

TO: Chris Snyder, Purchasing Agent

Purchasing Division

FROM: Insert Name of Division Director

Human Resources Division

SUBJECT: Solicitation No.: GEN2118724B1

Temporary Personnel Services

Recommended Vendor: Cochhbha Enterprises, Inc. d/b/a CEI Staffing

4 Best Business Corp d/b/a 4BBCORP

Albion Healthcare Staffing, Inc.
RCAN DON'T QUIT d/b/a Pridestaff

Recommended Group(s)/Line Item(s): Groups 1: White Collar

PRIMARY: 4 Best Business Corp d/b/a 4BBCORP

SECONDARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing

TERTIARY: RCAN DON'T QUIT d/b/a Pridestaff

Group 2: Blue Collar

PRIMARY: 4 Best Business Corp d/b/a 4BBCORP

SECONDARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing

TERTIARY: Albion Healthcare Staffing, Inc. Funded when Primary Vendor is unable to perform

Group 3: Professional Service

PRIMARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing SECONDARY: 4 Best Business Corp d/b/a 4BBCORP

TERTIARY: Albion Healthcare Staffing, Inc.

Funded when Secondary Vendor is unable to perform

Initial Award Amount: \$1,593,457. Potential Total Amount: \$5,121,534. Initial Contract Term: One Year Contract Term, including Renewals: Three Years

CONCURRENCE:

TI	e agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I	
⊠ ha	re reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with	th
re	ommendation 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)

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

PAST PERFORMANCE: (check all that apply)

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ı nave	e reviewed tr	ie Venc	ior's nasi	Performance	-valuation	ร เท	Contracts	(:entral	and.

X	$ \setminus$	/enc	lor	rece	ived	an	overall	rating	≥ ;	2.59	on	all	eva	uati	ions	ò

No evaluations within the past three	e years contained an	ny items rated a score of 2 or less.
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Concurrence: Temporary Personnel Services	Exhibit 3 Page 2 of 11
Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.	1 age 2 01 11
Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.	
Past evaluations are not relevant to the scope of this contract.	
☐ No past Performance Evaluations exist in Contracts Central.	
AND	
□ Reference Verification Forms are attached.	
OR	
Reference Verification Forms are not required: Commodity only purchase (less than \$250,0 less than \$50,000 and the Vendor has a Performance Evaluation within the past three year	
NON-CONCURRENCE:	
☐ I do not concur. Detailed reason for non-concurrence is attached.	
TYPED NAME OF SIGNER: TITLE: HR Manager	
(Individual authorized to administer the contract.)	
NATASHA Digitally signed by NATASHA	
SIGNATURE: TERRELL Date: 2019.12.23 11:52:00 -05'00' DATE:	



Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services						
Reference for: (Name of Firm) 4 Best Business Corporation						
Organization/Firm Name providing refere						
Contact Name/Title: Tara Lewis, Progra	m Project Coord	linator				
Contact E-mail: talewis@broward.org						
Contact Phone: (954) 357-9733						
Name of Referenced Project: IT Tempor	rary Personnel					
Contract No. V2113899B1_1						
Contract Amount: TBD						
Date Services Provided: ongoing						
(list date rar	nge or date serv	ices began until	"current")			
Vendor's role in Project: ⊠ Prime Ven	dor Sub-o	consultant/Sub-	contractor			
Would you use this vendor again? ⊠ Ye	200			nal Comments (below	·).	
Description of services provided by V						
IT temporary personnel staffing.	endor.					
it temporary personner stanning.						
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable		
referenced Vendor:	Improvement					
 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		\boxtimes				
b. Deliverables		\boxtimes				
-						
Additional Comments: (provide on ad	ditional sheet i	f needed)				
. / / _						
Defenences Charles of District	10 0.	1				
References Checked By	1)11111	Title: (LR Ma	nada :-		
References Checked By Name: Division/Department:	Denell	Title:	R Ma Verification:	nager		



Ve	ndor Reference	Verification Fo	rm	*		
Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services						
Reference for: (Name of Firm) 4 Best Business Corporation						
Organization/Firm Name providing refe	rence: Chesac	cake Intea	rated b	ehavioral	Healtha	
Contact Name/Title: W OISCN	PANTON/ HIR	_ Tech	-	·		
Contact E-mail: Olsen @ Chesap	eakelbh.n	et				
Contact Phone: 757 819 4201			· ·		·	
Name of Referenced Project:	·			<u> </u>		
Contract No. Contract Amount:	<u> </u>	B		<u></u>		
	J-0 0	<u> </u>	<u> </u>			
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(list date ra	ange or date sen	/ices began until	"current")	•		
Vendor's role in Project: Prime Ve	ndor 🔲 Sub-	consultant/Sub-	contractor	•		
Would you use this vendor again? Y		· ·		onal Comments	(below).	
Description of services provided by				• • • • • • • • • • • • • • • • • • • •	(
Temporary Staffing				•		
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	,	•				
	<u> </u>	*				
Please rate your experience with the	Needs			,		
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicab	le	
1. Vendor's Quality of Service		*				
a. Responsive		· 🖺.		П		
b. Accuracy	$\overline{\Box}$	$\overline{\sqcap}$				
c. Deliverables	·		Π̈́	ä		
2. Vendor's Organization	_	•	_			
a. Staff expertise	. 🗆		- [П		
b. Professionalism			· 7	n		
c. Turnover				. 🗇		
3. Timeliness of:	•	•	. —			
a. Project	, 🔲			🗖		
b. Deliverables		, ' 27				
Additional Comments: (provide on ac	ditional short	f noodod\				
				. A		
Very phased with ser	MM. OMI	her 15 ven	4 unvol	rea	• . .	
and very accessible						
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<u> </u>						
References Checked By NATASH	Digitally signed by	•				
Name:	NATASHA TERRE Date: 2019 12 16	LL Title:	•			
Division/Department: TERRELL	16:04:42 -05'00'	Date of \	/erification:			



Reference for: (Name of Firm) Albion Staffing Solutions Organization/Firm Name providing reference: Family Success Administrative Division/Community Action Agenatical Contact Name/Title: Shatara Piedrasanta, Human Services Manager Contact E-mail: spiedrasanta@broward.org Contact Phone: 954-357-5801 Name of Referenced Project: Community Services Block Grant Contract No. D2111415G1_1 Contract Amount: \$960,000 Date Services Provided: November 26, 2018 - July 16, 2019; October 28, 2018-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: Senior Office Assistant, currently providing administrative/clerical support to the CAA - Community Services Block Grant Program.					
Reference for: (Name of Firm) Albion St	taffing Solutions				
Organization/Firm Name providing refere	ence: Family Suc	cess Administr	ative Divisior	n/Community Action Age	'n
Contact Name/Title: Shatara Piedrasan	ta, Human Servic	ces Manager			
Contact E-mail: spiedrasanta@broward.	org				
	-				
Name of Referenced Project: Communi	ty Services Block	c Grant			
Contract No. D2111415G1_1					
ference for: (Name of Firm) Albion Staffing Solutions janization/Firm Name providing reference: Family Success Administrative Division/Community Action Age match Name/Title: Shatara Piedrasanta, Human Services Manager match E-mail: spiedrasanta@broward.org match Phone: 954-357-5801 me of Referenced Project: Community Services Block Grant mitract No. D2111415G1_1 mitract Amount: \$960,000 te Services Provided: November 26, 2018 - July 16, 2019; October 28, 2018-Current (list date range or date services began until "current") mdor's role in Project: Prime Vendor Sub-consultant/Sub-contractor juld you use this vendor again? Yes No If No, please specify in Additional Comments (below). scription of services provided by Vendor: mitract Office Assistant, currently providing administrative/clerical support to the CAA - Community rvices Block Grant Program. match Name (Services of Service) a. Responsive Service Satisfactory Excellent Not Applicable match Name (Service) a. Responsive Service Satisfactory Satisfactory Satisfactory match (Service) match Name (Service) match N					
Date Services Provided: November 26	erence for: (Name of Firm) Albion Staffing Solutions anization/Firm Name providing reference: Family Success Administrative Division/Community Action Age anization/Firm Name providing reference: Family Success Administrative Division/Community Action Age anization/Firm Name providing reference: Family Success Administrative Division/Community Action Age anization/Firm Name providing reference: Family Success Administrative Division/Community Action Age anization/Firm Name provided and Services Manager tact Phone: 954-357-5801 The of Referenced Project: Community Services Block Grant tract No. D2111415G1_1 Tract Amount: \$960,000 The Services Provided: November 26, 2018 - July 16, 2019; October 28, 2018-Current (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project: Prime Vendor (list date range or date services began until "current") dor's role in Project Began un				
(list date ra	nge or date servi	ces began unti	"current")		
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		No, piease spe	city in Additio	onal Comments (below).	
	viding administ	rative/clerical	support to t	he CAA - Community	
· · · · · · · · · · · · · · · · · · ·	a Case Manage	r II who provid	ded direct se	ervices for a grant	
ference for: (Name of Firm) Albion Staffing Solutions ganization/Firm Name providing reference: Family Success Administrative Division/Community Action Agengatization/Firm Name providing reference: Family Success Administrative Division/Community Action Agengatization/Firm Name providing reference: Family Success Administrative Division/Community Action Agengatization/Firm Name providing references Project: Community Services Block Grant Intract No. D2111415G1_1 Intract Amount: \$960,000 te Services Provided: November 26, 2018 - July 16, 2019; October 28, 2018-Current (list date range or date services began until "current") Indor's role in Project: Prime Vendor Sub-consultant/Sub-contractor (list date range or date services began until "current") Indor's role in Project: Prime Vendor Information Inf					
Please rate your experience with the referenced Vendor:		Satisfactory	Excellent	Not Applicable	_
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3. Timeliness of:					
			\triangleright		
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S. Beliverables					
Additional Comments: (provide on ad	ditional sheet if	needed)			_
"		,			
References Checked By					
Name: Natasha Terrell					
Division/Department: HR		Date of \	/erification:	12-19-2019	



Vendor Reference Verification Form Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services Reference for: (Name of Firm) Albion Staffing Solutions Organization/Firm Name providing reference: 21st ('entru Contact Name/Title: Contact E-mail: **Contact Phone:** Name of Referenced Project Contract No. Contract Amount: Date Services Provided: 2007 - current (list date range or date services began until "current") ☐ Sub-consultant/Sub-contractor Vendor's role in Project: Prime Vendor Would you use this vendor again? Yes ☐ No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Starking services 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)

Division/Department:

Name:

(rev 3/2016)

References Checked By NATASHA

TERRELL

Title:

Date of Verification:

Digitally signed by NATASHA TERRELL

Date: 2019.12.18

10:52:00 -05'00'



Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services								
Reference for: (Name of Firm) Albion Staffing Solutions								
Organization/Firm Name providing reference: City of Coral Springs								
Contact Name/Title: Gail Dixon, Senior	Contact Name/Title: Gail Dixon, Senior Purchasing Agent							
Contact E-mail: gdixon@coralsprings.org								
Contact Phone: 954.344.1104	- 1 de 1815	(a) (b)						
Name of Referenced Project: Temporar	y Employment S	ervices						
Contract No. #13-D-140	T TO THE TOTAL TOT	20021-00		4. 119.00				
Contract Amount: Co-Op contract, total	value est 2 millio	on (between 3 p	rime vendors	s)				
Date Services Provided: 10/13 thru 4/2	0							
(list date rai	nge or date servi	ices began unti	l "current")					
Variable colorie Businests	مادری 🗆 سماد	anaultant/Cub	aantraatar					
Vendor's role in Project: Prime Ven		consultant/Sub-		anal Commente (holow)				
Would you use this vendor again?⊠ Ye		ivo, piease spe	city in Addition	onal Comments (below).				
Description of services provided by V								
temporary employment services as no	eeded by the Ci	ty of Coral Spi	rings (lead a	gency) and 28 other tri				
county govt agencies								
	And the second							
Please rate your experience with the	Needs	Catiofastam	Fireallant	Nat Applicable				
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable				
1. Vendor's Quality of Service								
a. Responsive			\boxtimes					
b. Accuracy			\boxtimes					
c. Deliverables		Ē	\boxtimes	\Box				
2. Vendor's Organization		_	(=====)					
a. Staff expertise			\boxtimes					
b. Professionalism	П	\Box	\boxtimes	П				
c. Turnover	\Box	$\overline{\Box}$	\boxtimes	ī				
3. Timeliness of:		_		_				
a. Project			\boxtimes					
b. Deliverables			\boxtimes					
Additional Comments: (provide on ad		1.7						
they were part of the previous 6 year	contract as well	l .						
SALES TRANS								
References Checked By NATASHA	Digitally signed by NATASHA TERRELL							
Name: TERRELL	Date: 2019.12.16	Title:						
Division/Department:	16:02:37 -05'00'	Date of \	Verification:					



Broward County Solicitation No. and Titl	e: GEN2118724E			ervices	
Reference for: (Name of Firm) Cochhbh					
Organization/Firm Name providing refer		2004			
Contact Name/Title: Cottasha T	ERREIL				
Contact E-mail: VIEREUCEN	DULLED. OR				
Contact Phone: 954-351-12					
Name of Referenced Project:	10				
Contract No.					
Contract Amount:					
Date Services Provided: 2010-7	resent				
(list date ra	inge or date servi	ces began until "	current")		
Vendor's role in Project: Prime Ver	nder 🗆 Sub-c	onsultant/Sub-co	ontractor		
Would you use this vendor again?	_			nal Comments (belo	w).
Description of services provided by \	/endor:	, 1	1		
HAS previded tempera M Reguested, on Va	ry Dehsen	nel for 1	ow th	2 DIVISIM	
the fortier tangent	7,2.00	0	1 /	/	1.
As Societied on Va	mous occ	assens, b	ena N	10 been Sall	Kacto
Wa Theologolatill		~ /		<u> </u>	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive					
b. Accuracy					
c. Deliverables		V			
2. Vendor's Organization		_		_	
a. Staff expertise		∇			
b. Professionalism		Ĭ,			
c. Turnover		MA			
3. Timeliness of:		4011	_		
a. Project		$\square \mathcal{N} A$			
b. Deliverables					
0.00	W		417-3-24X	Movement	
Additional Comments: (provide on ac	dditional sheet if	needed)			
References Checked By		. 1			
Name: CHOW W JEWEN		Title:	e Man	ager.	
Division/Department:		Date of V	erification:	112/00/19	
1				10/10/1	



Broward County Solicitation No. and Title	∋: GEN2118724	B1 - Temporary	Personnel S	ervices												
Reference for: (Name of Firm) Cochhbha Enterprises, Inc. Organization/Firm Name providing reference: PBC Criminal Justice Commission Contact Name/Title: Allison Orr, Administrative Assistant																
								Contact E-mail: alorr@pbcgov.org Contact Phone: 561-355-1739 Name of Referenced Project: Contract No. Contract Amount: Date Services Provided: from 2010 to 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).								
Provides temporary clerical staffing for	or a 12 member	топісе														
Please rate your experience with the	Nooda															
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		П												
b. Professionalism		\boxtimes														
c. Turnover				\square												
3. Timeliness of:	Ш.															
a. Project	П															
b. Deliverables		\boxtimes														
Additional Comments: (provide on ad	ditional sheet i	f needed)														
				•												
References Checked B		Title: HF	R Manager													
Division/Department: HR	7			12-19-2019												
Division/Deparkment. HK			Date of Verification: 12-19-2019													



Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services								
Reference for: (Name of Firm) RCAN DON'T QUIT db/a Pridestaff								
Organization/Firm Name providing reference: Blue Ocean Press Inc.								
Contact Name/Title: Jeri Brewster, Accounting/HR Manager								
Contact E-mail: accounting@blueoceanpress.com								
Contact Phone: 954.973.1819								
Name of Referenced Project: RCAN DON'T QUIT d/b/a Pridestaff								
Contract No.								
Contract Amount: varied and ongoing								
Date Services Provided: 2015 thru 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 V								
Carmen Calamia cold called Blue Oce		15 I decided to	aive their a	gency a try We have				
been using them ever since. We have								
and have never had such exceptional	service. Pride	staff goes above	e and beyo	nd to get the job right				
the first time. Can not think of a thing								
years to come.								
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable				
referenced Vendor:	Improvement	t	Excellent	Not Applicable				
 Vendor's Quality of Service 								
a. Responsive			\boxtimes					
b. Accuracy			\boxtimes					
c. Deliverables			\boxtimes					
2. Vendor's Organization	_							
a. Staff expertise			\boxtimes					
b. Professionalism		$\overline{\Box}$	\boxtimes					
c. Turnover			\boxtimes					
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b. Deliverables	ī	ī	\boxtimes	П				
5. 50 6 6								
Additional Comments: (provide on ad	ditional sheet	if needed)						
Overall excellent service and excellen								
The second secon								
References/Checked By								
Name:		Title: HF	R Manager					
Division/Department: HR		Date of	Verification:	12-20-2019				



Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services								
Reference for: (Name of Firm) RCAN DON'T QUIT db/a Pridestaff								
Organization/Firm Name providing reference: FAM International Logistics, Inc								
Contact Name/Title: Susie Horney								
Contact E-mail: susieh@faminternational.com								
Contact Phone: 954-252-0166 Name of Referenced Project: employement or temporary and fulltime employees								
Contract Amount: N/A								
Date Services Provided: 2016- Currrent								
(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).								
Would you use this vendor again?⊠ Ye		ivo, piease spe	city in Additio	inal Comments (below).				
Description of services provided by Vendor:								
Temporary and permanent placement	of employees							
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			\boxtimes					
b. Deliverables			\boxtimes					
Additional Comments: (provide on ad								
The majority of our current temporary employees and full-time employees have come from Pridestaff.								
They listen to our needs and meet them in a timely manner.								
120								
References Checked By								
Name: Natasha Terrell Title: HR Manager								
Division/Department: HR	Date of Verification: 12-20-2019							