



**TO:** Stacy-Ann Brown  
Purchasing Division  
**FROM:** Ariadna Musarra  
Construction Management Division  
**SUBJECT:** Solicitation No.: PNC2119699C1  
Lauderhill Mall Transit Center

Recommended Vendor: Emerald Construction Corporation  
Recommended Group(s)/Line Item(s): All Group recommended  
Initial Award Amount: \$10,695,607.03 Potential Total Amount: \$10,695,607.03  
Initial Contract Term: Fixed Purchase Contract Term, including Renewals: Fixed Purchase

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. 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 Contracts Central and:

- Vendor received an overall rating  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

**AND**

Reference Verification Forms are attached.

**OR**

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Ariadna Musarra TITLE: Director/ County Architect  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: December 6, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2119699C1 - Lauderhill Mall Transit Center  
 Reference for: (Name of Firm) Emerald Construction Corp.  
 Organization/Firm Name providing reference: City of Miramar  
 Contact Name/Title: Denise Cone, Senior Project Manager  
 Contact E-mail: dccone@miramarfl.gov  
 Contact Phone: 954-260-7350  
 Name of Referenced Project: City of Miramar Adult Day Care Center  
 Contract No.  
 Contract Amount: 2,500,000.00  
 Date Services Provided: 5/2/2015 - 3/1/2016

(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:**  
 New construction. *New Construction / Prime Vendor*

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 checked="" 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 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 checked="" 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)**  
*Definitely would work with them again*

References Checked By  
 Name: Silvia Javier *Silvia Javier* Title: Construction Project Manager  
 Division/Department: CMD/Public Works Date of Verification: November 08, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2119699C1 - Lauderdale Mall Transit Center

Reference for: (Name of Firm) Emerald Construction Corp.

Organization/Firm Name providing reference: Colliers International

Contact Name/Title: Chad Warhaft, Dir. of Construction

Contact E-mail: Chad.Warhaft@colliers.com

Contact Phone: 786-246-8459

Name of Referenced Project: Kendall Mall Retail Center

Contract No.

Contract Amount: 10,000,000.00

Date Services Provided: 7/2/2016 - 8/1/2017

(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:**

**New corporate conference center.**

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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)**

References Checked By

Name: Silvia Javier *Silvia Javier*

Title: Construction Project Manager

Division/Department: CMD/Public Works

Date of Verification: November 08, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2119699C1 - Lauderdale Mall Transit Center  
 Reference for: (Name of Firm) Emerald Construction Corp.  
 Organization/Firm Name providing reference: The Sunrise Group  
 Contact Name/Title: Margaret Feldman, VP of Development  
 Contact E-mail: mfeldman@sunrisegroupo.org  
 Contact Phone: 305-273-0363  
 Name of Referenced Project: URE Sunrise Eureka Adult Training Center  
 Contract No.  
 Contract Amount: approx. \$2,000,000.00  
 Date Services Provided:

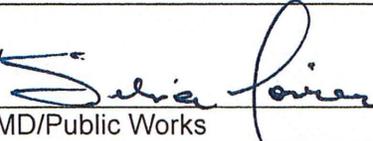
(list date range or date services began until "current")

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:**  
**Renovation.**  
**Note: Reference is from administrative side of project, not construction.**

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 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 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)**  
**Extremely professional, administratively.**

References Checked By:   
 Name: Silvia Javier Title: Construction Project Manager  
 Division/Department: CMD/Public Works Date of Verification: November 13, 2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: PNC2119699C1 - Lauderdale Mall Transit Center

Reference for: (Name of Firm) Emerald Construction Corp.

Organization/Firm Name providing reference: Tropical Letter Carriers, Inc.

Contact Name/Title: Orlando Sharpe, President

Contact E-mail: osharpe@sharpeproj.com

Contact Phone: 954-832-9095

Name of Referenced Project: Tropical Letter Carriers

Contract No.

Contract Amount: 11,000,000.00

Date Services Provided: 8/1/2017 - 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:**

New project

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 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 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: Silvia Javier

Title: Construction Project Manager

Division/Department: CMD/Public Works

Date of Verification: December 03, 2019