



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Action Group Mgmt, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.13 16:23:07 -04'00' DATE: 5/13/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Alyssa A Hogan-McCarthren dba Alyssa A Hogan Enterprise  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 sourced through the IOG

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:45:06 -04'00' DATE: 5/5/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1: Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Alyssa A. Hogan Enterprises

Organization/Firm Name providing reference: City of Orlando

Contact Name/Title: Michael Tatum

Contact E-mail: michael.tatum@cityoforlando.net

Contact Phone: 4079199604

Name of Referenced Project: Leader and workforce training

Contract No.

Contract Amount: 1,500

Date Services Provided: 8/2019 -

(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:**

**Team Building Classes to understand self: communicating with other department employees, park patrons and co-workers (Who, When, What process of problem solving) - Conflict Management - Communication Class-**

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 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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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)**

**During each of the schedule classes and strategic planning for preparation of classes. All information and discussions of each topic kept participants engaged throughout each session. We will definitely use services again for training and developing our team members.**

References Checked By  
Name: Judith Charlton Title: Program/Project Coordinator  
Division/Department: HR/LOD Date of Verification: June 9, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Azimuth Tactical Group, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not with vendor directly

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:17:56 -04'00' DATE: 4/21/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: CIZMIC, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:41:45 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1: Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) CIZMIC, Inc  
 Organization/Firm Name providing reference: Amplia Communications Limited  
 Contact Name/Title: Lisa Agard / General Manager  
 Contact E-mail: lisa.agard@amplia.co.tt  
 Contact Phone: 868 747-0347  
 Name of Referenced Project: Leadership Development - Strategy, Sales, Managing Teams  
 Contract No.  
 Contract Amount: 6000  
 Date Services Provided: October, 2019

(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:** EXECUTIVE MANAGEMENT TRAINING IN KEY VERTICALS, FINANCE, TELECOMS, CYBER SECURITY, MARKETING, STRATEGIC PLANNING & SALES

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)**  
 This company has done strategic planning, financial modeling, marketing, product development & other services over many years & is excellent. Highly recommended

References Checked By: Judith Charlton  
 Name: Judith Charlton  
 Division/Department: HR/LOD  
 Title: Program/Project Coordinator  
 Date of Verification: 6/5/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: CMA Enterprise Incorporated dba The Breakthru Institute  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:19:07 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) CMA Enterprise Incorporated

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Organization/Firm Name providing reference: Miami Dade College

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Contact Name/Title: Jose Rodriguez, Director, Professional Development, CIOL

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Contact E-mail: jrodri28@mdc.edu

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Contact Phone: 305-237-0945

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Name of Referenced Project: MDC Training Conference Day

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Contract No.

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Contract Amount: 2000.00

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Date Services Provided: March 2018, 2019 and 2020

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(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:**  
**Facilitated workshops that were attended by MDC faculty and staff at our annual Training/Conference Day.**

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: Judith Charlton Title: Program/Project Coordinator  


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 Division/Department: HR/LOD Date of Verification: May 15, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
 Reference for: (Name of Firm) CMA Enterprise Incorporated  
 Organization/Firm Name providing reference: Polk County Government  
 Contact Name/Title: Dr. Deborah T. Pacheco, Manager of Organization and Employee Development  
 Contact E-mail: deborahpacheco@polk-county.net  
 Contact Phone: 863) 534-7605  
 Name of Referenced Project: Workforce Development and Leadership  
 Contract No. NA  
 Contract Amount: 15500.00 in 2020  
 Date Services Provided: ongoing since 2008  
 (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:**  
**Education Programs on a variety of different topics.**

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: Judith Charlton Title: Program/Project Coordinatory  
 Division/Department: HR/LOD Date of Verification: May 15,2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Contract Trainers Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:44:26 -04'00' DATE: 5/5/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Contract Trainers, Inc  
 Organization/Firm Name providing reference: Town of Greenwich, CT  
 Contact Name/Title: Mary L. Pepe  
 Contact E-mail: mary.pepe@greenwichct.org  
 Contact Phone: 203 622-2214  
 Name of Referenced Project: LDP - Leadership Development  
 Contract No.  
 Contract Amount: \$110,000 per year  
 Date Services Provided: 9/2012-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:**  
**Contract Trainers provides all our mandatory Harassment Prevention Training as well as training for our Customer Service Program. In addition the Town runs a year long, ten course Leadership Training Program for middle managers, supervisors and field forepersons and Contract Trainers conducts the program for us. In addition, as needed we may use Contract Trainers for a specific project such as assistance with policy revision or one-to-one coaching.**

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)**  
**We have worked with Rosalie Hakker for the past 8 years. She had developed training programs for us customized to meet our needs. She is well-liked and respected by our employees. Rosalie exhibits great enthusiasm for her work and always goes above and beyond what she is required to do.**

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 4, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Contract Trainers, Inc (who was a subcontractor to WSP)

Organization/Firm Name providing reference: WSP (who had contract with client: MTA, Long Island Railroad)

Contact Name/Title: John Chow, Vice President, WSP

Contact E-mail: john.s.chow@wsp.com

Contact Phone: 212 465-5249

Name of Referenced Project: FRA Foreman Track Safety Training Program

Contract No.

Contract Amount: \$55,000

Date Services Provided: 9/2017-12/2019 (contract was signed and project task actually started ~6/2018)  
(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:**  
Supported WSP in most aspects of project, including meeting with MTA/LIRR client; strategizing plan with WSP; reviewing FRA new requirements; reviewing existing track safety training at LIRR; interviewing subject experts; attending sample training; suggesting revisions/additions to training modules; finding appropriate photos/videos to enhance student understanding; implementing revisions to training; quality review; modifications as necessary.

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"/>

Reference Verification: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development P

**Additional Comments: (provide on additional sheet if needed)**

**For our assignment, work was performed directly by President Rosalie Hakker, so there was never any turnover. She has been extremely responsive, with great attention to detail. She double checks her work to catch any items missed or overlooked by the multiple hands involved in the project. Although she is not an engineer, this particular assignment involved a lot of jargon related to track engineering and safety, and Rosalie worked hard to understand and absorb the technical aspects of the material to the point of being able to write and update technical training materials. So I rated staff expertise as excellent based on the skills in training/adult learning, not the engineering skills (which were perfectly adequate for this assignment).**

**Rosalie communicates well by e-mail, phone, webinar, and in person (and is rather talkative). When I asked the LIRR client project manager about the work by WSP and Contract Trainers, he seemed to be happy with our service and with our deliverables.**

**Rosalie had many prior contracts for LIRR (separate from this sole WSP subcontract) over many years (decades?), and she seems to have great rapport with former students who took her training, mostly in HR subjects. When we occasionally had lunch in the LIRR staff cafeteria, former students from long ago would come over to say hello.**

References Checked By

Name: Judith Charlton

Title: Program/Project Coordinator

Division/Department: HR/LOD

Date of Verification: June 03, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Elevate USA, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:20:47 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) Elevate USA, Inc Communication

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Organization/Firm Name providing reference: Railroad Retirement Board

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Contact Name/Title: Chuck Trucco / Chief Learning Officer

---

Contact E-mail: charles.trucco@rrb.gov

---

Contact Phone: 312-751-3314

---

Name of Referenced Project: Multi-scope Services

---

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:**  
**Elevate USA provides in-person, instructor-led training to Railroad Retirement Board employees. Topics include leadership/manager training, soft skills, Microsoft Office, and communication skills.**

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)**  
**Elevate USA continues to be a valuable training partner to the Railroad Retirement Board. I recommend Elevate USA without reservation.**

References Checked By Name: Judith Charlton	Title: Program/Project Coordinatory
Division/Department: HR/LOD	Date of Verification: May 12, 2020

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5/12/2020 9:03:32 AM PAGE 2/002 Fax Server



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
 Reference for: (Name of Firm) Elevate USA, Inc  
 Organization/Firm Name providing reference: Macomb County, MI  
 Contact Name/Title: Karlyn Semlow, Service Director Human Resources and Labor Relations  
 Contact E-mail: karlyn.semlow@macombgov.org  
 Contact Phone: (586) 469-6160  
 Name of Referenced Project: Respect in the Workplace  
 Contract No.  
 Contract Amount:  
 Date Services Provided: 2016-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:**  
 Elevate has partnered with Macomb County to provide County wide and Leadership training.

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)**  
 Excellent vendor. Easy to collaborate with and always delivered an excellent product - and on time.

References Checked By  
 Name: Karlyn Semlow Judith Charlton Title: Program/Project Coordinatory  
 Division/Department: Deputy Director HR/LR Date of Verification: 5-12-2020  
 HR/OD



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Embrace The Journey, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:31:06 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Embrace the Journey, LLC

Organization/Firm Name providing reference: FAU Accelerated Induction to Teaching

Contact Name/Title: Ernest Andrew Brewer, Ed.D. ,Associate Director of Academic Support Services

Contact E-mail: ebrewer2@fau.edu

Contact Phone: 5617998629

Name of Referenced Project: FAU Accelerated Induction to Teaching

Contract No.

Contract Amount: \$5,200.00

Date Services Provided: 7/19 - 12/19

(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:**  
Mentor for a teacher of record in the AIT program.

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 type="checkbox"/>	<input checked="" 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)**  
Dr. Butler was an excellent mentor in the AIT program.

References Checked By

Name: Judith Charlton

Title: Program/Project Coordinator

Division/Department: HR/LOD

Date of Verification: June 11, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Embrace the Journey, LLC

Organization/Firm Name providing reference: The School District of Palm Beach County

Contact Name/Title: Barbara Terembes

Contact E-mail: Barbara.Terembes@palmbeachschools.org

Contact Phone: 561-434-7346

Name of Referenced Project: School Transformation

Contract No.

Contract Amount: \$5,000.00

Date Services Provided: 10/18 - 5/19

(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:**

Vendor provided support and coaching to principals as needed.

**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)**

References Checked By

Name: Judith Charlton

Title: Program/Project Coordinator

Division/Department: HR/LOD

Date of Verification: 06-03-20



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Gilead Sanders LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:32:16 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Gilead Sanders, LLC  
 Organization/Firm Name providing reference: Greater Cincinnati Foundation  
 Contact Name/Title: Mrs. Dora Anim, MPA  
 Contact E-mail: Dora.Anim@gcfdn.org  
 Contact Phone: 513-807-4963  
 Name of Referenced Project: Consulting  
 Contract No.  
 Contract Amount: \$12,264  
 Date Services Provided: 12/2018-04/2019

(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:**  
**Innovation consulting - the vendor's future casting skills allowed us to create a vision for racial equity for our region. The vendor also helped us with key research and simplification of very complex messaging**

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)**  
**We would work with the vendor again in a heart beat. Vendor is also very personable and relatable and customer centered. He was focused on efficiency and delivering excellent product within agreed upon timelines. He was also able to easily pivot when we hit some curve balls.**

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 3,2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Gilead Sanders, LLC

Organization/Firm Name providing reference: Informed Families

Contact Name/Title: Mrs. Peggy Sapp

Contact E-mail: psapp@informedfamilies.org

Contact Phone: 305-796-8067

Name of Referenced Project: Consulting Board Retreat, Strategic planning, Consulting, Training & Development, Team Dynamics

Contract No.

Contract Amount: \$10,000

Date Services Provided: 01/2018-12/2018

(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:**  
**Strategic Planning for non-profit organization.**

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

**Additional Comments: (provide on additional sheet if needed)**

References Checked By

Name: Judith Charlton

Title: Program/Project Coordinator

Division/Department: HR/LOD

Date of Verification: 6/3/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Giordano Corporate Training, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:43:13 -04'00' DATE: 5/5/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: HBL Resources, Inc. and HBL Resources  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:34:49 -04'00' DATE: 4/21/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Hulce Consulting Group, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:35:33 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Hulce Consulting Group, LLC  
 Organization/Firm Name providing reference: Massachusetts Department of Elementary and Secondary Education  
 Contact Name/Title: Laura Richane, Director Office of District Reviews and Monitoring  
 Contact E-mail: Lrichane@doe.mass.edu  
 Contact Phone: 781-338-3558  
 Name of Referenced Project: ODRM  
 Contract No. \_\_\_\_\_  
 Contract Amount: \$19,000  
 Date Services Provided: 1/30/2018-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:**  
**Conducted comprehensive reviews of school districts, with particular focus on systems for student support. Conducted classroom observations, led focus groups and interviews, analyzed data, collaborated with review team members, and developed written findings and recommendations.**

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)**  
**Carla Hulce is a valued consultant who not only provides high-quality deliverables but who has helped our office to improve our processes. I highly recommend her and would be happy to provide any additional information needed.**

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 05, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: I'm Listening Business Solutions, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:35:56 -04'00' DATE: 4/21/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: John Sturtevant  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:37:24 -04'00' DATE: 4/21/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: KLM Global Enterprises dba Dr. Latanya Hughes  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:23:45 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
Reference for: (Name of Firm) KLM Global Enterprises  
Organization/Firm Name providing reference: Write Choice Consulting Firm  
Contact Name/Title: Telena Paris, CEO  
Contact E-mail: tparis@writechoiceconsult.org  
Contact Phone: 954-372-5426  
Name of Referenced Project: Cross-Cultural Communication Training  
Contract No.  
Contract Amount: \$250 (WCCF low enrollment course price)  
Date Services Provided: August 2018  
(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:**  
**Provided stellar live instruction for our course called Cross Culture Communications, located at our corporate office. This course teaches professionals the basics of cross-cultural business communication. Professionals will learn about how cultural differences affect speech, nonverbal and written communication. Professionals will learn how to identify cross-cultural barriers, work with interpreters and translators, organize and participate in cross-cultural meetings, and handle negotiations and problem solving in cross-cultural meetings. Professionals will also learn about building relationships as well as teams across cultures. This instructor's edition is designed for quick scanning in the classroom, and filled with interactive exercises.**

**Course Content:**

**Workplace culture**

**Topic A: Basics of culture**

**Topic B: Cultural differences**

**Differences in communication**

**Topic A: Verbal communication**

**Topic B: Nonverbal and written communication**

**Communicating across cultures**

**Topic A: Building relationships**

**Topic B: Listening and responding**

**Overcoming communication barriers**

**Topic A: Cross-cultural communication barriers**

Reference Verification: Solicitation GEN2119827B1

**Topic B: Avoiding barriers**

**Topic C: Interpreters**

**Cross-cultural business situations**

**Topic A: Cross-cultural meetings**

**Topic B: Negotiating and problem solving**

**Addressing cross-cultural issues**

**Topic A: Communicating with co-workers**

**Topic B: Writing cross-culturally**

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

	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Excellent</b>	<b>Not Applicable</b>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**

**We are proud of strategic partnership that we have built with KLM Enterprises and Dr. Latanya Hughes.**

References Checked By

Name: Judith Charlton

Division/Department: HR/LOD

Title: Program/project Coordinator

Date of Verification: 05/12/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) KLM Global Enterprises

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Organization/Firm Name providing reference: Florida Women's Business Center

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Contact Name/Title: Victoria Hughes, Director

---

Contact E-mail: victoria@flwbc.org

---

Contact Phone: 561-265-3790 x 103

---

Name of Referenced Project: Workshop Facilitation

---

Contract No.

---

Contract Amount: Free

---

Date Services Provided: August 2017

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(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:**  
**Workshop - Leadership/Instructor for Annual Women's Business Conference**

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 type="checkbox"/>	<input checked="" type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: May 12, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: LeaderTrip Coaching, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:42:20 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Leadertrip Coaching  
 Organization/Firm Name providing reference: DACHSER Americas Air & Sea Logistics Corp.  
 Contact Name/Title: Gabriele Langenmayr  
 Contact E-mail: gabriele.langenmayr@dachser.com  
 Contact Phone: (954) 982-0867  
 Name of Referenced Project: Leadership Training  
 Contract No.  
 Contract Amount:  
 Date Services Provided: Sept and Nov 2019 (2 x 3 days)  
 (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:**

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)**  
 Leadertrip Coaching is an exceptional partner for us. Our group was internationally from 4 counties and he connected with the group immediately. Sven Gade's preparation was superb and we got a full outline of the training to be approved by us. We are planning to extend our trainings with Leadertrip Coaching as soon as COVID-19 allows us to proceed with traditional class room trainings. We already expanded to coaching sessions at our USD HQ in ATL for their executive team.

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 9, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Metaspire, LLC. dba Business Coaching On Demand  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.14 14:25:11 -04'00' DATE: 5/14/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Metaspire  
 Organization/Firm Name providing reference: Mednax  
 Contact Name/Title: Brian Rosenberg  
 Contact E-mail: Brian\_Rosenberg@mednax.com  
 Contact Phone: 800-243-3839 ext 5123  
 Name of Referenced Project: Mednax Training & Coaching Services  
 Contract No. 954-830-6281  
 Contract Amount: \$81,528.83  
 Date Services Provided: 2017-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:**  
**Metaspire provided executive coaching & leadership development.**

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)**  
**Nina is a diligent training and development professional and excellent resource.**

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 8, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Mind Market, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.14 10:51:57 -04'00' DATE: 5/14/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2119827B1/Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Mind Market, LLC

Organization/Firm Name providing reference: United Nations

Contact Name/Title: Kate McBride, Vice President

Contact E-mail: mcbridek@un.org

Contact Phone: +254-741-604-222

Name of Referenced Project: Leadership Development

Contract No.

Contract Amount: \$173,000

Date Services Provided: 2015 to 2018

(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:**  
**Assessment of team dynamics and strengths to design project plan and task distribution to support successful deliver of a global ICT project (43 team members; 35 countries).**  
  
**Development and delivery of training package, plan and exercises to improve and sustain positive team dynamics and leverage identified strengths.**

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)**  
**The vendor provided a refreshingly new approach and strategy to build a team that worked across time zones and oceans as an agile, accountable and results focused team. The new approach, identifying strengths through games and reflections, turned a group of individuals into a team that had fun, engaged clients in a positive manner and delivered a complex, global project on time, on budget. Literally and figuratively the vendor shifted how the UN worked: she provided training and practical, smart solutions that shifted team thinking, project delivery and ultimately, the United Nations to cloud based services.**

Reference Verification: GEN2119827B1/Request for Qualifications: Training and Leadership Development Programs

References Checked By

Name: Judith Charlton

Title: Program/Project Coordinator

Division/Department: HR/LOD

Date of Verification: May 22, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: MotivaimCoach, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.14 12:46:32 -04'00' DATE: 5/14/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: GEN2119827B1/Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Motivaim Coach, LLC

Organization/Firm Name providing reference: SC Valley Water

Contact Name/Title: Sharyn Evanich (Training Manager)

Contact E-mail: sevanich@valleywater.org

Contact Phone: 408-250-4231

Name of Referenced Project: Multitude of Training Programs

Contract No. \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Date Services Provided: 2019 - 2020

(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:**

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: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 2, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Open Road Partners  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:41:58 -04'00' DATE: 5/5/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Open Road Partners  
 Organization/Firm Name providing reference: The Berkley Group  
 Contact Name/Title: Annie Patten, Corporate Director of Human Resources  
 Contact E-mail: apatten@theberkleygroupinc.com  
 Contact Phone: 954.563.2444 (x192)  
 Name of Referenced Project: OWNIT  
 Contract No. \_\_\_\_\_  
 Contract Amount: \$13,000  
 Date Services Provided: 06/2019 - 12/2019

(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:**

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)**

*Highly Recommended!*

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: 6/9/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Open Road Partners  
 Organization/Firm Name providing reference: Sony Music  
 Contact Name/Title: Siuberto Socarras, HR Business Partner  
 Contact E-mail: siuberto.socarras@sonymusic.com  
 Contact Phone: 305-420-4855  
 Name of Referenced Project: Think.Do.Sprints.  
 Contract No.  
 Contract Amount: \$14,400  
 Date Services Provided: 10/2019 - 02/2020

(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:**  
**Facilitation, training, and instructional design. Included also was consultation with our corporate training 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 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)**  
**It's a pleasure to work with Jessica Potter/Open Road. I worked with her back when I was at University of Miami and now I wanted to work with her again at Sony Music.**

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 09, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Oready, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:41:15 -04'00' DATE: 5/5/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) Oready  
 Organization/Firm Name providing reference: NELU ROLLO PRINTING  
 Contact Name/Title: KEVIN WALTON  
 Contact E-mail: KEVIN@ROLLOPRINTER.COM  
 Contact Phone: 408-409-6208  
 Name of Referenced Project: US TRAINING TECH 18  
 Contract No.  
 Contract Amount: OPEN  
 Date Services Provided: 2018

(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:**  
 Series of group technical training projects, virtual and physical.

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)**  
 Vendor was flexible and accommodated sudden schedule changes.

References Checked By  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: June 08, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Patrick Chery International  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:43:26 -04'00' DATE: 4/21/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Roundtree Training & Consulting  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG - not applicable

**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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:39:35 -04'00' DATE: 5/5/2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Teal Talents  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:30:51 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

Reference for: (Name of Firm) Teal Talents

Organization/Firm Name providing reference: Not provided

Contact Name/Title: Cathy Mitchell

Contact E-mail: cathy.arnette@hotmail.com

Contact Phone: 3104336497

Name of Referenced Project: Project Management & Training

Contract No.

Contract Amount: undisclosed

Date Services Provided: 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:**

**I have a professional services and project management consultancy. I often partner with Teal to supplement services provided to my clients. These services include project management; project strategy design and implementation; process design and training. Training focused on subjects which supported lean six sigma practices, standard operating procedures development, change management, and standard project management principles. Teal created custom materials and facilitated individual and group sessions.**

**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)**

**I cannot say enough about Teal Talents and their ability to develop and deliver training while serving as a knowledgeable partner with my clients. I have partnered with Teal in highly visible and stressful projects with both public organizations as well as corporate organizations. Debra and her staff have been professional and punctual. The collaboration on deliverables and project approach has set Bloom Enterprises apart from other boutique firms and allowed me to expand my business into larger organizations. I hold Teal in high regard, and I am proud to endorse Teal Talents as a vendor with your organization.**

Reference Verification: Solicitation GEN2 19827B 1

References Checked By 1

Name: 1Judith Charlton

Title: 1 Program/Project Coordinator

Division/Department: 1HRLOD

Date of Verification: 1 May 12, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) Teal Talents

---

Organization/Firm Name providing reference: Broward, Palm Beaches and St Lucie Realtors

---

Contact Name/Title: Jessica Lowe, Vice President of Programs

---

Contact E-mail: jlowe@rapb.com

---

Contact Phone: 5617272781

---

Name of Referenced Project: Board of Realtors course instruction - Preparing Listing Contract

---

Contract No.

---

Contract Amount: undisclosed

---

Date Services Provided: Year): 2/18/2020

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(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:**  
**Instructor for continuing education course sanctioned by Florida Realtors, state association, through their real estate school. Also volunteers on the Professional Development Committee.**

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: May 12, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: The People Institute LLC  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:25:17 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) The People Institute, LLC

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Organization/Firm Name providing reference: Baltimore County Office of Training

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Contact Name/Title: Danielle Wiley/Chief Training Officer

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Contact E-mail: drwiley@baltimorecountymd.gov

---

Contact Phone: 410-887-8713

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Name of Referenced Project: Professional development training

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Contract No.

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Contract Amount: 25000.00

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Date Services Provided: 2017 to present

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(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:**  
**Vendor provides instructor-led training for our In-service Training Program. Classes range from leadership sessions to general etiquette and communication skills.**

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)**  
**Mr. Harris has been very easy to work with. She is flexible with her training approach as we have gone towards more virtual learning.**

References Checked By	
Name: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: May 11, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

Reference for: (Name of Firm) The People Institute, LLC

Organization/Firm Name providing reference: Maryland Association of Elected Officials

Contact Name/Title: Annual Leadership Conference

Contact E-mail: shamika.dent.williams@mdcourts.gov

Contact Phone: 410-260-3584

Name of Referenced Project: Professional development training

Contract No.

Contract Amount: 9200.00

Date Services Provided: 05/2018

(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:**  
**Whether or not I used the vendor again depends on the nature of the training. The speaker has an ability to connect and relate to the learners. However, we encountered on the second session the speaker left a flashdrive with the presentation back in the office and needed to have her assistant go back to get it. There was no preparation to have the presentation in a digital format in advance or double check the materials. Additionally, some of the feedback responses were that the participants found the speaker to not provide much substance in her responses.**

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 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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: May 11,2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) The People Institute, LLC

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Organization/Firm Name providing reference: City of Miami

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Contact Name/Title: Milton Vickers

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Contact E-mail: mvickers@miamigov.com

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Contact Phone: 305-416-1007

---

Name of Referenced Project: Workforce development consulting

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Contract No.

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Contract Amount: 10000.00

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Date Services Provided: Aug 2019

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(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:**  
**The People's Institute, LLC provided Consulting Services to the City of Miami - Department of Human Services for our Opportunity Center; a workforce division program aimed at connecting and placing City of Miami residents to employment opportunities. The People's Institute facilitated Community Roundtables, training for our staff, and created strategic measures to assist in meeting target numbers.**

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)**  
**The People's Institute were professional and helpful.**

References Checked By	
Name: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: May 12, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: The Pontis Group  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Secured through the IOG, not applicable

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:40:23 -04'00' DATE: 5/5/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 Request for Qualifications: Training and Leadership Development Programs

Reference for: (Name of Firm) The Pontis Group

Organization/Firm Name providing reference: Children Services Council of Palm Beach County

Contact Name/Title: Lori Miller-Rososhansky, Learning and Development Officer

Contact E-mail: Lori.Miller-Rososhansky@cscpbcc.org

Contact Phone: 5613747636

Name of Referenced Project: Conflict Resolution, Advanced Conflict Resolution, Critical and Creative Thinking

Contract No.

Contract Amount: \$19,550 (current renewal)

Date Services Provided: 2012 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:**  
**Development and facilitation of professional development related to Creative & Critical Thinking, Conflict Resolution**

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 Pontis Group's services have been outstanding. They continuously seek feedback from training participants and CSC to ensure their content is up to date and applicable to our practitioners and revise accordingly (if needed). I recommend them without reservation.**

References Checked By	
Name: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: 8 June 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Touch Point Training Consultants  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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  $\geq 2.59$  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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:26:24 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
 Reference for: (Name of Firm) Touch Point Training Consultants  
 Organization/Firm Name providing reference: Pelican Grand Beach Resort  
 Contact Name/Title: Vanessa Vasquez, Director of HR *V. Vasquez 5/11/2020*  
 Contact E-mail: vvasquez@pelicanbeach.com  
 Contact Phone: 954-556-7571  
 Name of Referenced Project: Training and Consulting  
 Contract No.  
 Contract Amount: 36000  
 Date Services Provided: 4/2018-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:**  
*Leadership training for executive, managers and line level staff.*

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)**  
*It is a pleasure working w/ Anne. My team enjoys her content and when need be we have modified training plans based on*

*needs of training, guest services*

References Checked By: *Judith Charlton*  
 Name: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: 5/11/20 *satisfaction*



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1

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Reference for: (Name of Firm) Touch Point Training Consultants

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Organization/Firm Name providing reference: Coastal Construction

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Contact Name/Title: Shannon Santos, Director Organizational Development

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Contact E-mail: ssantos@coastalconstruction.com

---

Contact Phone: 305-559-4900

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Name of Referenced Project: Training Design and facilitation

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Contract No.

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Contract Amount: 132,000.00

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Date Services Provided: 1/2016-12/2019

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(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:**  
 provided training consulting, content development and facilitation 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: Judith Charlton	Title: Program/Project Coordinator
Division/Department: HR/LOD	Date of Verification: May 11, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
 Reference for: (Name of Firm) Touch Point Training Consultants  
 Organization/Firm Name providing reference: Brimstone Restaurant Group  
 Contact Name/Title: Andy Fox, Director of Operations  
 Contact E-mail: afox@brgconcepts.com  
 Contact Phone: 954-767-0222  
 Name of Referenced Project: Contract HR and training consultant, leadership development, new store openings, service standard design and training  
 Contract No.  
 Contract Amount: 112,167  
 Date Services Provided: 7/2016-4/2018

(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:**  
**Management and staff training and development. Help incorporate our Values and Mission Statement. Created new training material for all departments. Classroom style training and one on one meeting with all staff to increase productivity.**

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: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: May 08, 2020



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Williams & Williams Executive CM Consulting Firm  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 Sourced through IOG, not direct with vendor

**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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 12:27:24 -04'00' DATE: 4/21/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1  
 Reference for: (Name of Firm) Williams and Williams Executive CM Consulting  
 Organization/Firm Name providing reference: Florida Medical Center  
 Contact Name/Title: Gillian Cornwall  
 Contact E-mail: jillf150@YAHOO.COM  
 Contact Phone: 9544799269  
 Name of Referenced Project: Staff Development & Cultural Change: Case Management Reformation,  
 Competency,  
 Just Culture, Critical Thinking, Continuous Improvement, Emotional Intelligence,  
 Contract No.  
 Contract Amount: \$143,750  
 Date Services Provided: 01/2018 - 09/2019 X

(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:** Williams Consulting did an outstanding job with reforming business operations at Florida Medical Center. The company conducted a full takeover which included realigning staff, providing foundational education, training, leadership, mentorship, and development, and the transfer of analytical critical thinking skills, from their educator to the staff attendees. They also incorporated a cultural change model which was immensely helpful with business collaboratives and staff rapport. We also sustained successful increases in our operational data earning us positive returns on various healthcare investments. Williams Consulting is action driven and exceeds expectations. I would absolutely work with this company again; they come highly recommended and highly credentialed

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: Judith Charlton Title: Program/Project Coordinator  
 Division/Department: HR/LOD Date of Verification: May 12, 2020



**Vendor Reference Verification Form e**

Broward County Solicitation No. and Title: Solicitation GEN2119827B1 e  
 Reference for: (Name of Firm) Williams and Williams Executive CM Consulting e  
 Organization/Firm Name providing reference: Riverside Community Hospital e  
 Contact Name/Title: Tarry Bartley e  
 Contact E-mail: LadyTbartley@gmail.com e  
 Contact Phone: 051-443-9696 e  
 Name of Referenced Project: Leadership Collaboration & Process Improvement and Compliance Regulation e  
 Contract No. e  
 Contract Amount: \$54,600 e  
 Date Services Provided: 0/2019 -01/2020 e

(list date range o date services began until "current") e

Vendor's role in Project: e  Prime Vendor e  Sub-consultant/Sub-contractor e  
 Would you use this vendor again?  Yes e  No e If No, please specify in Additional Comments (below). e

**Description of services provided by Vendor:** Dr. Williams successfully restructured the workflow and implemented cross training that optimized the daily and weekend assignments. She also implemented Daily Medicare Rounds that resulted in a 2-day reduction in our LOS, thus improving our overall Metrics. The JOC's with our outside partners improved our relationships thus creating more resources for our patients. She provided additional education to the department that enhanced their knowledge and resource base. She also restructured the UM Committee and LOS Meetings to include the necessary stakeholders to effect change.

Please rate your experience with the referenced Vendor: e	Needse Improvement e	Satisfactorye	Excellent e	Not Applicable e
<b>1. Vendor's Quality of Servicee</b>				
a. Responsivee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracye	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverablese	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Vendor's Organizatione</b>				
a. Staff expertisee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalisme	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnovere	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Timeliness of:e</b>				
a. Projecte	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverablese	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed):** Dr. Williams was the essence of grace and professionalism and an expert in her field. Restructuring the Department goals and workflow resulted in a positive outcome. Her initial meetings with her leadership team and the department helped us to understand her/our vision, goals and expectations. It also helped the team to understand their role and value they added. Overall, Dr. Williams was well respected, seen as an expert and a game changer during her time with us. e

Judith Charlton, Program / Project Coordinatore

Date of Verification: 5/18/2020 e

HR / LOD



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Abstract HR, LLC.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan  
(Individual authorized to administer the contract.)

TITLE: Manager Learning & OD

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN  
Date: 2020.04.21 12:40:32 -04'00'

DATE: 4/21/2020

Broward County

Solicitation GEN2119827B1

Request for Qualifications: Training and Leadership Development Programs

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Supplier: Abstract HR

Decision: Non-concurrence

Reason:

- Incomplete QVL – no resume, no references, no catalog, no objectives, no training materials to evaluate, no sample Activities
- Primarily HR Consulting Firm
- Management seminar topics not required or do not meet needs of County at this time.



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Dynamic Corporate Solutions  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan TITLE: Learning & OD Manager  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.05.05 09:43:55 -04'00' DATE: 5/5/2020

Broward County

Solicitation GEN2119827B1

Request for Qualifications: Training and Leadership Development Programs

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Supplier: Dynamic Corporate Solutions

Decision: Non-concurrence

Reason:

- Incomplete QVL – no resume, no course catalog, no objectives, no sample materials with activities to evaluate
- Topics referenced either not required or do not meet needs of County at this time



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Give and Save 365 LLC. dba Give and Save 365  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:33:32 -04'00' DATE: 4/21/2020

Broward County

Solicitation GEN2119827B1

Request for Qualifications: Training and Leadership Development Programs

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Supplier: Give and Save 365 LLC

Decision: Non-concurrence

Reason:

- Incomplete QVL – no references, no catalog, no objectives, no training materials to evaluate, no sample Activities
- Product appears to be 'Student Loan Exit Plan' with book included
- Topics referenced either not required or do not meet needs of County at this time



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: LEAD Accounting Practice, Inc.  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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: Brian Flanagan TITLE: Manager Learning & OD  
(Individual authorized to administer the contract.)

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN Date: 2020.04.21 13:39:45 -04'00' DATE: 4/21/2020

Broward County

Solicitation GEN2119827B1

Request for Qualifications: Training and Leadership Development Programs

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Supplier: Lead Accounting Practice LLC

Decision: Non-concurrence

Reason:

- Incomplete QVL – no fee quote, no catalog, no objectives, no examples of training or activities to evaluate
- Topics referenced either not required or do not meet needs of County at this time



**TO:** Bernadette Green, Purchasing Agent  
Purchasing Division  
**FROM:** David Kahn, Director  
Human Resources Division  
**SUBJECT:** Solicitation No.: GEN2119827B1  
Request for Qualifications: Training and Leadership Development Programs

Recommended Vendor: Tara A. Chadwick  
Recommended Group(s)/Line Item(s): Line 1  
Initial Award Amount: \$ N/A Potential Total Amount: \$ N/A  
Initial Contract Term: Five 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 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  $\geq 2.59$  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 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: Brian Flanagan  
(Individual authorized to administer the contract.)

TITLE: Manager Learning & OD

SIGNATURE: **BRIAN FLANAGAN** Digitally signed by BRIAN FLANAGAN  
Date: 2020.04.21 13:43:57 -04'00'

DATE: 4/21/2020

Broward County

Solicitation GEN2119827B1

Request for Qualifications: Training and Leadership Development Programs

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Supplier: Tara A. Chadwick

Decision: Non-concurrence

Reason:

- Incomplete QVL – no course catalog, no sample Objectives, no sample Activities
- Topics pulled from References indicate specialization in the arts and theatre
- Topics offered either not required or do not meet needs of County at this time