



TO: John Torrenza, Purchasing Agent
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: G2113795B1
Trash Pick-up for Various Locations

Recommended Vendor: Sunshine Recycling Services of SWFL
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$1,400,947.92 Potential Total Amount: \$2,334,913.20
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. 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 Current Supplier with Broward County

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 Contracts Central 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 Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Scott Campbell TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 7/25/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: G2113795B1 Trash Pick-up for Various Locations
 Reference for: (Name of Firm) Sunshine Recycling Services of SWFL
 Organization/Firm Name providing reference: City of Naples
 Contact Name/Title: Kendra Royston, Solid Waste Senior Administrative Specialist
 Contact E-mail: kroyston@naplesgov.com
 Contact Phone: (239) 213-4765
 Name of Referenced Project: Hauling & Disposal of Self Contained Roll Off Containers and Compactors
 Contract No.
 Contract Amount: \$208,750 (Annual)
 Date Services Provided: March 2008 - Current

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Roll off and compactor hauling/ disposal, recycle hauling/ disposal

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 Sunshine Recycling Services of SWFL provides top notch service in a timely manner. Office staff is extremely professional, knowledgeable, and helpful no matter the situation that may arise.

References Checked By
 Name: Candace Jensen Title: Contract Grant Administration Senior
 Division/Department: Facilities Management Division Date of Verification: April 11, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: G2113795B1 Trash Pick-up for Various Locations
 Reference for: (Name of Firm) Sunshine Recycling Services of SWFL
 Organization/Firm Name providing reference: Stericycle, Inc.
 Contact Name/Title: Joel Perez, Manager
 Contact E-mail: jperez@stericycle.com
 Contact Phone: (786) 402-9739
 Name of Referenced Project: Trash Removal Services
 Contract No.
 Contract Amount: \$100,000 (Annual)
 Date Services Provided: June 2010 - Current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

 Hauling of municipal solid waste at hospitals throughout Florida and provides recycling services at each hospital.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
 The most trusted company in Florida for waste services in my opinion and I have been in the business for 35 years.

References Checked By
 Name: Candace Jensen Title: Contract Grant Administration Senior
 Division/Department: Facilities Management Division Date of Verification: April 13, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: G2113795B1 Trash Pick-up for Various Locations
 Reference for: (Name of Firm) Sunshine Recycling Services of SWFL
 Organization/Firm Name providing reference: Broward County
 Contact Name/Title: Notosha Austin, Program Manager Solid Waste and Recycling Services
 Contact E-mail: naustin@broward.org
 Contact Phone: (954) 474-1880
 Name of Referenced Project: Recycling Services for Government Facilities and Parks
 Contract No. F1261301B1
 Contract Amount: \$234,000 (Annual)
 Date Services Provided: February 1, 2015 - Current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

 Vendor provides recycling containers and hauling services for recyclables from government facilities including county parks, county courthouses, and FLL airport.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

 Habitual problems with recyclables being disposed of as trash. After several warnings, problem persist.

References Checked By
 Name: Candace Jensen Title: Contract Grant Administration Senior
 Division/Department: Facilities Management Division Date of Verification: March 31, 2017