



TO: Harmoni Clealand
Purchasing Division
FROM: Domenic DiLullo
Chief Information Officer
SUBJECT: Solicitation No.: PNC2130814B1
Cisco Products, Software and Services

Recommended Vendor: CDW Government LLC
Recommended Group(s)/Line Item(s): Primary (lowest responsive & responsible vendor)
Initial Award Amount: \$ 36,000,000 Potential Total Amount: \$ 108,000,000
Initial Contract Term: Three Years Contract Term, including Renewals: Nine 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: Domenic DiLullo
(Individual authorized to administer the contract.)

TITLE: Chief Information Officer

SIGNATURE: Domenic DiLullo Digitally signed by Domenic DiLullo
Date: 2026.01.26 16:21:49 -05'00' DATE: 1/26/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): CDW

Organization/Firm Name providing reference: Collier County Board of County Commissioners

Contact Name: Mark Fowski

Title: IT Manager

Contact Email: mark.fowski@colliercountyfl.gov

Contact Phone: (239) 252-8322

Name of Referenced Project:

Contract No. Omnia Mesa 2025056-01 GOV

Contract Amount:

Date Services Provided: 7/2/24- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Kevin Avila

Title: System Network Analyst

Division/Department: ETS

Date of Verification: 12/15/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): CDW

Organization/Firm Name providing reference: Florida Division of Emergency Management

Contact Name: David Clark

Title:

Contact Email: david.clark@em.myflorida.com

Contact Phone: (850) 815-4705

Name of Referenced Project:

Contract No. Florida Cisco NASPO ValuePoint AR3227

Contract Amount: 12,000,000.00

Date Services Provided: 6/1/21- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Network and Security services

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: David Clark

Title: Network Manager

Division/Department: Florida Division of Emergency Management

Date of Verification: 12/16/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): CDW

Organization/Firm Name providing reference: Palm Beach County

Contact Name: Michael Butler / Sheri Hawood

Title: Chief Technology Officer / Contract Manager

Contact Email: mbutler@pbc.gov / sharywoodmccabe@pbc.gov

Contact Phone: (561) 355-6704

Name of Referenced Project:

Contract No. Florida Cisco NASPO ValuePoint AR3227

Contract Amount: 10,000,000.00

Date Services Provided: 6/1/210- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Extremely Satisfied with level of services

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: ETS

Date of Verification: 12/18/2025



TO: Harmoni Clealand
Purchasing Division
FROM: Domenic DiLullo
Chief Information Officer
SUBJECT: Solicitation No.: PNC2130814B1
Cisco Products, Software and Services

Recommended Vendor: Softchoice Corporation
Recommended Group(s)/Line Item(s): Secondary (2nd lowest responsive & responsible vendor)
Initial Award Amount: \$ 36,000,000 Potential Total Amount: \$ 108,000,000
Initial Contract Term: Three Years Contract Term, including Renewals: Nine 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: Domenic DiLullo
(Individual authorized to administer the contract.)

TITLE: Chief Information Officer

SIGNATURE: Domenic DiLullo Digitally signed by Domenic DiLullo
Date: 2026.01.26 16:22:10 -05'00' DATE: 1/26/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Orange County Public Schools

Contact Name: Scott Zirbies

Title:

Contact Email: scott.zirbes@ocps.net

Contact Phone: (407) 250-6256

Name of Referenced Project: E-rate Cisco refresh

ext. 2002312

Contract No.

Contract Amount: 1,100,000.00

Date Services Provided: December 2024 - current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

IT really depends on the account executive, they are very satisfied with the current executive.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: FASD/ETS

Date of Verification: 01/08/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Brevard County Board of Commissioners

Contact Name: Joe Clanton

Title: Procurement Director

Contact Email: joe.clanton@brevardfl.gov

Contact Phone: (407) 319-7683

Name of Referenced Project: Cisco DC Hardware Refresh

Contract No.

Contract Amount:

Date Services Provided: March 2023 - current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Have been a customer for 4 or 5 years, very satisfied.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: FASD/ETS

Date of Verification: 01/06/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Softchoice Corporation

Organization/Firm Name providing reference: Miami-Dade County

Contact Name: Guillermo Paneque

Title:

Contact Email: guillermo.paneque@miamidade.gov

Contact Phone: (305) 596-8614

Name of Referenced Project: Cisco Smartnet Support

Contract No.

Contract Amount: 550,000.00

Date Services Provided: June 2025 - current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

They are used for the Cisco Contract, the representative from Softchoice makes the difference.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: FASD/ETS

Date of Verification: 01/12/2025



TO: Harmoni Clealand
Purchasing Division
FROM: Domenic DiLullo
Chief Information Officer
SUBJECT: Solicitation No.: PNC2130814B1
Cisco Products, Software and Services

Recommended Vendor: Netsync Network Solutions, Inc
Recommended Group(s)/Line Item(s): Tertiary (3rd lowest responsive & responsible vendor)
Initial Award Amount: \$ 36,000,000 Potential Total Amount: \$ 108,000,000
Initial Contract Term: Three Years Contract Term, including Renewals: Nine 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: Domenic DiLullo
(Individual authorized to administer the contract.)

TITLE: Chief Information Officer

SIGNATURE: Domenic DiLullo Digitally signed by Domenic DiLullo
Date: 2026.01.26 16:16:50 -05'00' DATE: 1/26/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): NetSync

Organization/Firm Name providing reference: Hillsborough County Public Schools

Contact Name: Scott Gafner

Title: GM of IT

Contact Email: scott.gafner@hcps.net

Contact Phone: 8132724725

Name of Referenced Project: E-Rate Switch/UPS/Fiber

Contract No.

Contract Amount: 20000000

Date Services Provided: 1/24- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)

Netsync has been great to work with. They have provided excellent service for our E-Rate cat 2 project for switches and UPS. We have used them also for other support engagements around server and storage and smartnet purchases.

References Checked By

Name: Scott Gafner

Title: General Manager Operations

Division/Department: Informatation Technology

Date of Verification: 1/05/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): NetSync

Organization/Firm Name providing reference: Polk County Sheriff

Contact Name: Captain Marco Avila

Title:

Contact Email: mavila@polksheriff.org

Contact Phone: (863) 635-6943

Name of Referenced Project: E-Rate Switch/UPS/Fiber

Contract No. VVS

Contract Amount: 20,000,000.00

Date Services Provided: 1/23- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

The only critique I can offer from our Fiscal Services division- The invoices were not issued in a steady or predictable manner.

References Checked By

Name: Marco Avila

Title: Captain

Division/Department: DOD/Security / South County Jail

Date of Verification: 12/15/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): NetSync

Organization/Firm Name providing reference: Jacksonville Transportation Authority

Contact Name: Burse J. Armstrong, Sr.

Title: Infrastructure & Application Support Director

Contact Email: bjarmstrong@jtafla.com

Contact Phone: (904) 630-3167

Name of Referenced Project: U2C Network Deployment

Contract No.

Contract Amount: 670,000.00

Date Services Provided: 12/24- 5/25

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

The partnership between JTA's IT team and NetSync has consistently yielded positive results across multiple engagements. Based on our experience, I confidently recommend NetSync for any current or future projects and procurements.
Project Success: NetSync has delivered on key initiatives such as Cisco Collaboration, InfoBox services, and device migrations, with project managers and engineers expressing satisfaction and recommending continued partnership.
Positive Feedback: Multiple emails and reports reflect a productive working relationship and successful outcomes.
Burse J. Armstrong, Sr.
Infrastructure & Application Support Director
bjarmstrong@jtafla.com
Mobile: 904.349.6545
Office: 904.633.3167

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: FASD/ETS

Date of Verification: 01/25/2026



TO: Harmoni Clealand
Purchasing Division
FROM: Domenic DiLullo
Chief Information Officer
SUBJECT: Solicitation No.: PNC2130814B1
Cisco Products, Software and Services

Recommended Vendor: United Data Technologies, Inc
Recommended Group(s)/Line Item(s): Quaternary (4th lowest responsive & responsible vendor)
Initial Award Amount: \$ 36,000,000 Potential Total Amount: \$ 108,000,000
Initial Contract Term: Three Years Contract Term, including Renewals: Nine 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: Domenic DiLullo
(Individual authorized to administer the contract.)

TITLE: Chief Information Officer

SIGNATURE: Domenic DiLullo Digitally signed by Domenic DiLullo
Date: 2026.01.26 16:17:16 -05'00' DATE: 1/26/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): United Data Technologies

Organization/Firm Name providing reference: Pinellas County Public Schools

Contact Name: Brian Doughty

Title:

Contact Email: doughtyb@pcsb.org

Contact Phone: (727) 588-6364

Name of Referenced Project: E-Rate Contract 24-205-082

Contract No.

Contract Amount: 6,931,227.02

Date Services Provided: 2024 - current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

UDT has been a good partner for PCS.

References Checked By

Name: Luis Socarras

Title: Information Systems Manager

Division/Department: FASD / ETS

Date of Verification: 01/06/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): United Data Technologies

Organization/Firm Name providing reference: Miami-Dade County Public Schools

Contact Name: Polly Yero

Title: Director, Enterprise Service Management

Contact Email: pollyyero@dadeschools.net

Contact Phone: (305) 995-3832

Name of Referenced Project: Network Connectivity and Wireless

Contract No.

Contract Amount: 4,333,333.00

Date Services Provided: July 1, 2023, June 30 2026

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

UDT is considered a true partner, they manage the entire scope of projects and have communicated flawlessly.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: ETS

Date of Verification: 12/16/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): United Data Technologies

Organization/Firm Name providing reference: City of Miami

Contact Name: Hector Pico / Brian Doughty (Hector doesn't work there) Title: Assistant Director of Innovation and Tech

Contact Email: hpico@miamigov.com

Contact Phone: (727) 588-6364

Name of Referenced Project: Cisco Refresh

Contract No.

Contract Amount: 1,350,000.00

Date Services Provided: July 2025 - current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

UDT have won multiple bids, they have been extremely happy.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: ETS

Date of Verification: 12/16/2025



TO: Harmoni Clealand
Purchasing Division
FROM: Domenic DiLullo
Chief Information Officer
SUBJECT: Solicitation No.: PNC2130814B1
Cisco Products, Software and Services

Recommended Vendor: Presidio Networked Solutions LLC
Recommended Group(s)/Line Item(s): Quinary (5th lowest responsive & responsible vendor)
Initial Award Amount: \$ 36,000,000 Potential Total Amount: \$ 108,000,000
Initial Contract Term: Three Years Contract Term, including Renewals: Nine 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: Domenic DiLullo
(Individual authorized to administer the contract.)

TITLE: Chief Information Officer

SIGNATURE: Domenic DiLullo Digitally signed by Domenic DiLullo
Date: 2026.01.26 16:21:27 -05'00' DATE: 1/26/26



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Presidio

Organization/Firm Name providing reference: University of Miami

Contact Name: Mari Lovo

Title: Executive Director, Cloud Infrastructure & E

Contact Email: mari.lovo@miami.edu

Contact Phone: (305) 243-3536

Name of Referenced Project: Cisco

Contract No.

Contract Amount:

Date Services Provided: 2006 - Current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Mostly Equipment, no services. Presidio and Jill have been good partners.

References Checked By

Name: Luis Socarras

Title: Information Systems Manager

Division/Department: FASD / ETS

Date of Verification: 01/09/2026



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Presidio

Organization/Firm Name providing reference: Florida State College at Jacksonville

Contact Name: Jason Rosario

Title: Exec Dir of IT Operations

Contact Email: jason.rosario@fscj.edu

Contact Phone: (904) 997-2902

Name of Referenced Project: Cisco products and Smartnet/Collaboration Flex Subscriptions

Contract No.

Contract Amount: 350,000.00

Date Services Provided: 2006- current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Reference is very pleased with the Quality of Service. Their CSM was very responsive.

References Checked By

Name: Luis Socarras

Title: Information Systems Manager

Division/Department: FASD / ETS

Date of Verification: 12/19/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2130814B1 Cisco Products, Software and Services

Reference for (Name of Firm): Presidio

Organization/Firm Name providing reference: Baptist Health

Contact Name: Jose Ruano

Title: Director Networking and Telecommunications

Contact Email: jose.ruano@baptisthealth.net

Contact Phone:

Name of Referenced Project: Infrastructure Replacement

Contract No.

Contract Amount: 6,000,000.00

Date Services Provided: Current

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

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Jill is a professional and the team has been spot on.

References Checked By

Name: Joseph Castelli

Title: Data Communications Information Systems

Division/Department: FASD/ETS

Date of Verification: 12/29/2025