



TO: Chris Snyder, Purchasing Agent
Purchasing Division
FROM: Insert Name of Division Director
Human Resources Division
SUBJECT: Solicitation No.: GEN2118724B1
Temporary Personnel Services

Recommended Vendor: Cochhbha Enterprises, Inc. d/b/a CEI Staffing
4 Best Business Corp d/b/a 4BBCORP
Albion Healthcare Staffing, Inc.
RCAN DON'T QUIT d/b/a Pridestaff

Recommended Group(s)/Line Item(s): Groups 1: White Collar
PRIMARY: 4 Best Business Corp d/b/a 4BBCORP
SECONDARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing
TERTIARY: RCAN DON'T QUIT d/b/a Pridestaff

Group 2: Blue Collar
PRIMARY: 4 Best Business Corp d/b/a 4BBCORP
SECONDARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing
TERTIARY: Albion Healthcare Staffing, Inc.
Funded when Primary Vendor is unable to perform

Group 3: Professional Service
PRIMARY: Cochhbha Enterprises, Inc. d/b/a CEI Staffing
SECONDARY: 4 Best Business Corp d/b/a 4BBCORP
TERTIARY: Albion Healthcare Staffing, Inc.
Funded when Secondary Vendor is unable to perform

Initial Award Amount: \$1,593,457.

Potential Total Amount: \$5,121,534.

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. 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 ≥ 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 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:

TITLE: HR Manager

(Individual authorized to administer the contract.)

NATASHA

Digitally signed by NATASHA
TERRELL
Date: 2019.12.23 11:52:00 -05'00'

SIGNATURE: TERRELL

DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services
 Reference for: (Name of Firm) 4 Best Business Corporation
 Organization/Firm Name providing reference: Broward County Transit
 Contact Name/Title: Tara Lewis, Program Project Coordinator
 Contact E-mail: talewis@broward.org
 Contact Phone: (954) 357-9733
 Name of Referenced Project: IT Temporary Personnel
 Contract No. V2113899B1_1
 Contract Amount: TBD
 Date Services Provided: ongoing
 (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:
 IT temporary personnel staffing.

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)

References Checked By: *Washa Kinnell* Title: *HR Manager*
 Name: _____ Date of Verification: *12-16-19*
 Division/Department: *HR Staffing*



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services

Reference for: (Name of Firm) 4 Best Business Corporation

Organization/Firm Name providing reference: Chesapeake Integrated Behavioral Healthcare

Contact Name/Title: Ly Olsen Payroll/HR Tech

Contact E-mail: lolsen@chesapeakeibh.net

Contact Phone: 757-819-6201

Name of Referenced Project:

Contract No.

Contract Amount:

Date Services Provided: 12-17-18 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:

Temporary Staffing Services

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Very pleased with services. Owner is very involved and very accessible.

References Checked By Name: NATASHA

Digitally signed by NATASHA TERRELL
Date: 2019.12.16

Title:

Division/Department: TERRELL

16:04:42 -05'00'

Date of Verification:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services
 Reference for: (Name of Firm) Albion Staffing Solutions
 Organization/Firm Name providing reference: Family Success Administrative Division/Community Action Agency
 Contact Name/Title: Shatara Piedrasanta, Human Services Manager
 Contact E-mail: spiedrasanta@broward.org
 Contact Phone: 954-357-5801
 Name of Referenced Project: Community Services Block Grant
 Contract No. D2111415G1_1
 Contract Amount: \$960,000
 Date Services Provided: November 26, 2018 - July 16, 2019; October 28, 2018-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:
Senior Office Assistant, currently providing administrative/clerical support to the CAA - Community Services Block Grant Program.
From 2016-2018, the vendor provided a Case Manager II who provided direct services for a grant received by the agency.

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 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: Natasha Terrell Title: HR Manager
 Division/Department: HR Date of Verification: 12-19-2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services

Reference for: (Name of Firm) Albion Staffing Solutions

Organization/Firm Name providing reference: *21st Century Oncology dba Uromedix*

Contact Name/Title: *Mania Acevedo Practice Administrator*

Contact E-mail: *Mania.acevedo@21co.com*

Contact Phone: *954 937 4322*

Name of Referenced Project:

Contract No.

Contract Amount:

Date Services Provided: *12/2007 - 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:

staffing 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 checked="" type="checkbox"/>	<input 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: **NATASHA**

Digitally signed by
NATASHA TERRELL
Date: 2019.12.18
10:52:00 -05'00'

Title:

Division/Department: **TERRELL**

Date of Verification:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services

Reference for: (Name of Firm) Albion Staffing Solutions

Organization/Firm Name providing reference: City of Coral Springs

Contact Name/Title: Gail Dixon, Senior Purchasing Agent *M. Sullivan 12/16/19*

Contact E-mail: gdixon@coralsprings.org

Contact Phone: 954.344.1104

Name of Referenced Project: Temporary Employment Services

Contract No. #13-D-140

Contract Amount: Co-Op contract, total value est 2 million (between 3 prime vendors)

Date Services Provided: 10/13 thru 4/20
(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:
 temporary employment services as needed by the City of Coral Springs (lead agency) and 28 other tri county govt agencies

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 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)
 they were part of the previous 6 year contract as well.

References Checked By Name: **NATASHA TERRELL** Digitally signed by NATASHA TERRELL Date: 2019.12.16 16:02:37 -05'00'

Division/Department: **TERRELL** Title: _____ Date of Verification: _____



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services
 Reference for: (Name of Firm) Cochhbha Enterprises, Inc.
 Organization/Firm Name providing reference:
 Contact Name/Title: Natasha Terrell
 Contact E-mail: NTERRELL@BROWARD.ORG
 Contact Phone: 954-357-6298
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided: 2016 - 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:
Has provided temporary personnel for our HR Division as requested, on various occasions, and has been satisfactory

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)

References Checked By Name: Natasha Terrell Title: HR Manager
 Division/Department: HR Date of Verification: 12/20/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services
 Reference for: (Name of Firm) Cochhbha Enterprises, Inc.
 Organization/Firm Name providing reference: PBC Criminal Justice Commission
 Contact Name/Title: Allison Orr, Administrative Assistant
 Contact E-mail: alorr@pbcgov.org
 Contact Phone: 561-355-1739
 Name of Referenced Project:
 Contract No.
 Contract Amount:
 Date Services Provided: from 2010 to 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:
Provides temporary clerical staffing for a 12 member office

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: _____ Title: HR Manager
 Division/Department: HR Date of Verification: 12-19-2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services

Reference for: (Name of Firm) RCAN DON'T QUIT db/a Pridestaff

Organization/Firm Name providing reference: Blue Ocean Press Inc.

Contact Name/Title: Jeri Brewster, Accounting/HR Manager

Contact E-mail: accounting@blueoceanpress.com

Contact Phone: 954.973.1819

Name of Referenced Project: RCAN DON'T QUIT d/b/a Pridestaff

Contract No.

Contract Amount: varied and ongoing

Date Services Provided: 2015 thru 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:
 Carmen Calamia cold called Blue Ocean Press in 2015. I decided to give their agency a try. We have been using them ever since. We have done the temp to perm ...and short assignments over the years and have never had such exceptional service. Pridestaff goes above and beyond to get the job right the first time. Can not think of a thing that their company could improve on. Will be using them for years to come.

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 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)
 Overall excellent service and excellent billing!

References Checked By:
 Name: _____ Title: HR Manager
 Division/Department: HR Date of Verification: 12-20-2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2118724B1 - Temporary Personnel Services
 Reference for: (Name of Firm) RCAN DON'T QUIT db/a Pridestaff
 Organization/Firm Name providing reference: FAM International Logistics, Inc
 Contact Name/Title: Susie Horney
 Contact E-mail: susieh@faminternational.com
 Contact Phone: 954-252-0166
 Name of Referenced Project: employment or temporary and fulltime employees
 Contract No. N/A
 Contract Amount: N/A
 Date Services Provided: 2016- 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:
 Temporary and permanent placement of employees

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)
 The majority of our current temporary employees and full-time employees have come from Pridestaff. They listen to our needs and meet them in a timely manner.

References Checked By: 
 Name: Natasha Terrell Title: HR Manager
 Division/Department: HR Date of Verification: 12-20-2019