

Purchasing Division

FROM: Amy Lanham, Director of Risk Management

Risk Management Division

SUBJECT: Solicitation No.: GEN2130705B1

Occupational Medical Services/Drug & Alcohol Testing

Recommended Vendor: AssociatesMD Medical Group, Inc.

Recommended Group(s)/Line Item(s): All Line Items

Initial Award Amount: \$ 1,316,064.90 Potential Total Amount: \$2,193,441.50

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 (Individual authorized to administer the contract.)

SIGNATURE: Amy Lanham

Digitally signed by Amy Lanham

DATE: 9/24/25 Date: 2025.09.24 17:30:19 -04'00'

TITLE: Director of Risk Management



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: (GEN2130705B1 – Oc	cupational Medic	al Services/Dru	ug & Alcohol Testing
AssociatesMD	Medical Group, Inc.			
Organization/Firm Name providing reference	e: Calvary Chapel Chu	ırch Inc		
Contact Name: _{Susan} Boracci Clark		Title:		
Contact Email: susanb@calvaryftl.org		Contact Pl	none: (954) 55	6-4365
Name of Referenced Project: Medical Service	es and screenings			
Contract No. _{N/A}	Contract Amount:			
Date Services Provided: 2023-present				
(list date r	ange or date service	es began until "	current")	
Vendor's role in Project: ☑ Prime Vendor Would you use this vendor again? ☑ Yes	☐ Subconsultant/S		n Additional C	omments (below).
Description of services provided by Vendo Employee drug testing and workers compensatio				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
 Vendor's Quality of Service a. Responsive 			✓	
b. Accuracy			V	
c. Deliverables			V	
2. Vendor's Organization:			✓	
a. Staff expertiseb. Professionalism			✓	
c. Turnover	_	_	_ ☑	_
3. Timeliness of:			☑	
a. Project b. Deliverables	_			_
b. Bonvorables			☑	
Additional Comments: (provide on additional sheet First starting brand new and it took a whi established as a vendor	-	everything goi	ng due to be	coming
References Checked By Name: Ryan Bally		Title: Saf	ety and Health	Specialist
ime: Ryan Bally Title: Safety and Health Special Speci			<u> </u>	



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title:	GEN2130705B1, Occ	upational Medica	al Services/Dru	g & Alcohol Testing
Reference for (Name of Firm): Associates M	D Medical Group			
Organization/Firm Name providing reference	e: Labcorp			
Contact Name: Denise Ramsay		Title: Regi	onal Manager o	f Business Developn
Contact Email: ramsed1@labcorp.com	Contact Phone: ₍₉₅₄₎ 320-9144			
Name of Referenced Project: Laboratory Ser	vices			
Contract No. _{N/A}	Contract Amount:			
Date Services Provided: 2015-present				
(list date	range or date servic	es began until '	'current")	
Vendor's role in Project: ☑ Prime Vendor	☐ Subconsultant/S	Subcontractor		
Would you use this vendor again? 🛭 Yes	☐ No If No, p	olease specify i	n Additional C	omments (below).
Description of services provided by Vend	or:			
Laboratory Services				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service			7	
a. Responsiveb. Accuracy			7	
c. Deliverables			7	
2. Vendor's Organization:			7	
a. Staff expertiseb. Professionalism			7	
c. Turnover		7		
3. Timeliness of:			✓	
a. Project b. Deliverables			☑	
Additional Comments: (provide on additional shee	t if needed)			
Associates MD is great to work with				
References Checked By		_		
Name: Ryan Bally	Title: Safety and Health Specialist Date of Verification: 09/22/2025			
Division/Department: Risk Management		Date of V	erification: 09/	22/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title:	No. GEN2130705B1,	Occupational Me	dical Services/	Drug & Alcohol Testi	
Associates M					
Organization/Firm Name providing reference	e: Quest Diagnostics				
Contact Name: Alexis Perez		Title: Regio	onal Account M	anager	
Contact Email: alexis.m.perez@questdiagnost					
Name of Referenced Project: : Laboratory Se	ervices for AssociatesN	ID contracts whi	ch include prim	ary care, urgent care	
Contract No. _{N/A}	Contract Amount:				
Date Services Provided: 2014-Present					
(list date	range or date service	es began until "	current")		
Vendor's role in Project: ☑ Prime Vendor Would you use this vendor again? ☑ Yes			n Additional C	omments (below).	
Description of services provided by Vend Laboratory Services	or:				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
 Vendor's Quality of Service a. Responsive 					
b. Accuracy			✓		
c. Deliverables					
2. Vendor's Organization:					
a. Staff expertiseb. Professionalism			✓		
c. Turnover			✓		
3. Timeliness of:	_		_ ✓	_	
a. Project b. Deliverables				Ø	
Additional Comments: (provide on additional sheet been with them for ten years and they ar	-	h			
References Checked By Name: Ryan Bally		Title: Saf	ety and Health	Specialist	
<u> </u>			Date of Verification: 09/18/2025		