



TO: Robert E. Gleason, Director
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division - Contracts Section
SUBJECT: Solicitation No.: GEN2119058B2 Group 2
General Security Guard Services Various County Facilities

Recommended Vendor: CENTURION SECURITY GROUP, LLC
Recommended Group(s)/Line Item(s): Items 01-01 throughout 01- 45
Initial Award Amount: \$ 16,726,354.98 Potential Total Amount: \$ 16,726,354.98
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, 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: Scott Campbell
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL
Date: 2022.11.08 09:23:44 -05'00'

DATE:



CENTURION SECURITY GROUP, LLC
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Broward County Board of
County Commissioners

Proposal for General Security Guard Services
RFP No: GEN2119058R1

1. PROJECT #1: FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2119058R1 - RFQ 2-Step General Security Guard Services at Various County Facilities

Reference for: Centurion Security Group

Organization/Firm Name providing reference:

Florida Division of Emergency Management

Contact Name: Jim Washabaugh

Title: Incident Commander

Reference date: 07/13/2021

Contact Email: jwash4023@gmail.com

Contact Phone:

Name of Referenced Project: WCBTS Covid19

Contract No.

Date Services Provided:

Project Amount:

07/07/2020

to 05/22/2021

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

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

Description of services provided by Vendor:

Provide site security and operational support personnel for Covid19 testing site

Please rate your experience with the
referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

Outstanding personnel who provided excellent services for the mission

THIS SECTION FOR COUNTY USE ONLY

Verified via: ☒ EMAIL ☐ VERBAL

Verified by: Corey Bullock

Digitally signed by Corey Bullock
Reason: I have verified that the
reference is true and correct.

Division: FMD

Date: 9/23/2021

All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Document Code.



Submitted to Broward County Board of County Commissioners
August 4, 2021

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Proposal for General Security Guard Services
RFP No: GEN2119058R1

2. PROJECT #2: FLORIDA DEPARTMENT OF HEALTH, WEST PERRINE HEALTH CLINIC



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2119058R1 - RFQ 2-Step General Security Guard Services at Various County Facilities

Reference for: Centurion Security Group LLC.

Organization/Firm Name providing reference:

Florida Department of Health, West Perrine Health Clinic

Contact Name: John Cibotti Title: Safety Consultant Reference date: 07/12/2021

Contact Email: john.cibotti@flhealth.gov Contact Phone: 786-423-2115

Name of Referenced Project: Broward County

Contract No. Date Services Provided: Project Amount:
04/01/2021 to 07/12/2021

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

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Date: 9/23/21

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Broward County Board of
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Proposal for General Security Guard Services
RFP No: GEN2119058R1

3. PROJECT #3: LIFESAVERS, INC.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2119058R1 - RFQ 2-Step General Security Guard Services at Various County Facilities

Reference for: Centurion Security Group

Organization/Firm Name providing reference:

LifeSavers, Inc.

Contact Name: Brett Lea

Title: Site Manager

Reference date: 07/14/2021

Contact Email: bclea@bellsouth.net

Contact Phone: 561-756-6854

Name of Referenced Project: Miramar YEC Covid-19 Community Based Testing Site

Contract No.

Date Services Provided:

Project Amount:

07/01/2020 to 05/15/2021

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

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

Description of services provided by Vendor:

Provided Armed Site Security 24/7. Day Shift staff also assisted with Vehicle & Pedestrian traffic flow and directions.

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

Additional Comments: (provide on additional sheet if needed)

Company was responsive to our needs. If a particular security officer wasn't a good fit with our operations, their supervisors took care of it within the hour

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Proposal for General Security Guard Services
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4. PROJECT #4: ERICK CONSTRUCTION, INC.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

GEN2119058R1 - RFQ 2-Step General Security Guard Services at Various County Facilities

Reference for: Centurion Security Group

Organization/Firm Name providing reference:

Erick Construction Inc

Contact Name: Erick Robaina

Title: Owner

Reference date: 07/12/2021

Contact Email: mariana@erickconstructioninc.com

Contact Phone: 786-236-1196

Name of Referenced Project: Several construction development projects

Contract No.

Date Services Provided:

Project Amount:

01/01/2017 to 07/12/2021

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

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

Description of services provided by Vendor:

Services provided for on site security for ongoing construction projects, construction and main office after hours security detail. Very organized and reliable, able to create strategic plans that fit our budget needs per site work etc.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

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