


CENTRAL FLORIDA EXPRESSWAY AUTHORITY

MEMORANDUM

TO: CFX Board Members

FROM: Aneth O. Williams 
Director of Procurement

DATE: May 4, 2017

RE: Approval of AceApplications, LLC as Subconsultant for the
E-PASS and VES Enforcement Operations Contract with Egis Projects, Inc.
Contract No. 001105

Egis Projects, Inc., CFX's E-PASS and VES Enforcement Operations Consultant, has requested approval to use AceApplications, LLC to provide personnel staffing services.

The cost is expected to exceed the \$25,000.00 threshold established by the Procurement Policy for subcontractors not disclosed by Egis Projects, Inc., when its contract with CFX was originally awarded on June 11, 2015.

Board approval of AceApplications, LLC as a subcontractor to Egis Projects, Inc. is requested.

Reviewed by:


Corey Quinn
Chief of Technology/Operations

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REQUEST FOR AUTHORIZATION TO SUBLET SERVICES

Consultant: Egis Projects, Inc. Date: May 5, 2017
CFX Contract Name: E-Pass and VES Operations CFX Contract No.: 001105

Authorization is requested to sublet the services identified below which are included in the above referenced Contract. Consultant requests approval to sublet services to:

Subconsultant Name: Ace Applications, LLC
Address: 3259 Progress Dr. #152, Orlando, FL 32826
Phone No.: (877) 499-2231, ext. 101
Federal Employee ID No.: 59-3704632

Description of Services to Be Sublet: Ace Applications, LLC will provide
personnel staffing services in support of E-Pass
and VES Operations

Estimated Beginning Date of Sublet Services: May 1, 2017

Estimated Completion Date of Sublet Services: July 31, 2020

Estimated Value of Sublet Services*: \$ 5,619,011.95

*(Not to exceed \$25,000 without prior Board Approval)

Consultant hereby certifies that the proposed subconsultant has been advised of, and agrees to, the terms and conditions in the Consultant's Contract with the Authority that are applicable to the subconsultant and the services to be sublet:

Requested By: [Signature]
(Signature of Consultant Representative)
PRESIDENT/CEO
Title

Recommended by: _____ Date: _____
(Signature of Appropriate CFX Director/Manager)

Approved by: [Signature] Date: 5/4/17
(Signature of Appropriate Chief)

Attach Subconsultant's Certificate of Insurance to this Request.