



TO: Patricia Cruz, Purchasing Agent
Purchasing Division
FROM: Jack Feinberg, Director
Broward Addiction Recovery Division (BARC)
SUBJECT: Solicitation No.: GEN2123400B1
Phlebotomy and Testing Service

Recommended Vendor: American Health Associates, Inc
Recommended Group(s)/Line Item(s): 1-127
Initial Award Amount: \$ 263,100.50 Potential Total Amount: \$ 789,301.50
Initial Contract Term: One Year Contract Term, including Renewals: Three 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 Financial Background/D & B Report not provided

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 TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE: JACK FEINBERG Digitally signed by JACK FEINBERG Date: 2021.11.18 13:17:50 -05'00' DATE: 11/18/21



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2123400B1 Phlebotomy and Blood Testing Services
 Reference for: (Name of Firm) American Health Associates, Inc
 Organization/Firm Name providing reference: Morse Life Nursing Facility
 Contact Name/Title: Leena Geevarghefe
 Contact E-mail: leenag@morselife.org
 Contact Phone: 561-712-2001; 561-570-2821
 Name of Referenced Project: Clinical laboratory Testing
 Contract No.
 Contract Amount: \$12,000
 Date Services Provided: 2006 - 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 Vendor:
Phlebotomy service and lab testing

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: Omeed Rackal Title: Contract/Grant Administrator
 Division/Department: Broward Addiction Recovery Division Date of Verification: November 17, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2123400B1 Phlebotomy and Blood Testing Services
 Reference for: (Name of Firm) American Health Associates, Inc
 Organization/Firm Name providing reference: Douglas Jacobson State Veterans Home
 Contact Name/Title: Rebecca Rachel
 Contact E-mail: rachelr@sdva.state.fl.us
 Contact Phone: 941-613-0919 ext. 2040
 Name of Referenced Project: Clinical laboratory Testing
 Contract No.
 Contract Amount: \$12,000
 Date Services Provided: 7/1/2018 - 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 Vendor:
Phlebotomy service and lab testing

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 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				
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:				
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: Omeed Rackal Title: Contract/Grant Administrator
 Division/Department: Broward Addiction Recovery Division Date of Verification: 11/17/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2123400B1 Phlebotomy and Blood Testing Services
 Reference for: (Name of Firm) American Health Associates, Inc
 Organization/Firm Name providing reference: Clyde E. Lassen Veterans Home
 Contact Name/Title: Cattibell Rodriguez
 Contact E-mail: rodirguezc@fdva.state.fl.us
 Contact Phone: 904-940-2193 ext 2212
 Name of Referenced Project: Clinical laboratory Testing
 Contract No.
 Contract Amount: \$29,000
 Date Services Provided: 7/1/21

(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:
Phlebotomy service and lab testing

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 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				
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:				
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)
We have had no problem with this vendor.

References Checked By
 Name: Omeed Rackal Title: Contract/Grant Administrator
 Division/Department: Broward Addiction Recovery Division Date of Verification: November 18, 2021