FROM: Purchasing Division
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 TITLE: Director of Risk Management
(Individual authorized to administer the contract.)

SIGNATURE: Amy Lanham Digitally signed by Amy Lanham Date: 2025.09.24 17:30:19 -04'00' DATE: 9/24/25

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130705B1 – Occupational Medical Services/Drug & Alcohol Testing

AssociatesMD Medical Group, Inc.

Organization/Firm Name providing reference: Calvary Chapel Church Inc

Contact Name: Susan Boracci Clark | Title:

Contact Email: susanb@calvaryftl.org | Contact Phone: (954) 556-4365

Name of Referenced Project: Medical Services and screenings

Contract No. N/A | Contract Amount:

Date Services Provided: 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:

Employee drug testing and workers compensation

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)

First starting brand new and it took a while for them to get everything going due to becoming established as a vendor

References Checked By

Name: Ryan Bally | Title: Safety and Health Specialist

Division/Department: Risk Management | Date of Verification: 09/16/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: GEN2130705B1, Occupational Medical Services/Drug & Alcohol Testing

Reference for (Name of Firm): Associates MD Medical Group

Organization/Firm Name providing reference: Labcorp

Contact Name: Denise Ramsay | Title: Regional Manager of Business Developmen

Contact Email: ramsed1@labcorp.com | Contact Phone: (954) 320-9144

Name of Referenced Project: Laboratory Services

Contract No. N/A | Contract Amount:

Date Services Provided: 2015-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:

Laboratory 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)

Associates MD is great to work with

References Checked By

Name: Ryan Bally | Title: Safety and Health Specialist

Division/Department: Risk Management | Date of Verification: 09/22/2025

Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: No. GEN2130705B1, Occupational Medical Services/Drug & Alcohol Testing Associates MD

Organization/Firm Name providing reference: Quest Diagnostics

Contact Name: Alexis Perez | Title: Regional Account Manager

Contact Email: alexis.m.perez@questdiagnostics.com | Contact Phone: (954) 999-2570

Name of Referenced Project: : Laboratory Services for AssociatesMD contracts which include primary care, urgent care (ir

Contract No. N/A | Contract Amount:

Date Services Provided: 2014-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:

Laboratory 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)

been with them for ten years and they are great to work with

References Checked By

Name: Ryan Bally | Title: Safety and Health Specialist

Division/Department: Risk Management | Date of Verification: 09/18/2025