



TO: Peggy Cadeaux, Purchasing Agent Senior
Purchasing Division
FROM: Chris Walton, Director, Transportation Department
Transportation Department
SUBJECT: Solicitation No.: TRN2122277B1
Information Technology (IT) Temporary Personnel Services

Recommended Vendor: Cochhbha Enterprises, Inc.
Recommended Group(s)/Line Item(s): 1-25
Initial Award Amount: \$ 3,266,921.96 Potential Total Amount: \$ 16,334,609.80
Initial Contract Term: One Year Contract Term, including Renewals: Four Years

CONCURRENCE:

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

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

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

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 ContractsCentral and:

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

AND

Reference Verification Forms are attached.

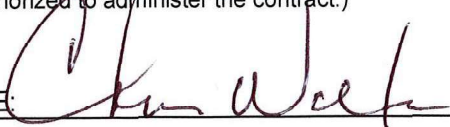
OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Chris Walton TITLE: Director, Transportation Department
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 4/19/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) Cochhbha Enterprises, Inc.
 Organization/Firm Name providing reference: City of Oakland Park
 Contact Name/Title: Mark Curry - Manager of Technology Strategy and Applications
 Contact E-mail: mark.curry@oaklandparkfl.gov
 Contact Phone: 954-630-4228
 Name of Referenced Project: S.E. Florida Governmental Purchasing Cooperative Group
 Contract No. RFP_No_19-D-112F
 Contract Amount: 156,000
 Date Services Provided: 7/5/20 - 7/5/23

(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:
Temporary Staffing services and Temp-to-Perm Search and Placement

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

Additional Comments: (provide on additional sheet if needed)
I have worked directly with Mr. Eddie Edwards and Vera Banks in addition to various support personnel. I am extremely pleased with both the quality of the candidates they have sent and the service they have provided me and the City of Oakland Park

References Checked By
 Name: Tara Lewis Title: Sr. Program Project Coordinator
 Division/Department: Transportation / Transit Date of Verification: April 14, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) Cochhbha Enterprises, Inc.
 Organization/Firm Name providing reference: Knowledge Services
 Contact Name/Title: Sherry Mellow
 Contact E-mail: sherrym@knowledgeservices.com
 Contact Phone: (850) 764-6795
 Name of Referenced Project: State of Florida Admin/Clerical and Light Industrial Contract
 Contract No. 3141800-14-ACS
 Contract Amount: n/a
 Date Services Provided: contingent admin and light industrial staffing
 (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:
Vendors in our program recruit for State Agency staffing needs. They also payroll the resources while they are on assignment

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
CEI is a great partner and I would highly recommend them as a staffing firm.

References Checked By
 Name: Tara Lewis Title: Prog Proj Coord Senior
 Division/Department: Transit/Transportation Date of Verification: 4/14/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) Cochhbha Enterprises, Inc.
 Organization/Firm Name providing reference: Broward Co. Board of County Commissioners
 Contact Name/Title: Barney McCoy / Asst. General Manager - Service & Strategic Planning
 Contact E-mail: bamccoy@broward.org
 Contact Phone: 954-357-8369
 Name of Referenced Project: Temporary Personnel for Onsite Microcomputer Services
 Contract No.
 Contract Amount: 447,720.00
 Date Services Provided: 2/8/16 - 2/7/19

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

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

Description of services provided by Vendor:
This was for general office support/administrative assistance in the Transit Division. Staffing was used across the division and depending on area of assignment were assigned projects or functions specific to that area.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project				<input checked="" type="checkbox"/>
b. Deliverables		<input checked="" type="checkbox"/>		

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Tara Lewis Title: Sr. Program Project Coordinator
 Division/Department: Transportation / Transit Date of Verification: April 14, 2021



TO: Peggy Cadeaux, Purchasing Agent Senior
Purchasing Division
FROM: Chris Walton, Director, Transportation Department
Transportation Department
SUBJECT: Solicitation No.: TRN2122277B1
Information Technology (IT) Temporary Personnel Services

Recommended Vendor: TECKpert, LLC.
Recommended Group(s)/Line Item(s): 1-25
Initial Award Amount: \$ 3,320,540.80 Potential Total Amount: \$ 16,602,704.00
Initial Contract Term: One Year Contract Term, including Renewals: Four Years

CONCURRENCE:

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

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

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

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 ContractsCentral and:

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

AND

Reference Verification Forms are attached.

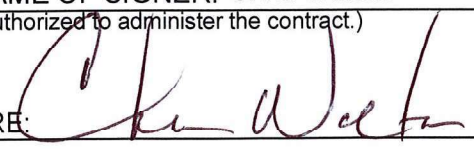
OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Chris Walton TITLE: Director, Transportation Department
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 4/19/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) TECKpert, LLC
 Organization/Firm Name providing reference: Core Investment Management
 Contact Name/Title: Michael LaPointe, CFA Managing Principal
 Contact E-mail: mlapointe@coreipf.com
 Contact Phone: 305-432-4326
 Name of Referenced Project: Core development
 Contract No.
 Contract Amount: 175,000
 Date Services Provided: 2018-present
 (list date range or date services began until "current")

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

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

Additional Comments: (provide on additional sheet if needed)
 Excellent execution of our development needs, came in on budget and in quicker time frame. we continue to utilize their firm for all development needs

References Checked By
 Name: Tara Lewis Title: Sr. Program Project Coordinator
 Division/Department: Transportation / Transit Date of Verification: April 14, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) TECKpert, LLC
 Organization/Firm Name providing reference: Longbow Trade Signals
 Contact Name/Title: Steven Lamar Co-Founder
 Contact E-mail: steven.lamar@comcast.net
 Contact Phone: 415-601-4345
 Name of Referenced Project: Contact Person: Adrian Esquivel
 Contract No.
 Contract Amount: \$250,000
 Date Services Provided: \$250,000

(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:
Website design and build

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			<input checked="" type="checkbox"/>	
b. Deliverables			<input checked="" type="checkbox"/>	

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Tara Lewis Title: Sr. Program Project Coordinator
 Division/Department: Transportation / Transit Date of Verification: April 14, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2121458B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) TECKpert, LLC
 Organization/Firm Name providing reference: ZRG
 Contact Name/Title: Mark Zilbert Managing Principal
 Contact E-mail: mz@zrg-inc.com
 Contact Phone: 786-280-0201
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided:

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

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

Description of services provided by Vendor:
IT, web design and development services.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Tara Lewis Title: Sr. Program Project Coordinator
 Division/Department: Transportation / Transit Date of Verification: April 14, 2021



TO: Peggy Cadeaux, Purchasing Agent Senior
Purchasing Division
FROM: Chris Walton, Director, Transportation Department
Transportation Department
SUBJECT: Solicitation No.: TRN2122277B1
Information Technology (IT) Temporary Personnel Services

Recommended Vendor: VGreen Enterprises, LLC.
Recommended Group(s)/Line Item(s): 1-25
Initial Award Amount: \$ 3,737,938.48 Potential Total Amount: \$ 18,689,692.40
Initial Contract Term: One Year Contract Term, including Renewals: Four Years

CONCURRENCE:

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

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

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

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 ContractsCentral and:

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

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Chris Walton TITLE: Director, Transportation Department
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 8/27/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2122277B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) VGreen Enterprises, LLC
 Organization/Firm Name providing reference: Inner Court of Judah Dance Ministry
 Contact Name/Title: Karlene White / Director
 Contact E-mail: RevKarleneWhite@Gmail.com
 Contact Phone: 954-696-7260
 Name of Referenced Project: Night of Thanksgiving through Dance
 Contract No.
 Contract Amount: \$2,000
 Date Services Provided: 01/1/2017 to 12/31/2019

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

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

Description of services provided by Vendor:
Operation of network infrastructure for multiple events. Deployment of lighting, video recording, and audio for these events.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

Additional Comments: (provide on additional sheet if needed)
We are extremely pleased with the services that VGreen Enterprises provides our events/projects. Their solutions are always innovative and they flat out get the job done!

References Checked By
 Name: Penny Hale Title: Office Support Specialist
 Division/Department: Transportation/IT Date of Verification: August 20, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2122277B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) VGreen Enterprises, LLC
 Organization/Firm Name providing reference: Miami-Dade County Public Housing & Community Development
 Contact Name/Title: Lonnie Walcott & James Graham
 Contact E-mail: Lonnie.Walcott@miamidade.gov
 Contact Phone: 786-469-4107
 Name of Referenced Project: Provide Audio Visual production services
 Contract No.
 Contract Amount: \$5,000
 Date Services Provided: November 2019 - December 2021

(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:

Audio visual services

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			<input checked="" type="checkbox"/>	
b. Deliverables			<input checked="" type="checkbox"/>	

Additional Comments: (provide on additional sheet if needed)

Very professional. When they used customers equipment was returned and accounted for. Very professional. Very thorough. Would call a few days ahead to verify event and details then would call again day before or early same day to make sure nothing has changed. Would definitely use their services again.

References Checked By
 Name: Penny Hale Title: Office Support Specialist
 Division/Department: Transportation/IT Date of Verification: August 18, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: TRN2122277B1 IT Temporary Personnel Services
 Reference for: (Name of Firm) VGreen Enterprises, LLC
 Organization/Firm Name providing reference: International Deliverance Center
 Contact Name/Title: Bishop Dr. Errol Hall, Sr. / Senior Pastor
 Contact E-mail: BishopErrolHall@Gmail.com
 Contact Phone: 754-610-7119
 Name of Referenced Project: Multimedia Modernization Project
 Contract No.
 Contract Amount: \$22,000
 Date Services Provided: 02/10/2018 to 12/31/2021
 (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:
Redesign of network infrastructure to allow for seamless connection for users. Multimedia system upgrades and creation of digital advertising content to increase viewership and engagement of Attendees.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project			X	
b. Deliverables			X	

Additional Comments: (provide on additional sheet if needed)
Our organization highly recommends VGreen Enterprises, as their firm has revolutionized our technology, advertising, and outreach capabilities. Their personnel are experts in their field and provide great results.

References Checked By
 Name: Penny Hale Title: Office Support Specialist
 Division/Department: Transportation/IT Date of Verification: 08/20/221