

CENTRAL FLORIDA EXPRESSWAY AUTHORITY

MEMORANDUM

TO: CFX Board Members

FROM: Aneth O. Williams 
Director of Procurement

DATE: June 20, 2017

SUBJECT: Approval of Nebbia Technology LLC as Subconsultant for the
Toll System Upgrade Project Contract with TransCore
Contract No. 001021

TransCore LP, CFX's Toll System Upgrade Project Consultant has requested approval to use Nebbia Technology LLC, to provide assistance to CFX in toll system software and system reports development. The cost is expected to exceed the \$25,000.00 threshold established by the Procurement Policy for subcontractors not disclosed by TransCore when its contract with CFX was originally awarded.

Board approval of Nebbia Technology LLC as a subcontractor to TransCore is requested.

Reviewed by: 
Joann Chizlett
Director of Special Projects

CENTRAL FLORIDA EXPRESSWAY AUTHORITY
REQUEST FOR AUTHORIZATION TO SUBLET SERVICES

Consultant: TransCore _____ Date: May 18, 2017

CFX Contract Name: Toll System Upgrade Project _____ CFX Contract No.: 001021 _____

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: Nebbia Technology LLC _____

Address: 130 S Orange Avenue, Suite 204, Orlando, FL, 32801 _____

Phone No.: 407.930.2400 _____

Federal Employee ID No.: 47-1954746 _____

Description of Services to Be Sublet: Toll system software and system reports development _____

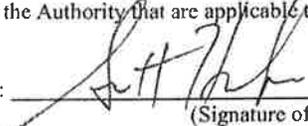
Estimated Beginning Date of Sublet Services: _____

Estimated Completion Date of Sublet Services: _____

Estimated Value of Sublet Services*: \$50,000 _____

*(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:  _____ Scott Hooton
(Signature of Consultant Representative)

Vice President, Project Manager _____
Title

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

Date: 6-20-17

Approved by:  _____
(Signature of Appropriate Chief)

Date: 6/20/17

Attach Subconsultant's Certificate of Insurance to this Request.