TO: Robert Gleason, Director
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: Craig Enterprises, Inc. dba CommGap
Recommended Group(s)/Line Item(s): Primary (Group 2)
Initial Award Amount: $ 236,037 Potential Total Amount: $ 590,092
Initial Contract Term: Two 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 (new vendor)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.10.30 13:42:29 -04'00' DATE: 10/30/24

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): Craig Enterprises, Inc. dba CommGap

Organization/Firm Name providing reference: Intermountain Health

Contact Name: Carlos Martinez Title:

Contact Email: carlos.martinez@imail.com Contact Phone: (801) 442-5301

Name of Referenced Project: Translation and Interpretation Services

Contract No. Contract Amount:

Date Services Provided: 2002

(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:

Provided Translation and Interpretation Services

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	☐	☐	☐	☑
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)

n/a

References Checked By

Name: Mary Heaton Title: Program Project Coordinator

Division/Department: HSD/BARC Date of Verification: 10/15/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): Craig Enterprises, Inc. dba CommGap

Organization/Firm Name providing reference: State of Utah

Contact Name: Meran Kay Title:

Contact Email: mwoodward@utah.gov Contact Phone: (801) 095-7145

Name of Referenced Project: Translation and Interpretation Services

Contract No. Contract Amount:

Date Services Provided: 2000

(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:

Translation and Interpretation Services

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	☐	☐	☑	☐
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)

n/a

References Checked By

Name: Mary Heaton Title: Program Project Coordinator

Division/Department: HSD/BARC Date of Verification: 10/14/2024

TO: Robert Gleason, Director
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: GLOBO Language Solutions, LLC
Recommended Group(s)/Line Item(s): Secondary (Groups 1 and 5)
Initial Award Amount: $ 131,072 Potential Total Amount: $ 327,680
Initial Contract Term: Two 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 (New Vendor)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.01 09:55:59 -04'00' DATE: 11/1/24

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): GLOBO Language Solutions, LLC

Organization/Firm Name providing reference: City of Philadelphia

Contact Name: Deise Rodrigues Title: Director of Language Access Programs

Contact Email: Deise.Rodrigues@Phila.gov Contact Phone: (267) 591-1655

Name of Referenced Project: Telephone Interpreting, Video Remote Interpreting, On-site Interpreting

Contract No. Contract Amount:

Date Services Provided: July 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:

Telephone Interpreting, Video Remote Interpreting, On-site Interpreting, Translation and

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	☐	☑	☐	☐
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)

n/a

References Checked By

Name: Mary Heaton Title: Program Project Coordinator

Division/Department: HSD/BARC Date of Verification: 10/07/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): GLOBO Language Solutions, LLC.

Organization/Firm Name providing reference: Uber (Critical Safety Line)

Contact Name: Matthew Baker, Sr. Title: Program Leader - Safety Support

Contact Email: mbaker@uber.com Contact Phone:

Name of Referenced Project: Telephone Interpreting

Contract No. Contract Amount:

Date Services Provided: September 2021 - 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:

Live-Translation Services

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	☐	☑	☐	☐
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)

Vendor's Quality of Service: Satisfactory
GLOBO has provided us with the necessary services needed 24/7 with minimal issues. They also offer very reasonable rate compared to other comparable services when we have shopped around.

Vendor's Staff expertise/Professionalism: Satisfactory
We have had a few reports of calls being abruptly disconnected and occasional flags about individual interpreter professionalism, but these have been few and far between. GLOBO has always been quick to respond to our feedback when shared.

Timeliness of Project/Deliverables: Excellent
We have been utilizing GLOBO for nearly three years and have rarely had any issue getting on-demand interpreters in seconds for just about any language you can imagine.

References Checked By

Name: Mary Heaton (Ext. 5087) Title: Program Project Coordinator

Division/Department: HSD/BARC Date of Verification: 09/30/2024

TO: Robert Gleason, Director
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: Homeland Language Services, LLC
Recommended Group(s)/Line Item(s): Secondary (Groups 2 and 4)
Initial Award Amount: $ 345,916 Potential Total Amount: $ 864,790
Initial Contract Term: Two 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 (New vendor)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.05 13:56:24 -05'00' DATE: 11/5/24

TO: Robert Gleason, Director
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: Homeland Language Services, LLC
Recommended Group(s)/Line Item(s): Primary (Groups 1 and 5)
Initial Award Amount: $ 124,276 Potential Total Amount: $ 310,690
Initial Contract Term: Two 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 (New vendor)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.01 10:01:09 -04'00' DATE: 11/1/24

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): Homeland Language Services, LLC

Organization/Firm Name providing reference: ORANGE COUNTY

Contact Name: CHRISTINA TRUONG | Title: CEO

Contact Email: christina.truong@ocgov.com | Contact Phone: (714) 834-6802

Name of Referenced Project:

Contract No. | Contract Amount: 300,000.00

Date Services Provided: 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:

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	☐	☐	☑	☐
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)

n/a

References Checked By

Name: Mary Heaton | Title: Program Project Coordinator

Division/Department: HSD/BARC | Date of Verification: 10/07/2024

TO: Robert Gleason
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: IU, LLC
Recommended Group(s)/Line Item(s): Secondary (Group 3)
Initial Award Amount: $ 40,650 Potential Total Amount: $ 101,625.00
Initial Contract Term: Two 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 (new vendor)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.01 10:09:47 -04'00' DATE: 11/1/24

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): Interpreters Unlimited, LLC.

Organization/Firm Name providing reference: Baptist Hospital South Florida

Contact Name: Carmen Nazario Title:

Contact Email: : carmennl@baptisthealth.net Contact Phone: (786) 662-5046

Name of Referenced Project:

Contract No. Contract Amount: 100,000.00

Date Services Provided: 2018 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:

Provided interpretation services

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	☐	☐	☑	☐
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)

n/a

References Checked By

Name: Delanor Nurse Title: Contract/Grant Administrator, Senior

Division/Department: HSD/BARC Date of Verification: 10/22/2024

TO: Robert Gleason
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: MGM Linguistic Solutions, LLC
Recommended Group(s)/Line Item(s): Primary (Group 3)
Initial Award Amount: $ 33,700 Potential Total Amount: $ 84,250
Initial Contract Term: Two 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 (NEW VENDOR)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.01 10:18:19 -04'00' DATE: 11/1/24

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): MGM Linguistic Solutions, LLC

Organization/Firm Name providing reference: American High-Tech Transcription and Reporting, Inc.

Contact Name: Sarah Haddock Title: Opns Manager

Contact Email: operationsmanager@htsteno.com Contact Phone: (727) 535-1066

Name of Referenced Project: Transcription and Translation of audio and video recordings for Government agencies

Contract No. Contract Amount:

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:

Transcription and Translation of audio and video recordings

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	☐	☐	☑	☐
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)

n/a

References Checked By

Name: Delanor Nurse Title: Contract/Grant Administrator, Senior

Division/Department: HSD/BARC Date of Verification: 10/22/2024

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): MGM Linguistic Solutions, LLC

Organization/Firm Name providing reference: Delano Joint Union High School, Kern County California

Contact Name: Alicia Avalos | Title: Secretary

Contact Email: aavalos@djuhsd.org | Contact Phone: (661) 720-4125

Name of Referenced Project: Translation Services

Contract No. | Contract Amount: 56,000.00

Date Services Provided: 2019 - 2023

(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	☐	☐	☑	☐
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)

n/a

References Checked By

Name: Delanor Nurse | Title: Contract/Grant Administrator, Senior

Division/Department: HSD/BARC | Date of Verification: 10/22/2024

TO: Robert Gleason
Purchasing Division

FROM: Delanor Nurse, Contract/Grant Administrator, Senior
Broward Addiction and Recovery Division (BARC)

SUBJECT: Solicitation No.: GEN2128489B1
Interpretation and Translation Services

Recommended Vendor: SignTalk LLC,
Recommended Group(s)/Line Item(s): Primary (Group 4)
Initial Award Amount: $ 77,560 Potential Total Amount: $ 193,900
Initial Contract Term: Two 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 (NEW VENDOR)

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: Delanor Nurse TITLE: Contract/Grant Administrator, Senior
(Individual authorized to administer the contract.)

SIGNATURE: DELANOR NURSE Digitally signed by DELANOR NURSE Date: 2024.11.01 10:24:56 -04'00' DATE: 11/1/24

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): SignTalk LLC.

Organization/Firm Name providing reference: Adult Career and Continuing Education Services (Manhattan Office)

Contact Name: Keith Gleason | Title: Business Manager

Contact Email: Keith.Gleason@nysed.gov | Contact Phone: (212) 630-2309

Name of Referenced Project: Sign Language Interpreter Services

Contract No. | Contract Amount: 984,901.00

Date Services Provided: June 1, 2021 - May 31, 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:

Provided Sign Language Interpreter Services

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	☐	☐	☑	☐
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)

N/A

References Checked By

Name: Delanor Nurse | Title: Contract/Grant Administrator, Senior

Division/Department: HSD/BARC | Date of Verification: 10/01/2024

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2128489B1, Interpretation and Translation Services

Reference for (Name of Firm): SignTalk LLC.

Organization/Firm Name providing reference: The School Board of Broward County

Contact Name: : Dawn Zamot/ Ursula Smith Title: Coordinator/Lead DHOH Teacher

Contact Email: dawn.zamot@browardschools.com Contact Phone: (754) 321-3400

Name of Referenced Project: Provide ASL Interpreting Services to Deaf students during classroom sessions, after school

Contract No. Contract Amount: 1,092,487.00

Date Services Provided: August 1, 2019 - July 31, 2024

(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:

Provided Interpreter Services for K-12 Educational Interpreting.

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	☐	☐	☐	☑
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)

N/A

References Checked By

Name: Delanor Nurse Title: Contract/Grant Administrator, Senior

Division/Department: HSD/BARC Date of Verification: 10/22/2024