REFERENCES

The bidder must briefly document its capabilities and submit an outline of its experience and work history in Commercial Fitness Equipment and warranty service for the past five (5) years by submitting the contact information of references from four (4) separate equipment sales. References should consist of projects of a similar scope, complexity, and cost.

Business Name: State of Ohio Department of Administrative Services Tel # (614)466-1587

Address: 30 East Broad Street, Columbus, OH 43215

E-mail Address: latasha.Phillips@das.ohio.gov Fax #.

Contact: Latasha Phillips

Service Performed: Processed order on 12/29/2020

for QTY 15000 McAfee MFE Complete EP Threat Protect 1YrBZ[P+]Range 10001 - +

Business Name: City of Columbus Tel # (614) 645-6124

Address: 1111 E. Broad St., 3Rd Floor, Suite 300, Columbus, OH 43205

E-mail Address: Gadukes@Columbus.Gov Fax #

Contact: Greg Dukes

Service Performed: On 04/11/2023 Awarded

2023 Accela Software licensing renewals, and maintenance and support

Business Name: Franklin County Data Center Tel #. 614-525-7392

Address: 373 S. High Street, Columbus, OH 43215

E-mail Address: Tiffany.Yeager@franklincountyohio.gov Fax #

Contact: Tiffany Yeager

Service Performed: On 03/01/2023

Awarded a 3 year contract for QTY 4000 for Abnormal Security

Business Name: Cuyahoga County Dept of IT Tel # 216-443-7989

Address: 2079 E 9th St, Cleveland ,Ohio 44115-1807

E-mail Address: jsheffler@cuyahogacounty.us Fax #

Contact: jsheffler@cuyahogacounty.us

Service Performed: On 06/06/2021 awarded

a 3 Year contract for Tableau Renewal for $250,000

SUBCONTRACTORS INFORMATION (IF APPLICABLE)

Business Name: _____ Tel # _____

Address:_____

E-mail Address: _____ Fax # _____

Contact: _____

Business Name: _____ Tel # _____

Address:_____

E-mail Address: _____ Fax # _____

Contact: _____

Business Name: _____ Tel # _____

Address:_____

E-mail Address: _____ Fax # _____

Contact: _____

Business Name: _____ Tel # _____

Address:_____

E-mail Address: _____ Fax # _____

Contact: _____