TO: Robert Gleason, Director of Purchasing
Purchasing Division

FROM: Amy Lanham, Director of Risk Management
Risk Management Division

SUBJECT: Solicitation No.: GEN2130705B1
Occupational Medical Services/Drug & Alcohol Testing

Recommended Vendor: FB Health Solutions LLC dba AFC Urgent Care Hallandale Beach
Recommended Group(s)/Line Item(s): All Line Items
Initial Award Amount: $ 1,174,620.00 Potential Total Amount: $ 1,957,700.00
Initial Contract Term: Three 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: Amy Lanham TITLE: Director of Risk Management
(Individual authorized to administer the contract.)

SIGNATURE: Amy Lanham Digitally signed by Amy Lanham Date: 2025.10.14 15:48:30 -04'00' DATE:

Justification for Non-Concurrence of Award

Bid Requirement Reference:

Per *Section 14. Hours of Service and Locations*: "Vendor shall provide occupational health, and the collection services described herein to County employees from a minimum of Three (3) Vendor physical locations, one centrally located in Broward County; one location in North Broward County and one location in South Broward County. **All three (3) vendor physical locations (Central, North, and South) shall host hours of operation simultaneously Monday through Friday within the County's normal business hours.**"

Justification for Non-Concurrence of Award:

Section 14. Hours of Service and Locations states that the vendor needs to list three (3) locations for service. This vendor listed two (2) locations. Three (3) are critical for our operations given the size of Broward County, the type of work our employees do, and the schedules that our employees have. We need to have a variety and minimum level of service with convenient locations that are accessible to our employees.