


# CENTRAL FLORIDA EXPRESSWAY AUTHORITY

## MEMORANDUM

TO: CFX Board Members

FROM: Aneth O. Williams   
Director of Procurement


DATE: June 12, 2017

SUBJECT: Approval of Staffing Now, Inc. a.k.a. SNI as Subconsultant for the  
Toll System Upgrade Project Contract with TransCore  
Contract No. 001021

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TransCore LP, CFX's Toll System Upgrade Project Consultant has requested approval to use Staffing Now, Inc. a.k.a. SNI, to provide CFX with staffing resources to assist in labor for software design, development, test, and field installation. 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 Staffing Now, Inc. a.k.a. SNI as a subcontractor to TransCore is requested.

Reviewed by:   
Joann Chizlett  
Director of Special Projects

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REQUEST FOR AUTHORIZATION TO SUBLET SERVICES

Consultant: TransCore \_\_\_\_\_ Date: 6/8/2017 \_\_\_\_\_

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: Staffing Now, Incorporated a.k.a. SNI \_\_\_\_\_

Address: 20 North Orange Ave., Suite 705 , Orlando, FL 32801 \_\_\_\_\_

Phone No.: 407.567.7000 \_\_\_\_\_

Federal Employee ID No.: 27-1342559 \_\_\_\_\_

Description of Services to Be Sublet: Labor for software design, development, test, and field installation \_\_\_\_\_

Estimated Beginning Date of Sublet Services: 8/1/2015 \_\_\_\_\_

Estimated Completion Date of Sublet Services: 12/31/2018 \_\_\_\_\_

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Estimated Value of Sublet Services\*: \$300,000 \_\_\_\_\_

\*(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: [Signature] 6-8-2017  
(Signature of Consultant Representative)

Vice President, Project Manager

Title

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

Date: 6-12-17

Approved by: [Signature]  
(Signature of Appropriate Chief)

Date: 6/12/17

Attach Subconsultant's Certificate of Insurance to this Request.