



TO: Hazel-Mae Matthew
Purchasing Division
FROM: Natasha Terrell, HR Manager - Staffing
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: 4BB Corp
Recommended Group(s)/Line Item(s): Primary (Groups 1 and 3)
Initial Award Amount: \$ 2,176,026 Potential Total Amount: \$ 10,880,130
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 N/A

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.19 16:57:07 -04'00'

DATE:



TO: Hazel-Mae Matthew
Purchasing Division
FROM: Natasha Terrell - HR Manager - Staffing
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: 4BB Corp
Recommended Group(s)/Line Item(s): Secondary (Groups 2)
Initial Award Amount: \$ 454,920 Potential Total Amount: \$ 2,274,600
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 N/A

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.02.06 11:49:02 -05'00'

DATE:

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 - Temporary Personnel Services (TPS)

Reference for (Name of Firm): 4BB Corp

Organization/Firm Name providing reference: Broward County Human Services Department - OAS

Contact Name: Tamika Clear Title: Administrative Officer Senior

Contact Email: tclear@broward.org Contact Phone: (954) 357-5445

Name of Referenced Project: Various

Contract No. GEN2124965B1_1 Contract Amount: 5,099,494.19

Date Services Provided: 1/28/2020 to current

(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:

Temporary office and laborer staffing to support our department/division needs; for vacancies, staff on leave or projects.

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)
 4 Best Business Corporation has provided great service to our Division. Their staff communicates in a timely manner when it comes to questions and/or concerns regarding services or billing. This company has always accommodated our request to ensure we have adequate staffing when needed.

References Checked By Name: Natasha Terrell	NATASHA TERRELL <small>Digitally signed by NATASHA TERRELL Date: 2023.02.06 10:14:21 -05'00'</small>	Title: Human Resources Manager
Division/Department: Human Resources/FASD		Date of Verification: 02/06/2023



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 - Temporary Personnel Services (TPS)

Reference for (Name of Firm): 4BB Corp

Organization/Firm Name providing reference: City of Homestead

Contact Name: Wendy Alvarez Title: PW/Solid Waste Coordinator

Contact Email: walvarez@cityofhomestead.com Contact Phone: (305) 224-4857

Name of Referenced Project: Temporary Staffing Services

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: **NATASHA TERRELL** Digitally signed by NATASHA TERRELL Title:

Division/Department: **TERRELL** Date: 2023.02.06 12:37:13 -05'00' Date of Verification:

Reference for (Name of Firm): 4BB Corp	
Organization/Firm Name providing reference: City of Miami Beach	
Contact Name: Ramon Suarez	Title: Hr Administartor II
Contact Email: rsuarez@miamibeachfl.gov	Contact Phone: (305) 637-7524
Name of Referenced Project: Temporary Staffing Services	
Contract No.	Contract Amount: 1,000,000.00
Date Services Provided: Since 2020	

(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 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 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	NATASHA TERRELL	Digitally signed by NATASHA TERRELL Date: 2023.02.06 10:22:26 -05'00'	Title: Human Resources Manager
Name: Natasha Terrell			
Division/Department: Human Resources/FASD			Date of Verification: 02/06/2023



TO: Hazel-Mae Matthew
Purchasing Division
FROM: Natasha Terrell
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: Wolfcreek
Recommended Group(s)/Line Item(s): Primary (Group 2)
Initial Award Amount: \$ 403,125 Potential Total Amount: \$ 2,015,625
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 Provide explanation if choosing this option

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.22 10:01:40 -04'00'

DATE:



TO: Dazarene Lescott
Purchasing Division
FROM: Natasha Terrell
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: Wolfcreek
Recommended Group(s)/Line Item(s): Secondary (Group 1)
Initial Award Amount: \$ 1,978,625 Potential Total Amount: \$ 9,893,125
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 Provide explanation if choosing this option

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.22 10:13:51 -04'00'

DATE:



TO: Dazarene Lescott
Purchasing Division
FROM: Natasha Terrell
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: Wolfcreek Consulting, Inc.
Recommended Group(s)/Line Item(s): Tertiary (Group 3)
Initial Award Amount: \$ 241,000 Potential Total Amount: \$ 1,205,000
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 Provide explanation if choosing this option

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.22 10:06:01 -04'00'

DATE:

Reference for (Name of Firm): WolfCreek Consulting	
Organization/Firm Name providing reference: New York Community Bank - Florida, New York, Ohio	
Contact Name: Frank Esposito	Title: Executive Vice President
Contact Email: frank.esposito@mynycb.com	Contact Phone: (917) 593-0568
Name of Referenced Project: Executive Search - Temporary Staffing	
Contract No.	Contract Amount: 500,000.00
Date Services Provided: 04/20/2015 - Ongoing	

(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)
 I have been very happy with the service since the inception of our business relationship. Very professional and always receptive.

Frank Esposito Digitally signed by Frank Esposito
Date: 2023.01.26 08:13:22 -05'00'

References Checked By Name: Natasha Terrell	 NATASHA TERRELL <small>Digitally signed by NATASHA TERRELL Date: 2023.02.06 10:49:07 -05'00'</small>	Title: Human Resources Manager Date of Verification: 02/06/2023
Division/Department: Human Resources/FASD		

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 - Temporary Personnel Services (TPS)

Reference for (Name of Firm): Wolf Creek Consulting (WCC)

Organization/Firm Name providing reference: Broward Health

Contact Name: Edward C. Mesco Title: Admin. Director - Gov't Programs

Contact Email: emesco@BrowardHealth.org Contact Phone: (954) 767-5202

Name of Referenced Project: Permanent executive search

Contract No. Contract Amount: 250,000.00

Date Services Provided: June 2019 - Ongoing

(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:

Recruitment of Management Leader

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

WCC has always provided our Government Programs Department at Broward Health with Quality and Compliant services.

I have received positive comments about WCC from other leaders that I work within HR, during my 4.5 years at Broward Health. There was no turnover that we experienced at WCC that impacted any of our searches.

For the Timeliness of the Deliverables, our positions were very difficult to fill as they are very technically specific. WCC met all of the deliverables.

References Checked By
 Name: Natasha Terrell NATASHA TERRELL
Digitally signed by NATASHA TERRELL
Title: Human Resources Manager

Division/Department: HR/FASD Date: 2023.02.06 10:47:44 -05'00'
Date of Verification: 02/06/2023

Reference for (Name of Firm): WolfCreek Consulting	
Organization/Firm Name providing reference:	
Contact Name: Shannon Taylor	Title: Director - Talent Acquisition
Contact Email: staylor749@gmail.com	Contact Phone: (954) 444-0309
Name of Referenced Project: Executive Search	
Contract No.	Contract Amount: 800,000.00
Date Services Provided: 2016 - ongoing	

(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 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)
 Work with them for years, and really great to work with.

References Checked By	BRENDA PRUDENT	Digitally signed by BRENDA PRUDENT Date: 2023.04.26 08:42:22 -04'00'	Title: Administrative Specialist
Division/Department:	Human Resources	Date of Verification:	04/26/2023



TO: Dazarene Lescott
Purchasing Division
FROM: Natasha Terrell
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: The Remas Staffing Company LLC
Recommended Group(s)/Line Item(s): Tertiary (Group 2)
Initial Award Amount: \$ 431,250 Potential Total Amount: \$ 2,156,250
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 Provide explanation if choosing this option

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.22 14:30:01 -04'00'

DATE:



TO: Dazarene Lescott
Purchasing Division
FROM: Natasha Terrell
Human Resources Division
SUBJECT: Solicitation No.: GEN2124965B1
Temporary Personnel Services

Recommended Vendor: The Remas Staffing Company LLC
Recommended Group(s)/Line Item(s): Secondary (Group 3)
Initial Award Amount: \$ 208,000 Potential Total Amount: \$ 1,040,000
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 Provide explanation if choosing this option

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: Natasha Terrell
(Individual authorized to administer the contract.)

TITLE: Human Resources Manager

SIGNATURE: NATASHA TERRELL Digitally signed by NATASHA TERRELL
Date: 2023.05.22 14:31:53 -04'00'

DATE:

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 Temporary Personnel Services

Reference for (Name of Firm): The Remas Staffing Co.

Organization/Firm Name providing reference: Eastern Metal Supply

Contact Name: Matt Warner

Title: Manager (East Coast Location)

Contact Email: mwarner@easternmetal.com

Contact Phone: (561) 596-0293

Name of Referenced Project: East Coast Location

Contract No. Unknown

Contract Amount:

Date Services Provided: 2022 to current

(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 type="checkbox"/>	<input checked="" 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)

Spoke with Matt Warner. He oversees business for the East Coast location/Drivers. Vendor also staffs Warehouse temps for their other locations.

References Checked By
Name: Natasha Terrell

**NATASHA
TERRELL**

Digitally signed by
NATASHA TERRELL
Date: 2023.05.22
16:22:32 -04'00'

Title: Human Resources Manager

Division/Department: Human Resources/FASD

Date of Verification: 05/22/2023

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 Temporary Personnel Services

Reference for (Name of Firm): The Remas Staffing Co.

Organization/Firm Name providing reference: Electriduct

Contact Name: Moses Pierre

Title: Operations Manager

Contact Email: moses@electriduct.com

Contact Phone: (954) 940-2681

Name of Referenced Project: Warehouse Associates

Contract No. Unknown

Contract Amount:

Date Services Provided: 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 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 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)

E-Commerce business, fast-paced distribution center, packaging and shipping daily to Amazon, eBay, etc. Vendor provides recruitment services to source temp employees for permanent hires. 90-day temporary cycle prior to making an offer for permanent hire.

References Checked By
Name: Natasha Terrell

NATASHA TERRELL
Digitally signed by
NATASHA TERRELL
Date: 2023.05.22
16:23:29 -04'00'

Title: Human Resources Manager

Division/Department: HR/Staffing

Date of Verification: 05/22/2023

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2124965B1 Temporary Personnel Services

Reference for (Name of Firm): The Remas Staffing Co.

Organization/Firm Name providing reference: Rescue Metal Framing

Contact Name: Jared Rosen

Title: Director of Operations

Contact Email: jrosen@rescuemetal.com

Contact Phone: (954) 881-8580

Name of Referenced Project: Temporary Staffing Services

Contract No. No Contract - As needed

Contract Amount:

Date Services Provided: 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 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)

They provide temporary employees. So far the vendor has provided 3 temps which 1 became long term and he's very satisfied with that conversion rate. Owner is their rep and super responsive. Brought temps to do manufacturing work whereas background experience and education is not needed, they have on the job training. Position filled is Assistant Machine Operator. Not under contract. Requests temps as need and will be using this vendor in the future as they fill additional positions.

References Checked By
Name: Natasha Terrell

NATASHA TERRELL
Digitally signed by NATASHA TERRELL
Date: 2023.05.22 16:25:54 -04'00'

Title: Human Resources Manager

Division/Department: HR/Staffing

Date of Verification: 05/22/2023