



TO: Hazel-Mae Matthew, Purchasing Agent
Purchasing Division
FROM: Jack Feinberg, Division Director
Broward Addiction Recovery Division (BARD)
SUBJECT: Solicitation No.: GEN2124024B1
Temporary Healthcare Personnel Services

Recommended Vendor: 4BB Corp (Primary Contract); Appddiction Studio (Secondary Contract); TRG I
Recommended Group(s)/Line Item(s): PRIMARY VENDOR: 4BB Corp \$1,223,162.64 (Sum of all Lines
Initial Award Amount: \$ \$1,223,162.64 Potential Total Amount: \$ \$6,115,813.20
Initial Contract Term: One Year 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 Not required for this procurement. Purchases are paid after services are rendered.

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: Jack Feinberg
(Individual authorized to administer the contract.)

TITLE: Division Director

SIGNATURE: **JACK FEINBERG** Digitally signed by JACK FEINBERG Date: 2022.12.15 15:30:25 -05'00' DATE: 12/15/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): 4 Best Business Corp DBA 4BBCorp

Organization/Firm Name providing reference: JLL - Johns Lang Lasalle

Contact Name: Ingrid Vasquez

Title:

Contact Email: Ingrid.Vasquez@am.jll.com

Contact Phone: (305) 347-5262

Name of Referenced Project: Temporary Staffing

Contract No.

Contract Amount: 2,000,000.00

Date Services Provided: Since 2010

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

LCD video wall, audio, phone - primarily for technology support.
Boutique operations, using them for years, they are very responsive.

References Checked By

Name: gillian moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/01/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): 4 Best Business Corp DBA 4BBCorp

Organization/Firm Name providing reference: City of Homestead

Contact Name: Wendy Alvarez

Title: Coordinator

Contact Email: walvarez@cityofhomestead.com

Contact Phone: (305) 224-4857

Name of Referenced Project: Temporary Staffing

Contract No.

Contract Amount: 1,000,000.00

Date Services Provided: Since 2021

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

It's a pleasure working with them

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division (BARD)

Date of Verification: 12/13/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): 4 Best Business Corp DBA 4BBCorp

Organization/Firm Name providing reference: City of Miami Beach

Contact Name: Ramon Suarez Title: Recruitment Manager

Contact Email: rsuarez@miamibeachfl.gov Contact Phone: (305) 637-7524

Name of Referenced Project: Temporary Staffing

Contract No. Contract Amount: 11,450,000.00

Date Services Provided:

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: Ramon Suarez Title: Recruitment Manager

Division/Department: Human Resources Date of Verification: 12/01/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): 4 Best Business Corp DBA 4BBCorp

Organization/Firm Name providing reference: City of Miramar

Contact Name: Winsome Freeman

Title: Assistant Director of Financial Services

Contact Email: wafreeman@miramarfl.gov

Contact Phone: (954) 602-3071

Name of Referenced Project: Temporary Staffing

Contract No.

Contract Amount: 500,000.00

Date Services Provided: Since 2022

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/13/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): Appddiction Studio

Organization/Firm Name providing reference: Brooke Army Medical Center, San Antonio Military Medical Center (BAMC).

Contact Name: Joe Ordonez

Title: Contract Officer Representative (COR)

Contact Email: joe.a.ordonez.civ@health.mil

Contact Phone: (210) 916-7191

Name of Referenced Project: Advanced Practitioners @ San Antonio Military Medical Center

Contract No.

Contract Amount: 3,402,787.20

Date Services Provided: April 2018 - Present

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

Great company, communication is excellent.

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 11/30/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): Appddiction Studio

Organization/Firm Name providing reference: Decypher Technologies

Contact Name: Richard Baskin

Title: Senior Vice President (Corporate)

Contact Email: Richard.Baskin@decypher.com

Contact Phone: (210) 748-5531

Name of Referenced Project: Clinical Liaison 15 Joint Base Pearl Harbor-Hickam (JBPHH), HI

Contract No. MH00-120.2

Contract Amount: 900,230.40

Date Services Provided: September 2019 - September 2026

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

Excellent company to work with.

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 11/23/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): Appddiction Studio LLC

Organization/Firm Name providing reference: U.S. Army Corp of Engineers (USACE)

Contact Name: John C. Vandiver Title: Supervisory Contracting Officer

Contact Email: John.C.Vandiver@usace.army.mil Contact Phone: (251) 441-5447

Name of Referenced Project: Regional Occupational Health Nursing Services for USACE - SAD (FY19-FY24)

Contract No. W9127819D0008 Contract Amount: 5,000,000.00

Date Services Provided: November 2018 - Present (\$5M is a NTE amount for the base IDIQ contract. A new task order is
(list date range or date services began until "current")

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)
The contractor is meeting or exceeding expectations on the above referenced contract. The contract is ongoing so the ratings are not final.

References Checked By

Name: gillian moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/13/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): TRG, Inc.

Organization/Firm Name providing reference: Blue Green Vacations

Contact Name: Nathanael Pierre

Title:

Contact Email: Nathanael.pierre@bluegreenvacations.com

Contact Phone: (347) 813-2505

Name of Referenced Project: AS400 Project - IT Staffing

Contract No.

Contract Amount:

Date Services Provided: for at least 10 years

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

561.912.7995 - have same guys for 10 years.

References Checked By

Name: gillian moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/14/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): TRG, Inc.

Organization/Firm Name providing reference: Harley-Davidson

Contact Name: Scott Clark

Title: Manager of Information Management

Contact Email: Scott.clark@harley-davidson.com

Contact Phone: (414) 412-1652

Name of Referenced Project: Personal to build data base and cloud solutions

Contract No.

Contract Amount:

Date Services Provided: May 2022 through October 2022

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)
resources were positive and worked out well.

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/13/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): TRG, Inc.

Organization/Firm Name providing reference: Broward County Sheriff's Office

Contact Name: Carin Koplovitz

Title:

Contact Email: carin_koplovitz@sheriff.org

Contact Phone: (954) 321-4365

Name of Referenced Project:

Contract No.

Contract Amount: 600,000.00

Date Services Provided: worked with them for the last 8 years

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

not large operation. anchored in the county. come through always on IT. treat people pretty fairly. reliable their people remain with them for many

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/14/2022



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): BuzzClan

Organization/Firm Name providing reference: State of MO

Contact Name: Ginger Meador

Title: Director of Human Resources

Contact Email: Ginger.Meador@dmh.mo.gov

Contact Phone: (573) 592-3451

Name of Referenced Project: Temporary Staffing Services

Contract No.

Contract Amount: 1,000,000.00

Date Services Provided: April 01, 2022 to Present

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

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: *Contract nursing - LPN, RN, Aides*

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: *Gerrell Wells*

Title: *Asst HR Dir*

Division/Department: *FSH*

Date of Verification: *12-14-22*



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): BuzzClan

Organization/Firm Name providing reference: Civic Minds, Inc.

Contact Name: Manoj Kumar

Title:

Contact Email: manoj@civigminds.com

Contact Phone: (949) 534-3339

Name of Referenced Project: Temporary Staffing Services

Contract No.

Contract Amount:

Date Services Provided: October 2017 to Present

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gillian Moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division (BARD)

Date of Verification: 12/01/22



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124024B1 - Temporary Healthcare Personnel Services

Reference for (Name of Firm): BuzzClan

Organization/Firm Name providing reference: Employer Direct Health Care

Contact Name: Ravi Kant

Title:

Contact Email: ravi.kant@edhc.com

Contact Phone: (980) 253-9039

Name of Referenced Project: Temporary Staffing Services

Contract No.

Contract Amount: 3,000,000.00

Date Services Provided: August 2018 - Present

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

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

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

Description of services provided by Vendor:

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: gillian moxey

Title: Program Project Coordinator

Division/Department: Broward Addiction Recovery Division

Date of Verification: 12/14/2022