		
c. Deliverables					
2. Vendor's Organization			1124-127		
a. Staff expertise			×		
b. Professionalism		님	<b>\$</b>	님	
c. Turnover			11		
3. Timeliness of:			ďή		
a. Project	- H	님		님	
b. Deliverables			×		
Additional Comments: (provide on add	ditional sheet i	f needed)		0: 8 12	
The level of professions	ilism wa	sovceller	.t. The	flow of the	-
a last was no at bout h	wore me	nageable	heraus	e of the	
EVENT WAS PRACTE MOUNT	111010111	199000	1	, , , , , , , , , , , , , , , , , , , ,	
Additional Comments: (provide on add The level of Drofessions event was pract much leadership of Black Si	wan.Eve	nts. High	nly reco	ommend the	4
References Checked By		V	*	service	5
Name: Mania Mal		Title:	Admin	Carrolina	tor
Division/Department: GF2 CIB			erification:	3/29/19	000
00-1-	10.00			-1	



		Verification Fo	rm	
Broward County Solicitation No. and Title: Solicitation GEN2117351B1				
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 Bir	thday		
Contract No.				
Contract Amount: \$30,000				
Date Services Provided: 8/13/18 to nov	V			
(list date ra	nge or date serv	rices began unti	l "current")	
Vendor's role in Project: ☐ Prime Ven	odor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? ☒ Ye				nal Comments (below).
		140, picase spe	ony in Addition	mai comments (below).
Description of services provided by V				
Maintained spreadsheet of costs - est				
photographer, decorations, videographic				
which constantly changed, met with t vendors directly and reimbursed by n		aing tood and	arınks, timir	ig of deliveries, paid
vendors directly and relinbursed by it				
Please rate your experience with the	Needs			******
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable
referenced vendor.	Improvement			
Vendor's Quality of Service	improvement			
1. Vendor's Quality of Service		П	×	П
Vendor's Quality of Service     a. Responsive				
Vendor's Quality of Service     a. Responsive     b. Accuracy			$\boxtimes$	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables			172.503.50	
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization     a. Staff expertise				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization     a. Staff expertise     b. Professionalism				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover      Timeliness of:				
1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project				
Vendor's Quality of Service     a. Responsive     b. Accuracy     c. Deliverables      Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover      Timeliness of:				
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project				
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables  Additional Comments: (provide on additional Comments)  References Checked By		f needed)		
1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables  Additional Comments: (provide on additional Comments)		f needed)		Goodinate
1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables				
1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables  Additional Comments: (provide on additional Comments)				



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 10:59:09 -04'00' DATE: SIGNATURE:



		Verification Fo		OVI	
Broward County Solicitation No. and Title: GEN2114351B1 QVL					
Reference for: (Name of Firm) DavidiPhoto					
Organization/Firm Name providing refere				5)	
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: GEN2117	351B1				
Contract No.		Access to the second			
Contract Amount:					
	ring 2016 to cur				
(list date rai	nge or date sen	vices began until	"current")		
Vendor's role in Project: ⊠ Prime Ven	dor Sub-	consultant/Sub-	contractor		
Would you use this vendor again?⊠ Ye				onal Comments (below).	
Description of services provided by V		rtialnation in at	har avanta a	e noodod	
Provide photo and video of company	events and par	rucipation in ot	ner events a	is fleeded.	
Lauren and a sure and a sure and a sure and a sure and					
Please rate your experience with the	Needs	Catiofaston	Excellent	Not Applicable	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables			$\boxtimes$		
2. Vendor's Organization	<del></del>	_			
a. Staff expertise			$\boxtimes$		
b. Professionalism		П	$\boxtimes$		
c. Turnover			$\boxtimes$		
3. Timeliness of:	-		1 <del></del>		
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
		0.000			
Additional Comments: (provide on ad	ditional sheet i	if needed)			
David Muir has provided photography	and video ser	vices to the VIV	IBS, and has	delivered quality and	
effective service delivery. His level of	professionalis	m and integrity	remains un	questioned.	
References Checked By		Λ	1	C 11 1/	
Name: Marie Mile	(0	Title: A	elmin.	word hator	
Division/Department: 64 10 18		Date of \	/erification:	1113/10	



Vend	dor Reference	Verification Fo	rm OV			
Broward County Solicitation No. and Title: Solicitation GEN2117351B1						
Reference for: (Name of Firm) Davidlpho	oto					
Organization/Firm Name providing refere	ence: Office of E	Economic and Sr	nall Business	Development		
Contact Name/Title: Paola Isaac Baraya	, Economic De	velopment Spec	ialist			
Contact E-mail: pisaac@broward.org						
Contact Phone: 954-357-7894						
Name of Referenced Project: Florida Int	ernational Trad	le & Cultural Exp	o 2018			
Contract No. Invoice #2615						
Contract Amount: \$2,900						
Date Services Provided: October 17-18						
(list date ran	nge or date sen	vices began until	"current")			
Vendor's role in Project: ⊠ Prime Ven	dor Sub-	-consultant/Sub-	contractor			
Would you use this vendor again? ⊠ Ye				onal Comments (below).		
Description of services provided by V		·f				
Photography services for two days at	the FIICE cor	irerence				
L						
Please rate your experience with the	Needs	Satisfactory	Evcellent	Not Applicable		
referenced Vendor:	Improvement	t	LACGIGIE	Not Applicable		
<ol> <li>Vendor's Quality of Service</li> </ol>						
a. Responsive			$\boxtimes$			
b. Accuracy		$\boxtimes$				
c. Deliverables		$\boxtimes$				
2. Vendor's Organization						
a. Staff expertise			$\boxtimes$			
<ul> <li>b. Professionalism</li> </ul>			$\boxtimes$			
c. Turnover			$\boxtimes$			
3. Timeliness of:						
a. Project			$\boxtimes$			
<ul> <li>b. Deliverables</li> </ul>			$\boxtimes$			
Additional Comments: (provide on ad	ditional sheet	if needed)				
Peferance Charled Di				100 to		
References Checked By Name: Maria Mall		Title:	Inla in	Condinalm		
Division/Department: GE/13/R			/erification:	4/3/10		
				119119		



	dor Reference V	erification Fo	rm 🔾 (	
Broward County Solicitation No. and Title	GEN21	17351	QV	<u></u>
Reference for: (Name of Firm) Dourch	iPhoto			
	ague of Br			
Contact Name/Title: Alica Grown.	Vice Presid	ent of Phil	anthropy \$	Communications
Contact E-mail: ABROWN & ULBUFL.	DE4		'5	
Contact Phone: (954) (25-2544				
Name of Referenced Project:				
Contract No.				
Contract Amount:				
Date Services Provided:				
(list date ran	nge or date servi	ces began until	("current")	
Vendor's role in Project: Prime Ven Would you use this vendor again? Ye		onsultant/Sub- No, please spe		onal Comments (below).
Description of services provided by V	endor:			1 1 1 2 2 2 2 2
David i Photo is a trusted vend	we and he	s worked h	in the	inban league
David i Photo is a trusted veril surie 2011. We can trust	benid muri	to delive	- quality	results in a
timely nervon.				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive			g	
b. Accuracy			回	
c. Deliverables			4	
2. Vendor's Organization				
a. Staff expertise				
<ul> <li>b. Professionalism</li> </ul>				
c. Turnover				I
3. Timeliness of:			- 2	
a. Project	Ц		4	
b. Deliverables			4	Ц
Additional Comments: (provide on ad	ditional sheet i	r needed)		
				2
References Checked By			\ 1 .	
Name: Maria Mele		Title: /	tomin.	Condinator
Division/Department: GFCCV	A		Verification:	



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: Recommended Vendor: COMMERCIAL PRINTERS, INC. Recommended Group(s)/Line Item(s): Line 5- Photography / Video Production Line 10- Banners/Printing/Promo Items Potential Total Amount: N/A Initial Award 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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. 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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 10:54:25 -04'00' DATE: SIGNATURE:



	ndor Reference	Verification Fo	orm		
Broward County Solicitation No. and Tit	OCN ZIII		12		
Reference for: (Name of Firm) Commercial Printers					
Organization/Firm Name providing reference: City of with Manor					
Contact Name/ litle: Shape Goodnight - Office Money at ath Manager Office					
CONTACT E-Mail. JE DO DNIE H T A CALL TANABANASS COM					
Contact Phone: 954) 39		are com			
Name of Referenced Project:			71111		
Contract No. N/					
Contract Amount:					
Date Services Provided: P- 2013	to current				
	nge or date serv	vices began unti	l "current")		
Vendor's role in Project:  Prime Ven	ndor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? \( \text{Ye}				onal Comments (below).	
Description of services provided by \		, p			
Printing of city newsletter and va	o'no di				
Trining of city reasons one ve	rious other prin	A gold. hand	hall service	-,	
		382		-	
Please rate your experience with the	Needs				
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive			1		
b. Accuracy			~	日	
c. Deliverables	ī	ī	7	Ä	
Vendor's Organization	_				
a. Staff expertise					
b. Professionalism	H			H	
c. Turnover	ī	H		-	
3. Timeliness of:	_				
a. Project		П			
b. Deliverables	H	Н	1		
b. Deliverables	_	_	_	_	
Additional Comments: (provide on ac	Iditional sheet i	if needed)			
1					
Outstand's service provider. a	our Account 1	Erec Jue A	natorich a	clusays went above	
" beyond to essure way job w	as perfect!			,	
30					
L					
References Checked By		a i	1	C I. T	
Name: Mario Mell,		Title:	tolmin.	Condinator	
Division/Department: GFLCVB		Data of	Varification:	(1)2/10	



Broward County Solicitation No. and Title Reference for: (Name of Firm) Organization/Firm Name providing reference Contact Name/Title: Contact Name/Title: Contact E-mail: Contact Phone: 954-321-4838 Name of Referenced Project: Contract No. Contract Amount: Date Services Provided: SINCE 2006 (list date ran	e: QVL  MERCIAL PR  MERCIAL P   DESIGNAR PI	-3518  Soc. Cooko	F.	
Vendor's role in Project: Prime Ven Would you use this vendor again? Yes		consultant/Sub- f No. please spe		onal Comments (below).
Description of services provided by Vo		, p	,	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service	_	_		_
a. Responsive	님		X	
b. Accuracy c. Deliverables	H	님	X	
Vendor's Organization			/	
a. Staff expertise			X	
b. Professionalism			XX	
c. Turnover			×	
3. Timeliness of:		П	V	
<ul><li>a. Project</li><li>b. Deliverables</li></ul>		ü	X	
Additional Comments: (provide on add	ditional sheet i	if needed)		
References Checked By Name: Mulu  Division/Department: GFLVB		Title:	Ad min. Verification:	Goodinator



## **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") Prime Vendor ☐ Sub-consultant/Sub-contractor Vendor's role in Project: 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 Needs **Excellent Not Applicable** Satisfactory Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive X b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover Timeliness of: a. Project b. Deliverables 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: //

Division/Department:



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 11:01:09 -04'00' DATE: SIGNATURE:



		Verification Fo	rm in . /	1	
Broward County Solicitation No. and Title: QEN211735181 XVL					
Reference for: (Name of Firm) SUPERIO		RVICES			
Organization/Firm Name providing refere	nce: LSF	Shuttle			
Contact Name/Title: Mark L	evitt				
Contact E-mail: mlevitte le	sf. us				
Contact Phone: Q54 _ 463.	8845				
Name of Referenced Project: Decals for					
Contract No.					
Contract Amount:					
Date Services Provided: Ongoing					
(list date rar	nge or date serv	rices began unti	"current")		
Vendor's role in Project: ⊠ Prime Ven Would you use this vendor again?⊠ Ye	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	consultant/Sub- No, please spe		onal Comments (below).	
Description of services provided by Verbounder and installed decals for Brown the interior of the vehicles.		t Services fleet	They have	also made decals for	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables			$\bowtie$		
<ol><li>Vendor's Organization</li></ol>					
a. Staff expertise			$\boxtimes$		
b. Professionalism			$\boxtimes$		
c. Turnover			$\boxtimes$		
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on add Great service.	ditional sheet i	f needed)			
References Checked By Name: Maria Mele Division/Department: GFLCVB		Title: f	dmin.	Condinator March 22, 2019	



Vend	dor Reference	Verification Fo	rm _				
Broward County Solicitation No. and Title	Broward County Solicitation No. and Title: QEN 211735181 (XVL						
Reference for: (Name of Firm) Superior office Services							
Organization/Firm Name providing reference: Limossics of South Florida							
Contact Name/Title: Mark Lewist, Vice Pres.							
Contact E-mail:	He Los	F.US					
Contact Phone: (954) 463 - 0845							
Name of Referenced Project:							
Contract No.	Tyges	Including	Bronn	1 turatransist			
Contract Amount:	10						
Date Services Provided: Past	F.VL years						
(list date rar	ige or date serv	ices began until	"current")				
Vendor's role in Project: ☐ Prime Ven Would you use this vendor again? ☒ Yes	2005년 <u> 100</u> 05년 - 1000년 1930년	consultant/Sub- No, please spe		onal Comments (below).			
Brouded & Installed Vehicle Decils							
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable			
Vendor's Quality of Service			700007	K. Salana			
a. Responsive			$ \swarrow $				
b. Accuracy			×				
c. Deliverables			X	$\Box$			
2. Vendor's Organization			<del>}-</del>				
a. Staff expertise	님	H	$\boxtimes$	H			
b. Professionalism	님			₽ L			
c. Turnover				لطر			
3. Timeliness of:		[]	Ø	П			
<ul><li>a. Project</li><li>b. Deliverables</li></ul>	47-1		73				
	50.00	Li-Card	7	S-3-7,			
Additional Comments: (provide on additional sheet if needed)							
References Checked By Name: Marie Muli Division/Department: GFLCVB		Title: A	dmin.	Coordinator			



Vendor Reference Verification Form					
Broward County Solicitation No. and Title					
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					
(list date rai	nge or date serv	ices began unti	il "current")		
Vendor's role in Project: ⊠ Prime Ven		consultant/Sub-			
Would you use this vendor again?⊠ Ye	s 🗌 No If	f No, please spe	ecify in Addition	onal Comments (below).	
Description of services provided by V	endor:				
Vendor assisted in the design and lay	out of graphics	s for the depar	tment's new	fleet and installed	
vehicle wraps on approximately 50 ve	hicles includin	g large buses.			
Please rate your experience with the	Needs				
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	p. c v c c	•			
a. Responsive			$\boxtimes$		
b. Accuracy		H		H	
c. Deliverables	H	H	$\boxtimes$	H	
Vendor's Organization					
a. Staff expertise			$\boxtimes$		
b. Professionalism	H	H	$\boxtimes$	H	
c. Turnover	H	Ħ	$\boxtimes$	ä	
3. Timeliness of:	_		23	_	
a. Project	П		$\boxtimes$	П	
b. Deliverables	П	$\Box$	$\boxtimes$	ī	
	_	_			
Additional Comments: (provide on ad	ditional sheet i	f needed)			
It has been and continues to be a plea	sure to work w	vith this vendo	r.		
1					
1					
References Checked By		Title:	1 1	o din to	
Name: Mario Mill			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0 0 1 1 1 1 1 1 1 1 1	
Division/Department: GLONB			Verification:	Contour care	



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.03 11:01:33 -04'00' DATE: SIGNATURE:



Vendor Reference Verification Form  Broward County Solicitation No. and Title: Qualified Vendor List (QVL) Solicitation GEN2117351B1					
Reference for: (Name of Firm) Blue Tree					-30.75
Organization/Firm Name providing reference: City of Miramar					
Contact Name/Title: Elsi Rose, Develop			oordinator		
Contact E-mail: erose@miramarfl.gov					
Contact Phone: 954-602-3270					
Name of Referenced Project: Faith Bas	ed Sustainibility	Workshop	***************************************		
Contract No. n/a					
Contract Amount: \$400.00					
Date Services Provided: 2/27/19					
(list date rai	nge or date serv	vices began unti	l "current")		!
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye				onal Comments (below	).
Description of services provided by V					_
Blue Tree Cafe provided turn key cate		oete			
Blue Tree Cale provided turn key cate	aning for 100 gu	lesis			
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
Vendor's Quality of Service	improvement				
a. Responsive			$\nabla$		
and defend a state of the second terms of the			$\boxtimes$		
b. Accuracy c. Deliverables	님		$\boxtimes$	님	
			$\boxtimes$		
2. Vendor's Organization	-				
Staff expertise     b. Professionalism			$\boxtimes$	님	
	닏		$\boxtimes$		
c. Turnover 3. Timeliness of:			$\boxtimes$		
			53		
a. Project b. Deliverables	님			닏	
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on ad	ditional shoot is	f noodod)			_
Chef Sharon is a resourceful, talented			no ie a delia	ht to work with	
oner onaron is a resourceral, talentee	and creative p	ororessional w	io is a delig	iit to work with.	
				WITH INTERNAL TO SECONDARIA CONTRA	
References Checked By			Γ	Á	
Name: Maria Mele		Title:	olmin	Complination	
Division/Department: ACL ()		Data of \	/orification:	17000000	_



Vend	dor Reference	Verification Fo	rm		
Broward County Solicitation No. and Title: QEN211435181 QVL.					
Reference for: (Name of Firm) Blue		tering			
Organization/Firm Name providing refere			Inc		
Contact Name/Title: MANGE BAIN		nanger			
Contact E-mail: march. BAINES@ School Specialty. Com					
Contact Phone: 35Z - 50Z-51(07)					
Name of Referenced Project: Braway Schools Franker Vendor Pare					
Contract No.					
Contract Amount: 42,0000					
Date Services Provided: 1/11/19					
(list date rar	nge or date ser	vices began until	"current")		
Vendor's role in Project:   ✓ Prime Ven  Would you use this vendor again?   ✓ Ye	dor 🗌 Sub- s 🔲 No I	-consultant/Sub- f No, please spe		onal Comments (below).	
Description of services provided by V	endor: Q	1:1 2:20	Paula	210/00	
,	2006	11601 500	DOX O	101187	
Please rate your experience with the	Needs	0-4-6-4	F	Not Applicable	
referenced Vendor:	Improvemen	t Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive			X		
b. Accuracy			· 🖂		
c. Deliverables			$\bowtie$		
2. Vendor's Organization					
a. Staff expertise					
b. Professionalism		×			
c. Turnover		$\boxtimes$			
3. Timeliness of:					
a. Project		$\bowtie$			
b. Deliverables			$\bowtie$		
Additional Comments: (provide on ad	ditional sheet	if needed)	042 200		
Quality OF Curi					
Very Fresh with	BlenkyOF	= meat or	2 Standle	UKI INP	
Would use H	4		5 586 5		
	0.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
References Checked By		1	1	( r	
Name: Muario / Mell		Title: 4	11001	Condinator	
Division/Department: GFLOVB		Date of \	/erification:	4/2/19	



Broward County Solicitation No. and Tit	le: Qualified Ver			EN2117351B1	
Reference for: (Name of Firm) Blue Tree					
Organization/Firm Name providing reference: Broward County Transit					
Contact Name/Title: Kesha A. Davis	211 11	County Transit			
Contact E-mail: kedavis@broward.org	1101				
Contact Phone: 954-357-8449	-70				
Name of Referenced Project: 2018 Employee Appreciation Breakfast					
Contract No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Contract Amount: \$500					
Date Services Provided: Nov 2018					
(list date ra	ange or date serv	vices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Ve Would you use this vendor again? ☐ Ye		consultant/Sub- No, please spe		onal 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	
<ol> <li>Vendor's Quality of Service</li> </ol>					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables			$\boxtimes$		
2. Vendor's Organization		2000	122		
a. Staff expertise			$\boxtimes$		
b. Professionalism			$\boxtimes$		
c. Turnover				$\boxtimes$	
3. Timeliness of:	_			_	
a. Project			$\boxtimes$	Ц	
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on additional sheet if needed) Everyone loved the food and personal attention provided by vendor.					
References Checked By Name: Mario Mell Division/Department: GFLVB		Title: A	dnun. (	Cordinati	ı



то:	Denise Orcutt, Purchasing Agent	
EDOM:	Purchasing Division	
FROM:	Insert Agency Name	
SUBJECT:	Insert Agency Name Solicitation No.: GEN2117351P1	-Request for Qualifications: Event Related Services
OODOLO1.	Concitation No.: GENZ117331B1	-Request for Qualifications. Event Related Services
Recommende	d Vendor: S & J CATERING INC	
	d Group(s)/Line Item(s): Line 2- Ca	atering Services
Initial Award A	mount: N/A	Potential Total Amount: N/A
Initial Contract	Term: Five Years	Contract Term, including Renewals: Five Years
CONCURREN		
	•	(s) for specification compliance and Vendor responsibility. I endor Questionnaire and after careful evaluation, I concur with
	dation for award to the Vendor.	
FINANCIAL B	ACKGROUND/D & B REPORT: (	check one)
		ground and/or rating and payment performance.
Not applica	ble These are low dollar value pur	chases.
	HISTORY: (check one)	
	ewed the Litigation History Form ar ditional information from the Office	of there is no issue of concern. of the County Attorney to address an issue/concern.
	RMANCE: (check all that apply)	,
		Evaluations in Contracts Central and:
<del></del>	eived an overall rating ≥ 2.59 on al	
		ntained any items rated a score of 2 or less.
	•	ion(s). Refer to additional information. al item(s). Refer to additional information.
	ations are not relevant to the scope	` '
	rformance Evaluations exist in Cor	
		AND
X Reference \	Verification Forms are attached.	0.0
_ Reference `	Verification Forms are not required	OR I: Commodity only purchase (less than \$250,000); Service
	-	ormance Evaluation within the past three years.
NON-CONCU	RRENCE:	
I do not cor	ncur. Detailed reason for non-conc	
	E OF SIGNER: ized to administer the contract.)	TITLE:
`	Digitally sign	ned by ANTHONY
	ANTHONY CORDO CORDO	04.04 11:17:41 -04'00' DATE:
SIGNATURE:	Date. 2019.	UAIE.



Vendor Reference Verification Form Broward County Solicitation No. and Title: Solicitation GEN2117351B1 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 Needs **Satisfactory Excellent Not Applicable** referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables X Additional Comments: (provide on additional sheet if needed) References Checked By Name: M MALOU Division/Department:



## Vendor Reference Verification Form

	Broward County Solicitation No. and Title: GEN2117351B1				
Reference for: (Name of Firm) S & J C	atering				
Organization/Firm Name providing refer	ence:	^			
gutierer Horales Peres	Le Associate	- PA CPA			
Contact Name/Title:	- Rivez Cl	A Patre	C		
Contact E-mail: Maggie P &	-MOA-CRA.C	m			
Contact Phone: 954-609	7124				
Name of Referenced Project:	nated Calere				
Contract No.					
Contract Amount:					
Date Services Provided:					
(list date ra	nge or date services t	pegan until "current")			
Vendor's role in Project:	-				
Prime Ver	ndor				
	NIa If NIa w	lease specify in Additi	onal Comments (below).		
Yes Yes I No, please specify in Additional Comments (below).					
Description of services provided by					
Description of services provided by V		- OUT Firm			
		- OUT FITM			
All CATERING + Meal		- OUT Firm	•		
All CATERING + Meal Please rate your experience with the	Needs Satis	- OUT FITM	Not Applicable		
Please rate your experience with the referenced Vendor:	Suvice for	,			
All CATERING + Meal Please rate your experience with the	Needs Satis	,			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy c. Deliverables  2. Vendor's Organization a. Staff expertise	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:	Needs Satis	sfactory Excellent			
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover	Needs Satis	sfactory Excellent			

Vendor Reference Verification Form - Bids (rev 3/2016)

A Service of the Broward County Board of County Commissioners

Excellence in Public Procurement - Our Best. Nothing Less.

Exhibit 3 Page 34 of 72

Additional Comments: (provide on additional sheet if needed)

St. Provides Outstanding Survice. They are reliable,

timely and always Provide Quality Heals t

Nated Survices At reasonable fees.

References Checked By Male

Division/Department: GFLCV3

Date of Verification: 4/2/19



venc Broward County Solicitation No. and Title	ior Reference Ve : Solicitation GEN		rm OVL		
Reference for: (Name of Firm) S & J cate	ring	211700151	Q V L		
Organization/Firm Name providing refere	nco.	A CTIM	re Eve	ats.	
O11 N (191)	Souse C		JEN,	<i>y</i> ((3	
Contact E mails					
Contact Phone: 305-446-2		PROMO	<u>an</u>		***************************************
Name of Referenced Project:	3107.0				
Contract No.					
Contract Amount:					
Date Services Provided:		***			
(list date rar	nge or date service	es began until	"current")		
Vendor's role in Project: ☐ Prime Ven Would you use this vendor again? ☐ Ye		nsultant/Sub- o, please spe		nal Comments	(below).
Description of services provided by V	endor:				
59 J Catering provi	ded the	food o	unci Be	verage-	ि ।
all of the events	at the	Donac	uls cl	26 dle	20 met
Livere from 20					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicab	le
1. Vendor's Quality of Service					
a. Responsive			П	П	
b. Accuracy		1	Z		
c. Deliverables			Z		ř
2. Vendor's Organization			•		
a. Staff expertise			1		
b. Professionalism					
c. Turnover				` <b>□</b>	
3. Timeliness of:	_	_			
a. Project					
b. Deliverables	П	11			×.
Additional Comments: (provide on ac	ditional sheet if	needed)		T	
References Checked By			1 1 -1	<u> </u>	+
Name: Magain Mell		Title:	tamen.	Condi	rator
Division/Department: GT/CVQ		Date of	Verification:	4/2/19	



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.04 11:09:58 -04'00' DATE: SIGNATURE:



Broward County Solicitation No. and Title: GENZII735/13)  Reference for: (Name of Firm) Your Events R. US S.T. E.A.M.  Organization/Firm Name providing reference: Rache  Clementi -  Contact Name/Title: Packe  Clementi -  Contact E-mail: Cacke  Inclementi -  Contact Phone: QS 4 649-648  Name of Referenced Project: Off The Connas Live   BMV  Contract No.  Contract Amount: \$300  Date Services Provided: S/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 went R US US Q Dendor at our schools annual and did great exhibition. They came under S.T.E.A.M. and did great hards on Project for 3 hours with our X-8th grade Stacker  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  2. Vendor's Organization	Organization/Firm Name providing reference Contact Name/Title: Contact E-mail: Cachelmcleme Contact Phone: 954-64-63-19 Contract No.	rence: Rachel Clementi enti egmai	R. US. Clement	- 5.7 Hi -	r. E.A.M.				
Contact Name: The Change of Contact Phone: 954 5496 6718  Name of Referenced Project: 0f The Cansas Live & BMU  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:  Jour went Rus was a Dendor at our schools annual art exhibition. They came under S.T.E.A.M. and did great hands on Project for 3 hours with Dur K-8th grade Staden  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Contact Name/Title.   Cachel (Contact E-mail: Cachelmoleme Contact Phone: 954-649-6419 Contract No.	supi odudi	1.com	+i -					
Contact Name: The Chance of Chement Contact Phone: 954 59618  Name of Referenced Project: 0f The Cansas 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:  Jour went Rus was a Sendor at our schools annual of exhibition. They came under S.T.E.A.M. and did great names on Project for 3 hours with Dur K-8th grade Staden  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Contact Name/Title.   Cachel (Contact E-mail: Cachelmoleme Contact Phone: 954-649-6419 Contract No.	supi odudi	1.com						
Contact E-mail: rache Inclement Qgmail.com Contact Phone: 954-6418  Name of Referenced Project: Off The Canda Live & BMU Contract No. Contract Amount: \$500  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 went R us us 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 Dur X-8th grade Studin  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Contact E-mail: rachelmoleme Contact Phone: 954-649-6419 Name of Referenced Project: of 7 Contract No.	e up: @ gma:			Contact Comment				
Name of Referenced Project: Off The Candas Live & BMU  Contract No.  Contract Amount: \$300  Date Services Provided: \$\sumsymbol{S}\tau\tau_1\tau_8\$ (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 went R us as a sendor at our schools annual  art exhibition. They came water S.T.E.A.M. and did great  hands on Project for 3 hours with our K-8th grade Student  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy c. Deliverables	Name of Referenced Project: of a Contract No.	8		idensing and ballant					
Name of Referenced Project: Of the Cansag Live & BMV  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 went Rus was a sendor at our schools annual  art exhibition. They came under S.T.E.A.M. and did great  Nands on Project for 3 hours with our X-8th grade Student  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Name of Referenced Project: occ Contract No.	The Canvas							
Contract No.  Contract Amount: \$300  Date Services Provided: \$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 went R us as a sendor at our schools annual art exhibition. They came under \$7.5.A.M. and did great hands on Project for 3 hours with our X-8th grade Student Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables	Contract No.	114 Cochons	11.01	@ RMU					
Date Services Provided: \$\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Contract Amount: *\$4200		CIOC.						
Date Services Provided: \$\( \lambda \) \( \l									
(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 went Rususs a vendor at our schools annual and did great exhibition. They came under S.T.E.A.M. and did great hands on Project for 3 hours with our X-8th grade Stack Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables		8							
Would you use this vendor again? Yes No If No, please specify in Additional Comments (below Description of services provided by Vendor:  Your twent R US was a vendor at our schools annual and did great exhibition. They came under S.T.E.A.M. and did great hands on Project for 3 hours with our X-8th grade Studies.  Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables			ces began until	"current")					
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive  b. Accuracy  c. Deliverables					al Comments (below)				
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  Needs Improvement  Satisfactory  Excellent Not Applicable  Light Improvement  Not Applicable  Light Improvement  Not Applicable	Description of services provided by V	/endor:			0				
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  Needs Improvement  Satisfactory  Excellent Not Applicable  Light Improvement  Not Applicable  Light Improvement  Not Applicable	your twent R US wa	is a Vendo	rat our	schools o	innual				
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  Needs Improvement  Satisfactory  Excellent Not Applicable  Light Improvement  Not Applicable  Light Improvement  Not Applicable  Light Improvement  Output  Discrepance  Light Improvement  Not Applicable  Improvement  Improve	art exhibition. They a	ame under	SILE.A.	.M. and	100 ( 52 ) d				
Please rate your experience with the referenced Vendor:  1. Vendor's Quality of Service  a. Responsive b. Accuracy c. Deliverables  Needs Improvement  Satisfactory  Excellent Not Applicable  Light Improvement  Not Applicable  Light Improvement  Not Applicable  Light Improvement  Output  Discrepance  Light Improvement  Not Applicable  Improvement  Improve	hands on Project for	3 hours	with ou	1 K-0	grade Student				
a. Responsive  b. Accuracy  c. Deliverables			Satisfactory	Excellent N	Not Applicable				
b. Accuracy c. Deliverables	1. Vendor's Quality of Service								
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	b. Deliverables	_ Iditional sheet if	needed)						
	b. Deliverables	_ Iditional sheet if	needed)						
	b. Deliverables	 Iditional sheet if	needed)						
References Checked By Name: Barbara DeMott  Title: Administrative Coordinator	b. Deliverables  Additional Comments: (provide on ad								



Broward County Solicitation No. and Titl	e: GEN2117351	IB1-			
Request for Qualifications: Event Related Services Reference for: (Name of Firm) Your Events R Us					
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Organization/Firm Name providing refer	ence: City of Fo	rt Lauderdale			
Contact Name/Title: Nigel Dooling					
Contact E-mail: ndooling@fortlauderdale	e.gov				
Contact Phone: 954-828-4592		1 ^ -4:-:4 - \ / 1			
Name of Referenced Project: Youth Su			or		
Contract Amount: \$1350.00					
Contract Amount: \$1250.00- 2500.00					
Date Services Provided: July 2018  (list date range or date services began until "current")					
(list date ra	nge or date serv	nces began unu	current)		
Vendor's role in Project: ☐ Prime Ver	ndor 🗌 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Ye	es 🗌 No If	No, please spe	cify in Addition	onal Comments (below).	
Description of services provided by V	endor:	######################################			
The vendor provided my summer can		exciting and in	iteractive st	em stations for my	
campers to complete. At the end of th	•	•		· · · · · · · · · · · · · · · · · · ·	
they received from each station. This	was a very fun	and engaging	activity for I	my camp that I will	
definitely be using in the future.				v	
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement				
Vendor's Quality of Service			K-21		
a. Responsive	님		$\boxtimes$	Ц	
b. Accuracy			$\boxtimes$		
c. Deliverables			$\boxtimes$		
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Additional Comments: (provide on ad	ditional sheet i	f needed)			
Additional Comments. (provide on ad	didonal Sheet i	i necucuj			
			-themsenson-publication-special-		
References Checked By					
Name: Barbara DeMott		Title: Ad	ministrative (	Coordinator	



#### **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 Needs Satisfactory Excellent Not Applicable referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables 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. (3) References Checked By Name: Barbara DeMott Title: Administrative Coordinator Division/Department: GFLCVB

Date of Verification: 3/22/19



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: Anthony Cordo Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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:  $\square$  Vendor received an overall rating  $\ge 2.59$  on all evaluations. ☐ No evaluations within the past three years contained any items rated a score of 2 or less.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.

Concurrence: Exhibit 3 Page 41 of 72

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

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

SIGNATURE:

TITLE: VP of Administration



Broward County Solicitation No. and Title: GEN2117351B1-					
Peference for: (Name of Firm) Describe	Request for C	Qualifications: E	vent 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: 404 400 5000	oo.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					
	nge or date serv	vices began unti	I "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: Outreach events, social media, floral and marketing services.					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
<ol> <li>Vendor's Quality of Service</li> </ol>					
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables			$\boxtimes$		
2. Vendor's Organization					
a. Staff expertise			$\bowtie$		
b. Professionalism			$\bowtie$		
c. Turnover				$\boxtimes$	
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on ad Working with PCG has been a great re			ır vision and	expand it to a WOW.	
References Checked By Name: Scalbara Deput		Title:	Hamin - Verification:	Coold	



#### **Vendor Reference Verification Form** Broward County Solicitation No. and Title: Reference for: (Name of Firm) Premier Choice Organization/Firm Name providing reference: Jackson Health Foundation Contact Name/Title: Charmaino Gatlin, EVP & COO Contact E-mail: charmaine\_gattin@yahoo.com Contact Phone: Name of Referenced Project: Ice Cream Love Harbour Contract No. Event Design 7 Production Contract Amount: \$50,000 2019 Date Services Provided: January (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: Decor + build out of VIP lounge Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) professional. Great to work with + very References Checked By Name: Barbarba DeMott Title: Administrative Coordinator

Division/Department: GFLCVB

Date of Verification: 4/3/2019



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	ence: City of No	rth Miami			
Contact Name/Title: Alberta Mathurin /					
Contact E-mail: amathurin@northmiamit	aov	ajor obsepti	***************************************		<del>-</del>
Contact Phone: 3053161922	901				
Name of Referenced Project: 2018 Her	itage Haitian Mo	onth Kick Off	Washington Washington		
Contract No. Event Design & Production					
Contract Amount: \$50,000					
Date Services Provided: Mar 2018					
(list date ra	nge or date serv	vices began unti	l "current")		
Vendor's role in Project: ⊠ Prime Vendor					
Description of services provided by V	endor:				
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	П	П	$\boxtimes$	П	
b. Accuracy		Ē	$\boxtimes$	П	
c. Deliverables	H	H	$\boxtimes$	Ä	
2. Vendor's Organization		LI	Z		
a. Staff expertise		П	$\boxtimes$		
b. Professionalism	Ē	ī	$\boxtimes$	Ä	
c. Turnover		ī	$\boxtimes$		
3. Timeliness of:	-		-	Leaned	
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on ad	ditional sheet i	f needed)		Michigan Managama and Bugan Managama and Angara Angara and Angara Angara and Angara and Angara and Angara and	
Dedicated team to ensure complete su	iccess and cus	tomer satisfac	tion		
Defendance Charles I De					
	References Checked By				
		Title: Ad	miniatrative (	Coordinator	
Name: Barbara DeMott Division/Department: GFLCVB			ministrative (	***************************************	



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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.04 11:15:27 -04'00' DATE: SIGNATURE:



Broward County Solicitation No. and Title: GEN2117351B1-						
Request for Qualifications: Event Related Services Reference for: (Name of Firm) DigiVision Productions						
Organization/Firm Name providing refere	ence: Henderson	n Rehavioral He	aalth			
Contact Name/Title: Suzanne Higgins /			Calli			
Contact E-mail: shiggins@hendersonbh	org	Siopinon				
Contact Phone: 954-777-1624	.019		artinament arministratura (arministratura (arministratura (arministratura (arministratura (arministratura (arm			
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 Ven	ndor 🗌 Sub-	consultant/Sub-	-contractor			
Would you use this vendor again?⊠ Ye	es 🗌 No If	No, please spe	ecify in Addition	onal Comments (below	<b>/</b> ).	
Description of services provided by V	endor:					
DigiVision was tasked with producing						
Unit that we are building. I have not w						
impressed with the vision that Liz Price						
	capturing people and places while bringing technology to the table (use of a drone, 3D components,					
capturing people and places while bri		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				
capturing people and places while bri etc.) In helping to determine what we	were going to				3	
capturing people and places while bri etc.) In helping to determine what we about placement for social media pur	were going to poses and how	many differen	nt versions o	f the video would be		
capturing people and places while bri etc.) In helping to determine what we about placement for social media pur recommended. Liz was a consummate She delivered all components of the p	were going to poses and how e professional a project when pr	many different at all times and omised with lit	nt versions o d exhibited g ttle or no edi	f the video would be race under pressure. ts needed as she got		
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Exhibit 3 Page 47 of 72

Reference Verification: GEN2117351B1
Reference Verification: Event Polated 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") □ Prime Vendor Vendor's role in Project: ☐ 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			$\boxtimes$	
b. Accuracy			$\boxtimes$	
c. Deliverables			$\boxtimes$	
2. Vendor's Organization				
a. Staff expertise			$\boxtimes$	
b. Professionalism			$\boxtimes$	
c. Turnover			$\boxtimes$	
3. Timeliness of:				
a. Project			$\bowtie$	
b. Deliverables			$\boxtimes$	

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



Broward County Solicitation No. and Titl				0
Reference for: (Name of Firm) DigiVisio	Request for C	Qualifications: Ev	vent Related	Services
Organization/Firm Name providing refere	ence: Cleveland	Clinic Florida		
Contact Name/Title: Arlene Mitchell / Di				
Contact E-mail: allena@ccf.org	rector or commi	unications		
Contact Phone: 954-659-5028			*****************************	
Name of Referenced Project: PSA:State	e of Pain: Opioid	ls		
Contract No. Video production				
Contract Amount:				a anala fina ang til attraptiva parifyr navi antara til garafy ang ang graptiva y politica y politica ang ang ang and attrabancia.
Date Services Provided: Nov 2018 - Fe	eb 2019		<del>v.a,</del>	
(list date ra	nge or date serv	rices began unti	l "current")	
Vendor's role in Project: ☐ Prime Ver	ndor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? \( \subseteq \text{Ye}				onal Comments (below).
Description of services provided by V				
Creative concept, story boards, script		ot and editing	for a public	service video on opioid
abuse		•		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	П	П	$\boxtimes$	<b>——</b> П
b. Accuracy			$\boxtimes$	
c. Deliverables	H	H	$\boxtimes$	H
2. Vendor's Organization			23	
a. Staff expertise	П		$\boxtimes$	
b. Professionalism	$\Box$	ā	$\boxtimes$	
c. Turnover			$\boxtimes$	
3. Timeliness of:		,		
a. Project			$\boxtimes$	
b. Deliverables			$\boxtimes$	
Additional Comments: (provide on ad	ditional sheet i	f needed)		
	oranding-the approximation properties and animal orange of the approximation of the second			
References Checked By				
Name: Barbara DeMott		Title: Ad	ministrative (	Coordinator
Division/Department: GFLCVB		Date of \	/erification: 4	1/3/2019



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 Contract Term, including Renewals: Five Years Initial Contract Term: Five Years **CONCURRENCE:** The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.

Concurrence: Exhibit 3 Page 51 of 72

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

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

SIGNATURE:

TITLE: VP of Administration



Broward County Solicitation No. and Tit					
Request for Qualifications: Event Related Services Reference for: (Name of Firm) LS Events					
Organization/Firm Name providing refer			4		
Contact Name/Title: Mark Beaudreau / Contact E-mail: mark.beaudreau@copb		grams Administr	ator		
Contact Phone: 954-786-4111	II.COM				
	omnana Danah	Drazilian Castive	.1		
Name of Referenced Project: Annual Pompano Beach Brazilian Festival Contract No. Full Production, Entertainment, Sales, Marketing, Promotion					
Contract Amount: \$300,000	ment, Sales, Ma	rketing, Promoti	On		
Date Services Provided: Oct 2012 - 2018					
(list date range or date services began until "current")					
(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? $\boxtimes$ Ye	es 🗌 No I	f No, please spe	cify in Addition	onal Comments (below).	
Description of services provided by \	endor:				
Luciano promotes and organizes the				nd other financial	
resources for the Event. He does a fa	ıntastic job and	we love the E	vent.		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables		П	$\boxtimes$	ī	
2. Vendor's Organization		Represent	-	bootseel	
a. Staff expertise			$\boxtimes$		
b. Professionalism			$\boxtimes$		
c. Turnover				$\boxtimes$	
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on ad					
The Brazilian Festival is one of the Ci	ty's noteworthy	Lvents. It has	grown in at	tendance and	
popularity each year.					
				in the section of the	
References Checked By					
Name: Barbara DeMott		Title: Ad	minitrative Co	oordinator	
Division/Department: GFLCVB		······································	/erification: 3		



# **Vendor Reference Verification Form** Broward County Solicitation No. and Title: 6 EN211735131 Reference for: (Name of Firm) Organization/Firm Name providing refer Contact Name/Title: Contact E-mail: hobert Dearston O Stofganing com Contact Phone: Name of Referenced Project: Pkyboy Busny Zlack fock Toursporce 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? Lives No If No, please specify in Additional Comments (below). Description of services provided by Vendor: 15 Frents was hired to schopet our partion Entrance to look of the Entrance of The Playboy runsion. This was a custom built project that had alot of detailed Elemente with Strong property Expectations. A Events also custom built vigate the walls for enside He presided a. Please rate your experience with the Needs Improvement Satisfactory **Excellent Not Applicable** referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) LE Exects did as Exceptional for with the decar. They were on point with all expectations, they truly went above a beyond to leake the Event a removable References Checked By Name: Barbara DeMott Title: Admin Coordinator Division/Department: GFLCVB Date of Verification: 4/2/2019



Broward County Solic				IBI	
	Reference for: (Name of Firm) LS Events Organization/Firm  Name providing reference: Castalia Communications				
Contact Name/Title: F		/P US Distributi	on		
Contact E-mail: bob@					
Contact Phone: 770-3					
Name of Referenced	Project:				
Contract No.					
Contract Amount:	·			Agency and a support of the support	
Date Services Provide	ed:				
	(list date rai	nge or date serv	rices began unti	l "current")	
Vendor's role in Project Would you use this ve			consultant/Sub- No, please spe		onal Comments (below).
				The state of the s	ion, booth space, power
•			•	A SOMEONIA METERS IN THE STATE OF THE STATE	, , , , , , , , , , , , , , , , , , , ,
Please rate your expreferenced Vendor:	erience with the	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of	Service				
a. Responsive	EXCELLENT				
b. Accuracy	EXCELLENT			i ii	
c. Deliverables	EXCELLENT				
2. Vendor's Organizati	ion				
a. Staff expertise			П		
b. Professionalis					
c. Turnover	N/A				
3. Timeliness of:					
a. Project	EXCELLENT				
b. Deliverables	EXCELLENT				
		ditional sheet i	f needed). This	form is nea	rly impossible to fill ou
on a computer scree	n.				
				compositions above missions	
References Checked I					
Name: Barbara DeMo			~~~~	ninistrative C	
Division/Department: 0	GFLCVB		Date of '	Verification: 4	1/1/2019



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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.04 11:15:59 -04'00' DATE: SIGNATURE:



# Vendor Reference Verification Form Broward County Solicitation No. and Title: Solicitation GEN2117351B1

broward County Concitation No. and Title	. Concitation	OLIVE I 1700 ID	1	
Reference for: Logan Corporation				
Organization/Firm Name providing refere	Logiotico	Management C	Froup, Inc.	
Contact Name/Title: Randi Freedman,	Pres.			
Contact E-mail: Imgrandi@aol.com	1			
Contact Phone: 305-790-3356				
	Beach Wine &	Food Festival		
Contract No. n/a				
Contract Amount: \$41,000.00				
Date Services Provided: Annual proje	ect since 2004			
(list date ran	ge or date serv	rices began unti	"current")	
V		" "		
Vendor's role in Project:  Prime Vendor's		consultant/Sub-		
Would you use this vendor again? A Yes				onal Comments (below).
Description of services provided by Ve	endor: Thave	engaged Logar	n Corporation	for many of my projects
for over 15 years. They have always pr				
delivered on time and on budget. They minute needs	are reliable, pr	oressional and i	nave great ne	exibility to meet last
Illitute fieeds				
Please rate your experience with the	Needs			
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	•			
a. Responsive	П	П	X	П
b. Accuracy			X	Ō
c. Deliverables			X	
2. Vendor's Organization			-	
a. Staff expertise	П	П		П
b. Professionalism			X	
c. Turnover				X
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	
Additional Comments: (provide on add	litional sheet i	f needed)		
		,		
References Checked By			W	
Name: Boulveva Dellett		Title:	Admin.	Laid.
Division/Department: 15h (118)		Date of V	erification:	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, COLDINATION, CABLE SYSTEM, BANNER INSTALLATION Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) References Offecked By Name: Division/Department: Date of Verification:



Broward County Solicitation No. and Title					
Request for Qualifications: Event Related Services Reference for: (Name of Firm) Logan Corporation					
Organization/Firm Name providing refer	orporation	O Madia			
Organization/Firm Name providing reference: Impress DC Media Contact Name/Title: Michael Dean					
Contact Name/ Title: Michael Dean  Contact E-mail: mike.dean@impressdcmedia.com					
Contact Phone: 786-586-3324	nedia.com	·			
Name of Referenced Project: Vice Build	lina				
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? $\boxtimes$ Yes $\square$ No $\square$ If No, please specify in Additional Comments (below).					
Description of services provided by V					
Engineer and Install 4 Large banners	on Downtown	Miami Apartme	nt building ı	roughly 40,000 Sqft in	
Total Area.					
Please rate your experience with the	Needs			Net Applicable	
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive			$\boxtimes$		
b. Accuracy			$\boxtimes$		
c. Deliverables	ī	ī	$\boxtimes$	Ī	
2. Vendor's Organization				-	
a. Staff expertise			$\boxtimes$		
b. Professionalism	ī	ī	$\boxtimes$		
c. Turnover	ī		$\boxtimes$		
3. Timeliness of:					
a. Project			$\boxtimes$		
b. Deliverables			$\boxtimes$		
Additional Comments: (provide on ad	ditional sheet i	if needed)			
References Checked By		Title: A	Annin	Conducated	
Name. Gallage DeMot Division/Department: (25 Class			/erification: 4	1/1/2019	
	)	Date Of	verillealieri. *	T/ 1/4U 10	



Vi Broward County Solicitation No. and T		1B1-		Sonicos
Reference for: (Name of Firm) Logan	Requestion (	Qualifications: E	vent Related	Services
Organization/Firm Name providing refe		suals Pro LLC		
Contact Name/Title: Cesar Carrillo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Contact E-mail: cesar@mastervisuals	oro.com	And the other transfer and the second		
Contact Phone: 786-547-3785		the second the second section of the section of the second section of the section of the second section of the second section of the		
Name of Referenced Project: MIA	MI OPEN .	TENNIS		
Contract No. NA				
Contract Amount: 22K				
Date Services Provided: 03117	19-03/31	119		
(list date	range or date sen	ices began unti	l "current")	
Vendor's role in Project: ☐ Prime Vendor's role in Project: ☐ Prime Vendor again? ☒ Yes	endor ⊠ Sub- ∕es □ No lí	consultant/Sub- f No, please spe		onal Comments (below).
Description of services provided by	Vendor:			And the second s
- LARGE FORMAT PRI	NTING			
				and the second s
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			/%Z1	
a. Responsive		님	⊠ ⊠	H
b. Accuracy	H	H	ΚĬ	ī
c. Deliverables 2. Vendor's Organization		ليما	433	
a. Staff expertise		, I	区	
b. Professionalism			図	
c. Turnover			X	
3. Timeliness of:	(0.000)			
a. Project			IX X	
b. Deliverables	L	L	DZ:	
Additional Comments: (provide on a - VERY KNOW LEOSABUE - HIGHLY RECOMMENDE	IN THE	f needed)		
,				
References Checked By Name: Bahara DeMeth		Title:	Ban	un-coal
Division/Department: AM 11/5			/erification:	Millia



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 Contract Term, including Renewals: Five Years Initial Contract Term: Five Years **CONCURRENCE:** The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.

Concurrence: Exhibit 3 Page 61 of 72

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

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

SIGNATURE:

TITLE: VP of Administration



broward County Solicitation No. and 11t								
Reference for: (Name of Firm) Main Ev	Request for 0	Qualifications: E	vent Related	Services				
Organization/Firm Name providing reference: 211 Palm Beach								
Contact Name/Title: John Liberman								
Contact E-mail: jml@johnlieberman.com								
Contact Phone: 917-304-2949								
Name of Referenced Project: A Night U	nder the Big Top	)						
Contract No. Produce entertainment & e								
Contract Amount: \$12,625			A Committee of the Comm					
Date Services Provided: Feb 2016								
(list date ra	nge or date serv	vices began unti	l "current")					
Vendor's role in Project: ☐ xPrime Ve	endor 🗌 Sub-	consultant/Sub	contractor					
Would you use this vendor again? $\square$ xY	-			onal Comments (below).				
Description of services provided by V happened. She was instrumental as t	ar as locating a	and booking th	e performina	vouid not nave a artists. She spent				
happened. She was instrumental as f time scouting the location of the even	t to make sure	performers we	re in their p	roper place in the				
venue. She also made sure the theme pleasure to work with her, and I would	e was carried to d recommend h	o truition. Sand ier highly.	ara is a true	professional. It was a				
	***************************************	<u> </u>						
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	<b>Excellent</b>	Not Applicable				
Vendor's Quality of Service	mprovement							
a. Responsivexx								
b. Accuracy	H	H	K  V					
c. Deliverables	H		X					
Vendor's Organization		-	E.	 				
a. Staff expertise			$\searrow$	П				
b. Professionalism			×					
c. Turnover			×					
3. Timeliness of:								
a. Project			K					
b. Deliverables			X					
Additional Comments: (provide on ad	ditional about i	f						
She was excellent in every respect.	ultional sneet i	r needed)						
	×							
L	The transfer of the transfer o							
References Checked By			. 1 1	c 1				
Name: David LeMett	······································	Title:	Boun.	, Ceord				
Division/Department: 6/lead		Date of V	erification: U	119119				

Vendor Reference Verification Form - Bids

A Service of the Broward County Board of County Commissioners



Broward County Solicitation No. and Tit	le: GENZII	7351BI	- OVL	
Reference for: (Name of Firm)	Main Event Plan			
Organization/Firm Name providing refer	ence: Lightho	use of Broward C	ounty Inc	
Contact Name/Title: Jose Lopez Masso, N	MBA, J.D. VP of S	trategic Initiative	s & Developm	ent
Contact E-mail: JLopez@LHOB.org			1	
Contact Phone: 954-463-4217 ext. 1	41			
Name of Referenced Project: Dining in	n the Dark Gala			
Contract No. N/A			***************************************	
Contract Amount: \$12,000			-11	
Date Services Provided: October 2015				
(list date ra	nge or date serv	rices began unti	l "current")	
Vendor's role in Project: X Prime Ver	ndor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? X Ye	-			onal Comments (below).
Description of services provided by V				
Sandra Vargas was the lead planner for our 2015 Dining in		alo sho was calcal to	oult on over 11	
were responsible for scheduling all committee meetings, ke	eping minutes and upda	ting the events deliveral	oles listing. She coor	dinated efforts between the LHOB
event committee and the vendors who sponsored elements	of the event such as Pho	tography, Printing and	Signage, Entertainn	nent and Silent Auction. She and her
staff managed all aspects of décor, set up, clean up as well a together the layout for the evening's program. They were al	s training and scheduling so tasked with preparing	g of the sighted guide vo	onjunction with our	tor the event. They designed and put
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive			х	П
				H
b. Accuracy			x	
<ul><li>b. Accuracy</li><li>c. Deliverables</li></ul>			x	
•				
c. Deliverables				
c. Deliverables 2. Vendor's Organization				
c. Deliverables 2. Vendor's Organization a. Staff expertise			x	
c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover			x x x	
c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover			x x x	
c. Deliverables  2. Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:			x x x	
c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project			x x x	
c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project	ditional sheet if	needed)	x x x	
c. Deliverables  2. Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:     a. Project     b. Deliverables  Additional Comments: (provide on additional Comments)		•	x x x	arden In addition shalled our
c. Deliverables  2. Vendor's Organization  a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  Additional Comments: (provide on additional Comments)  Sandra has working with our organization since 2012 plannic volunteer team at our Dining in the Dark Gala last year and	ing and coordinting wed volunteered her time at o	dings, Jazz and Art even	x x x x x x x x x x x x x x x x x x x	018. She and her team have
c. Deliverables  2. Vendor's Organization     a. Staff expertise     b. Professionalism     c. Turnover  3. Timeliness of:     a. Project     b. Deliverables  Additional Comments: (provide on additional Comments)  Sandra has working with our organization since 2012 plannic volunteer team at our Dining in the Dark Gala last year and developed a very clear vision of the needs and mission of our	ing and coordinting wed volunteered her time at o r organization. We are lo	dings, Jazz and Art even	x x x x x x x x x x x x x x x x x x x	018. She and her team have
c. Deliverables  2. Vendor's Organization  a. Staff expertise b. Professionalism c. Turnover  3. Timeliness of: a. Project b. Deliverables  Additional Comments: (provide on additional Comments)  Sandra has working with our organization since 2012 plannic volunteer team at our Dining in the Dark Gala last year and	ing and coordinting wed volunteered her time at o r organization. We are lo	dings, Jazz and Art even	x x x x x x x x x x x x x x x x x x x	018. She and her team have
c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables  Additional Comments: (provide on additional Comments)  Sandra has working with our organization since 2012 plannical volunteer team at our Dining in the Dark Gala last year and developed a very clear vision of the needs and mission of our mid-April here in the Sensory Garden at the Lighthouse of E	ing and coordinting wed volunteered her time at o r organization. We are lo	dings, Jazz and Art even	x x x x x x x x x x x x x x x x x x x	018. She and her team have
c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables  Additional Comments: (provide on additional Comments:	ing and coordinting wed volunteered her time at o r organization. We are lo	dings, Jazz and Art even our Heroes Auction and ooking forward to work	x x x x x x x x x x x x x x x x x x x	018. She and her team have r staff on our next project now in
c. Deliverables  2. Vendor's Organization  a. Staff expertise  b. Professionalism  c. Turnover  3. Timeliness of:  a. Project  b. Deliverables  Additional Comments: (provide on additional Comments)  Sandra has working with our organization since 2012 plannical volunteer team at our Dining in the Dark Gala last year and developed a very clear vision of the needs and mission of our mid-April here in the Sensory Garden at the Lighthouse of E	ing and coordinting wed volunteered her time at o r organization. We are lo	dings, Jazz and Art even our Heroes Auction and ooking forward to work	x x x x x x x x x x x x x x x x x x x	018. She and her team have



# **Vendor Reference Verification Form** Broward County Solicitation No. and Title: Reference for: (Name of Firm) Main Event Planne S Organization/Firm Name providing reference: Mrd Plus Centres Contact Name/Title: Brandon J. Hochman / Owner brander hochman Chotmail. com Contact E-mail: Contact Phone: (618)640-8533 Name of Referenced Project: GEN 2117351B1 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? <a> Yes</a> No If No, please specify in Additional Comments (below). Description of services provided by Vendor: A Caturdevent at a beach pavilles for 150 people. We had incredible food and entertainment with a beautiful view. They organized the entre event from start to think with every detail meticulously planned and executed. Please rate your experience with the Needs Improvement Satisfactory **Excellent Not Applicable** referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) Main Event Planners has done several jubs for my company and for my family. I highly recommend using Their services. Inomy opinion they are the best There is - and I have catered over so events. They will be the only ones I will ever use. References Checked By Name: Dalbare Do Division/Department: 6Ree



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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 willbe 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.09 14:24:56 -04'00' DATE: SIGNATURE:



Broward County Solicitation No. and Title		e Verification Fo		
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Organization/Firm Name providing refere		rousel	255 50	. )
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Name of Referenced Project:	229-66	80		
Contract No.				
Contract Amount:				
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(list date fai	ige or date ser	vices began unu	current)	
Vendor's role in Project: Prime Ven	dor 🗌 Sub	-consultant/Sub-	contractor	
Would you use this vendor again? Ve		If No, please spe	cify in Addition	onal Comments (below).
Description of services provided by V Provide tent Rentals, Set up + take down	endor:		10 01 0	10 dieles
Povide tent Rentals,	Chairs, -	table cloth	is, chapi	if aispes
Sof us & falle down	all pro	ducts provi	ded.	
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Please rate your experience with the	Needs			
referenced Vendor:	Improvemen	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive		П		П
b. Accuracy	H			
c. Deliverables	ī			ñ
2. Vendor's Organization			42	
a. Staff expertise		П	TO .	
b. Professionalism			ল	ă
c. Turnover				
3. Timeliness of:				
a. Project			W	
b. Deliverables			ليا	
Additional Comments: (provide on ad	ditional sheet	if needed)		
			NAME OF THE OWNER, WHICH STREET	
References Checked By Name: Barbara	DeMott	T. T.		
Division/Department: GFLCVB			ministrative C	
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	endor Reference	Verification Fo	rm			
Broward County Solicitation No. and	Title: GEN2117351	B1-				
	Request for C	Qualifications: Ev	ent Related	Services		
	Reference for: (Name of Firm) Fiesta Carousel					
Organization/Firm Name providing ref	ference: Simply A F	Perfect Party				
Contact Name/Title: Susan McCourt						
Contact E-mail: chicbbqsue@gmail.co	om					
Contact Phone: 954-454-1328 —	954-980-5	548 cell				
Name of Referenced Project:	rious					
Contract No.	1 a.					
Contract Amount:	-a.		/			
Date Services Provided: 854.	1990 +0	current				
(list date	range or date serv	ices began unti	"current")			
Vandaria rala in Brainste	landar V Cub	consultant/Sub-	contractor			
Vendor's role in Project: Prime \ Would you use this vendor again?				onal Comments (below).		
		No, please spe	city in Additio	mai Comments (below).		
Description of services provided by						
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Please rate your experience with th	e Needs	Satisfactory	Excellent	Not Applicable		
referenced Vendor:	Improvement					
Vendor's Quality of Service						
a. Responsive						
b. Accuracy			4			
c. Deliverables						
2. Vendor's Organization						
a. Staff expertise			4			
b. Professionalism			4			
c. Turnover		, $\square$				
3. Timeliness of:						
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Additional Comments: (provide on	additional sheet it	f needed)				
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		de	san Y	nc Court		
References Checked By	0114		$\Lambda \Lambda$ .	(orderah)		
Name: Warner	Donett	Title:	Hama	Lewderen		
Division/Department: GMUCO		Date of V	erification:	415119		



Broward County Solicitation No. and Titl			want Dalatad	Comicae	
Reference for: (Name of Firm) Fiesta Ca	Request for	Qualifications: E	vent Related	Services	***********
Organization/Firm Name providing refere		v Festival			
Contact Name/Title: Tom Curtis		, , , , , , , , , , , , , , , , , , , ,			
Contact E-mail: newtcurtis@curtispub.ne	<u></u>				
Contact Phone: 786-262-4616					
Name of Referenced Project:					
Contract No.					
Contract Amount: 6,000	04 118 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tinan erita ing pada saran ng panakan naharan ng dipangan pada na naharan naharan ng dipangan naharan naharan			
Date Services Provided: Pour	1 12-14	<i>U</i>			touch and a state of the state
(list date ra	nge or date ser	vices began unti	il "current")		
Vendor's role in Project:	odor 🗆 Sub	-consultant/Sub-	contractor		
Vendor's role in Project: Prime Ver Would you use this vendor again? Ye				onal Comments (belo	w)
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Description of services provided by V	endor:	to toh!	01 4	- levilor	
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Please rate your experience with the	Needs	4.0-4.1			
referenced Vendor:	Improvemen	t Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service	•				
a. Responsive					
b. Accuracy			X		
c. Deliverables					
2. Vendor's Organization				**	
a. Staff expertise					
b. Professionalism					
c. Turnover					
3. Timeliness of:					
a. Project					
b. Deliverables			X		
Additional Comments: (provide on ad	ditional about	if pooded)	·		
Additional Comments: (provide on ad-	ultional Sheet	n needed)			
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References Checked By.			11	Cendarales 19119	1/2
Name: basta leftett		Title:	tamen.	Celidarate	
Division/Department: GPULLIP		Date of \	/erification:	49119	



TO: Denise Orcutt, Purchasing Agent **Purchasing Division** FROM: **Anthony Cordo** Greater Fort Lauderdale Convention & Visitors Bureau Solicitation No.: GEN2117351B1-Request for Qualifications: Event Related Services SUBJECT: 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 Nave 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.  $\square$  Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  $\square$  Vendor received a score of  $\leq 2$  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.) Digitally signed by ANTHONY ANTHONY CORDO CORDO Date: 2019.04.09 15:01:24 -04'00' DATE: SIGNATURE:



Vene Broward County Solicitation No. and Title	dor Reference	Verification Fo	orm	
		011 / 75 / 6	21	
Organization/Firm Name providing refere	ORP PR	OBVETIONS		
Contact Name/Title: Fin OALL			COLLEGE	E, LIVE ARTS
Cambrid Free!	prope	1100 MI	MAGER	
Contact Phone:	ndc.edu	4		
Name of Referenced Project: / :#/ a	92-29		7. /	/
Contract No. MA	Havana	Joune	lub, an	d more
Contract Amount: # 10,000				
	4AY 201	8		
		vices began until	"current")	
Vendor's role in Project: Prime Vendor	dor 🗆 Cub	oonoultant/Cub		
Would you use this vendor again? Yes	phonesos.	consultant/Sub-		al Caramanta (halau)
		No, please spe	City in Addition	al Comments (below).
Description of services provided by Ve	endor:	-/ /	1	1
Vendor was hired to	o provid	e Stage	lands ou	el carpenters
for a monthly Concer	1 sevies.	. Services	Include	trucking,
Vender was hired to for a monthly Concer Staging, carpentre	y, and y	production	SUPPUT	<i>t</i> .
Please rate your experience with the	Needs		,,	The second secon
referenced Vendor:	Improvement	Satisfactory	Excellent I	Not Applicable
1. Vendor's Quality of Service				
a. Responsive				
b. Accuracy	H	H		
c. Deliverables		H		
Vendor's Organization				
a. Staff expertise				
b. Professionalism	H	님		
c. Turnover		H		
3. Timeliness of:	<u></u>			
a. Project			19	
b. Deliverables			M	Lancoural Lancoural
b. Deliverables	-	Lace		Lacord
Additional Comments: (provide on add	litional sheet it	f needed)		
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E-Corp provides haved administration. I've	L- A - 1 1	by Their t	or 1046	CIVI
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References Checked By				
	Deen Hiri	Title:	Admin.	- A



Broward County Solicitation No. and Title: GEN2117351B1-				
Deference for (Name of Firm) = 0	Request for C	Qualifications: E	vent Related	Services
Reference for: (Name of Firm) E-Corp F	Productions			
Organization/Firm Name providing reference Contact Name/Title: Genesaret Mejia	erice. AVS Prod	uction Group		
Contact Rame/ ritie. Genesaret Mejia Contact E-mail: gmejia@avspg.com				
Contact Phone: 718-904-0404				
Name of Referenced Project: Labor for	Event Productio	. m		
Contract No. Various	Event Productio	OI I		
Contract Amount: Various				
Date Services Provided: Various				
	nge or date serv	ices began unti	l "current")	
Vendor's role in Project: ☐ Prime Ver Would you use this vendor again? ☒ Ye	ndor 🏻 Sub- es 🗌 No If	consultant/Sub-	contractor	onal 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
Vendor's Quality of Service				
a. Responsive			$\bowtie$	
b. Accuracy			$\boxtimes$	
c. Deliverables			$\boxtimes$	
2. Vendor's Organization				
a. Staff expertise			$\boxtimes$	
b. Professionalism			$\boxtimes$	
c. Turnover			$\boxtimes$	
3. Timeliness of:				
a. Project				
b. Deliverables		LJ	$\boxtimes$	
Additional Comments: (provide on ad	ditional sheet i	f needed)		
References Checked By Name: Barbara DeMott			ministrative ( /erification: 4	
Division/Department: GFLCVB				



Vendor Reference Verification Form Broward County Solicitation No. and Title: GEN2117351B1-				
	Peguest for C	Qualifications: E	vent Related	Services
Reference for: (Name of Firm) E-Corp P	roductions			
Organization/Firm Name providing refere	ence: 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 - Pro				
(list date rar	nge or date serv	rices began unti	il "current")	
Vendor's role in Project: ☐ Prime Ven Would you use this vendor again? ☒ Yes	s No If	consultant/Sub- No, please spe		onal 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	Needs			
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service	mprovement			
a. Responsive			57	
b. Accuracy c. Deliverables			$\boxtimes$	
			$\boxtimes$	
2. Vendor's Organization			K7	
a. Staff expertise     b. Professionalism				
c. Turnover				
3. Timeliness of:			$\boxtimes$	
a. Project			521	
b. Deliverables				
b. Deliverables			$\boxtimes$	
Additional Comments: (provide on add	litional sheet if	needed)		
I've worked with E-Corp for more than			olaint I know	v that whenever I need
reliable help, even under short notice,			Jianne, i Kilov	v that whenever rineed
in the state of th	and the deliver			}
References Checked By			Λ.,	n
Name: Paulpava Dellott		Title:	LANGO 1	eviduraho