



TO: Kirk McDonald, Purchasing Agent
Purchasing Division
FROM: Nicholas Bryant, Contracts/Grants Administrator
Aviation Department, Security Division
SUBJECT: Solicitation No.: GEN212346B1
Designated Aviation Channeling Services

Recommended Vendor: Telos Identity Management Solutions, LLC

Recommended Group(s)/Line Item(s): 1-12

Initial Award Amount: \$ 116,515.00

Potential Total Amount: \$ 582,575.00

Initial Contract Term: Three 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 Payments will be made upon receipt of invoices.

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: Nicholas Bryant
(Individual authorized to administer the contract.)

TITLE: Contracts/Grants Administrator

SIGNATURE: Nicholas Bryant Digitally signed by Nicholas Bryant
Date: 2021.09.24 13:15:39 -04'00' DATE: 9/24/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN212346B1: Designated Aviation Channeling Services

Reference for: (Name of Firm) Telos Identity Management Solutions, LLC

Organization/Firm Name providing reference: Oakland International Airport (OAK)

Contact Name/Title: Doug Mansel

Contact E-mail: dmansel@portoakland.com

Contact Phone: 510-715-8997

Name of Referenced Project: Designated Aviation Channeling services

Contract No. (Contact was not at liberty to provide)

Contract Amount: (Contact was not at liberty to provide)

Date Services Provided: June 22, 2013 to 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:

Great to work with, very responsive to special requests. Worked with vendor on project to integrate their DAC with TSA's no-fly list, "SecureFlight". Vetting for brand new employees as well as other visitors being escorted.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Timeliness of:

a. Project	<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: Nicholas Bryant

Division/Department: Security/Aviation

Title: Contracts/Grants Administrator

Date of Verification: September 24, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN212346B1: Designated Aviation Channeling Services

Reference for: (Name of Firm) Telos Identity Management Solutions, LLC

Organization/Firm Name providing reference: San Antonio International Airport (SAT)

Contact Name/Title: Chris Cole

Contact E-mail: chris.cole@sanantonio.gov

Contact Phone: 210-207-1674

Name of Referenced Project: Designated Aviation Channeling services

Contract No. (Contact was not at liberty to provide)

Contract Amount: (Contact was not at liberty to provide)

Date Services Provided: December 13, 2013 to 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:

Very responsive to any issues Chris and team has. If there's an issue with background checks, response in 2 hours or less. No issues. Also integrating with a CMS, no issues on Telos' role in that. No downfalls in services

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Nicholas Bryant

Division/Department: Security/Aviation

Title: Contracts/Grants Administrator

Date of Verification: September 21, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN212346B1: Designated Aviation Channeling Services

Reference for: (Name of Firm) Telos Identity Management Solutions, LLC

Organization/Firm Name providing reference: San Francisco International Airport (SFO)

Contact Name/Title: Abedoon "Abe" Jamal

Contact E-mail: Abedoon.Jamal@flysfo.com

Contact Phone: 650-821-5205

Name of Referenced Project: Designated Aviation Channeling services

Contract No. (Contact was not at liberty to provide)

Contract Amount: (Contact was not at liberty to provide)

Date Services Provided: July 1, 2019 to 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:

Very prompt when support is needed. Staff very knowledgeable. Very happy with Telos, routinely goes above and beyond in terms of service.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Vendor's Organization

a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Timeliness of:

a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Nicholas Bryant

Division/Department: Security/Aviation

Title: Contracts/Grants Administrator

Date of Verification: September 22, 2021