TO: Windelle Jean-Pierre
Purchasing Division

FROM: William O'Reilly
Director, Accounting Division

SUBJECT: Solicitation No.: GEN2130807B1
Qualified Vendors List (QVL): Certified Public Accountant (CPA) Services

Recommended Vendor: A.L. Jackson & Company, P.A.
Recommended Group(s)/Line Item(s): QVL for Library of firms for CPA Services
Initial Award Amount: $ 1,250,000 Potential Total Amount: $ 1,250,000
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: William O'Reilly TITLE: Director of Accounting
(Individual authorized to administer the contract.)

SIGNATURE: William O'Reilly Digitally signed by William O'Reilly Date: 2026.03.13 10:05:46 -04'00' DATE: 3/13/26

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): A.L. Jackson & Company, P.A

Organization/Firm Name providing reference: Miami Dade Aviation Department

Contact Name: Oscar Aquirre Title: Capital Finance & Budget Director

Contact Email: oaguirre@flymia.com Contact Phone: (305) 876-7220

Name of Referenced Project: Performance Sub Account Analysis

Contract No. N/A Contract Amount: 500,000.00

Date Services Provided: 04/1/23 – 3/31/28

(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:

Financial Funds Revew and Analysis

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☐	☑
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/20/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): A.L. Jackson & Company, P.A

Organization/Firm Name providing reference: Miami Dade Aviation Department

Contact Name: Oscar Aquirre Title: Capital Finance & Budget Director

Contact Email: oaguirre@flymia.com Contact Phone: (305) 876-7220

Name of Referenced Project: Financial Feasibility Analysis and Advisory Services

Contract No. N/A Contract Amount: 150,000.00

Date Services Provided: 10/1/25 - 03/31/28

(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:

Bond Financial Feasibility Analysis

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 03/05/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): A.L. Jackson & Company, P.A

Organization/Firm Name providing reference: Department of Aviation, Philadelphia International Airport

Contact Name: Gus Tsakos Title: VP of Audit & Compliance

Contact Email: Gus.Tsakos@phl.org Contact Phone: (215) 863-3823

Name of Referenced Project: Performance Sub Account Analysis

Contract No. N/A Contract Amount: 60,000.00

Date Services Provided: July 2023 - Present

(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:

Business Continuity Planning Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

ALJackson & Company is staffed with very knowledgeable and responsive employees. They provide an outstanding quality product, are extremely professional, and meet or exceed target deadlines.

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/27/2026

TO: Windelle Jean-Pierre
Purchasing Division

FROM: William O'Reilly
Director, Accounting Division

SUBJECT: Solicitation No.: GEN2130807B1
Qualified Vendors List (QVL): Certified Public Accountant (CPA) Services

Recommended Vendor: Carr, Riggs, & Ingram, LLC
Recommended Group(s)/Line Item(s): QVL for Library of firms for CPA Services
Initial Award Amount: $ 1,250,000 Potential Total Amount: $ 1,250,000
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: William O'Reilly TITLE: Director of Accounting
(Individual authorized to administer the contract.)

SIGNATURE: William O'Reilly Digitally signed by William O'Reilly Date: 2026.03.05 08:25:11 -05'00' DATE: 3/5/26

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Carr, Riggs Ingram, LLC

Organization/Firm Name providing reference: City of Bay Lake and Lake Buena Vista: Office of the City Manager

Contact Name: Randy Singh | Title: City Manager

Contact Email: r.singh@cityofbaylakefl.gov | Contact Phone: (407) 666-7464

Name of Referenced Project: Consulting Servings

Contract No. N/A | Contract Amount: 65,000.00

Date Services Provided: October 2022 - Present

(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:

accounting services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☑	☐	☐
3. Timeliness of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

Turnover is Satisfactory in regards to lower level accounting staff, however stability and responsiveness of upper level management is excellent.

References Checked By

Name: Gekyra Deveaux-Alavrez | Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services | Date of Verification: 02/23/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Carr, Riggs Ingram, LLC

Organization/Firm Name providing reference: City of Fort Lauderdale: Office of the Chief Auditor

Contact Name: Patrick Reilly Title: Chief Auditor

Contact Email: pareilly@fortlauderdale.gov Contact Phone: (954) 828-4350

Name of Referenced Project: Various Consulting Servings

Contract No. N/A Contract Amount: 750,000.00

Date Services Provided: October 2017 - Present

(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:

cost verification and avoidance services for construction projects

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☐	☑
3. Timeliness of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services Date of Verification: 02/23/2026

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Carr, Riggs Ingram, LLC

Organization/Firm Name providing reference: Greater Orlando Aviation Authority: Construction Finance Department

Contact Name: Construction Finance Department | Title: Deputy Chief Financial Officer

Contact Email: marie.dennis@goaa.org | Contact Phone: (407) 825-3590

Name of Referenced Project: CFY25 Construction Payment Application and Invoice Review Services

Contract No. N/A | Contract Amount: 1,300,000.00

Date Services Provided: December 2022 - Present

(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:

contract and funding compliance reviews

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☑	☐	☐
c. Deliverables	☐	☑	☐	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☐	☑
3. Timeliness of:				
a. Project	☐	☑	☐	☐
b. Deliverables	☐	☑	☐	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez | Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services | Date of Verification: 02/25/2026

TO: Windelle Jean-Pierre
Purchasing Division

FROM: William O'Reilly
Director, Accounting Division

SUBJECT: Solicitation No.: GEN2130807B1
Qualified Vendors List (QVL): Certified Public Accountant (CPA) Services

Recommended Vendor: Forvis Mazars, LLP
Recommended Group(s)/Line Item(s): QVL for Library of firms for CPA Services
Initial Award Amount: $ 1,250,000 Potential Total Amount: $ 1,250,000
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: William O'Reilly TITLE: Director of Accounting
(Individual authorized to administer the contract.)

SIGNATURE: William O'Reilly Digitally signed by William O'Reilly Date: 2026.03.05 08:26:01 -05'00' DATE: 3/5/26

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Forvis Mazars, LLP

Organization/Firm Name providing reference: Martin County

Contact Name: Jamie Roberson | Title: Chief Operating Officer of Finance

Contact Email: jroberson@martinclerk.com | Contact Phone: (772) 221-7414

Name of Referenced Project: Financial Auditing Services

Contract No. N/A | Contract Amount: 275,000.00

Date Services Provided: September 2018-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:

Audit Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☑	☐	☐
a. Responsive	☐	☑	☐	☐
b. Accuracy	☐	☑	☐	☐
c. Deliverables				
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☑	☐	☐
c. Turnover				
3. Timeliness of:	☐	☑	☐	☐
a. Project	☐	☐	☐	☑
b. Deliverables				

Additional Comments: (provide on additional sheet if needed)

Contact stated due to company's new ownership from Moore Stephens Lovelace (MSL) to Forvis Mazars, LLP, there is a change in the audit approach which may affect Timeliness of Deliverables.

References Checked By

Name: Gekyra Deveaux-Alvarez | Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services | Date of Verification: 02/23/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Forvis Mazars, LLP

Organization/Firm Name providing reference: Osceola County

Contact Name: Amanda Clavijo | Title: Comptroller

Contact Email: amanda.clavijo@osceola.org | Contact Phone: (407) 742-1700

Name of Referenced Project: Independent Auditing Services

Contract No. N/A | Contract Amount: 260,000.00

Date Services Provided: September 2008 - 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:

Audit Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez | Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services | Date of Verification: 02/24/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): Forvis Mazars, LLP

Organization/Firm Name providing reference: Pinellas County

Contact Name: Jeanette Phillips | Title: Chief Deputy Director Finance Division

Contact Email: jphillips@mypinellasclerk.org | Contact Phone: (727) 646-8333

Name of Referenced Project: Auditing Services

Contract No. N/A | Contract Amount: 340,000.00

Date Services Provided: September 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:

Audit Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

Worked closely with Jeff Wolf's office.

References Checked By

Name: Gekyra Deveaux-Alvarez | Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services | Date of Verification: 02/23/2026

TO: Windelle Jean-Pierre
Purchasing Division

FROM: William O'Reilly
Director, Accounting Division

SUBJECT: Solicitation No.: GEN2130807B1
Qualified Vendors List (QVL): Certified Public Accountant (CPA) Services

Recommended Vendor: HCT Certified Public Accountants & Consultants, LLC
Recommended Group(s)/Line Item(s): QVL for Library of firms for CPA Services
Initial Award Amount: $ 1,250,000 Potential Total Amount: $ 1,250,000
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: William OReilly TITLE: Director of Accounting
(Individual authorized to administer the contract.)

SIGNATURE: William O'Reilly Digitally signed by William O'Reilly Date: 2026.03.05 08:26:32 -05'00' DATE: 3/5/26

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): HCT Certified Public Accountants & Consultants, LLC

Organization/Firm Name providing reference: NOBEL Women

Contact Name: Tonya Anderson Title: President or Kenyatta Honeycutt/Administrator

Contact Email: tanderson@nobelwomen.org / khoneycutt@nobelwomen.org Contact Phone: (678) 428-9883

Name of Referenced Project: Compilation Services

Contract No. N/A Contract Amount: 367,000.00

Date Services Provided: March 2016 - November 2025

(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:

Accounting Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services Date of Verification: 03/04/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): HCT Certified Public Accountants & Consultants, LLC

Organization/Firm Name providing reference: Parent to Parent, Inc.

Contact Name: Hilda Maiz-Vargas Title:

Contact Email: hmaizvargas@ptopmiami,org Contact Phone: (305) 271-9797

Name of Referenced Project: Compilation Services

Contract No. N/A Contract Amount: 196,000.00

Date Services Provided: January 2016 - December 2023

(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:

Accounting Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☑	☐	☐
b. Accuracy	☐	☑	☐	☐
c. Deliverables				
2. Vendor's Organization:	☐	☑	☐	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☑	☐	☐
c. Turnover				
3. Timeliness of:	☐	☑	☐	☐
a. Project	☐	☑	☐	☐
b. Deliverables				

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/24/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): HCT Certified Public Accountants & Consultants, LLC

Organization/Firm Name providing reference: Supreme Roofing and Construction

Contact Name: Deric Smith Title:

Contact Email: supremeunlimited@outlook.com Contact Phone: (786) 229-9331

Name of Referenced Project: Compilation Services

Contract No. N/A Contract Amount: 90,000.00

Date Services Provided: January 2023 - November 2025

(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:

Accounting Services

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service	☐	☐	☑	☐
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:	☐	☐	☑	☐
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:	☐	☐	☑	☐
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

Referenced firm was very organized and resourceful.

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/24/2026

TO: Windelle Jean-Pierre
Purchasing Division

FROM: William O'Reilly
Director, Accounting Division

SUBJECT: Solicitation No.: GEN2130807B1
Qualified Vendors List (QVL): Certified Public Accountant (CPA) Services

Recommended Vendor: S. Davis & Associates, P.A
Recommended Group(s)/Line Item(s): QVL for Library of firms for CPA Services
Initial Award Amount: $ 1,250,000 Potential Total Amount: $ 1,250,000
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: William O'Reilly TITLE: Director of Accounting
(Individual authorized to administer the contract.)

SIGNATURE: William O'Reilly Digitally signed by William O'Reilly Date: 2026.03.05 08:27:05 -05'00' DATE: 3/5/26

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): S. Davis & Associates, P.A

Organization/Firm Name providing reference: Broward Schools

Contact Name: Dave Rhodes | Title: Chief Auditor

Contact Email: dave.rhodes@browardschools.com | Contact Phone: (754) 321-2404

Name of Referenced Project: Florida School Recognition Program Review

Contract No. N/A | Contract Amount: 60,000.00

Date Services Provided: 09/2017 - 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:

Audit/Attestation

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☐	☑
3. Timeliness of:				
a. Project	☐	☑	☐	☐
b. Deliverables	☐	☑	☐	☐

Additional Comments: (provide on additional sheet if needed)

The firm is very easy to to work with, professional, accurate, and brought a lot of expertise to the project.

References Checked By

Name: Gekyra Deveaux-Alvarez | Title: Administrative Specialist

Division/Department: Accounting Division/ Finance and Administrative Services | Date of Verification: 02/23/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): S. Davis & Associates, P.A

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

Contact Name: Jon Goodman Title: Chief Auditor

Contact Email: jgoodman@dadeschools.net Contact Phone: (305) 995-1323

Name of Referenced Project: General Obligation Bond Audit

Contract No. N/A Contract Amount: 188,000.00

Date Services Provided: 08/2018 - 06/2019

(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:

Audit/Attestation

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/23/2026

BROWARD COUNTY FLORIDA

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130807B1, Qualified Vendors List (QVL): Certified Public Accountant Services

Reference for (Name of Firm): S. Davis & Associates, P.A

Organization/Firm Name providing reference: City of Miramar

Contact Name: Kevin Adderley Title: Director of Financial Services

Contact Email: keadderley@miramarfl.gov Contact Phone: (305) 987-4619

Name of Referenced Project: Internal Audit Services

Contract No. N/A Contract Amount: 350,000.00

Date Services Provided: 10/2017 - 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:

Audit/Attestation

Please rate your experience with the referenced Vendor:	**Needs Improvement**	**Satisfactory**	**Excellent**	**Not Applicable**
1. Vendor's Quality of Service				
a. Responsive	☐	☐	☑	☐
b. Accuracy	☐	☐	☑	☐
c. Deliverables	☐	☐	☑	☐
2. Vendor's Organization:				
a. Staff expertise	☐	☐	☑	☐
b. Professionalism	☐	☐	☑	☐
c. Turnover	☐	☐	☑	☐
3. Timeliness of:				
a. Project	☐	☐	☑	☐
b. Deliverables	☐	☐	☑	☐

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Gekyra Deveaux-Alvarez Title: Administrative Specialist

Division/Department: Accounting Division/Finance and Administrative Services Date of Verification: 02/23/2026