

то:	Latoya Clark, Purchasing Agent Purchasing Division		
FROM:	Anh Ton, Director		
	Highway and Bridge Maintenance	Division	
SUBJECT:	Solicitation No.: N2114084Q1		
	Mosquito Control Supplies		
Recommended	d Vendor: Clarke Mosquito Control d Group(s)/Line Item(s): Lines 1 th	ru 17	
	mount: \$2,720,855.75	Potential Total Amount: \$8,1	
	Term: One Year	Contract Term, including Rer	lewais. Inree Years
⊠ have review	ICE: has reviewed Vendor's response(yed all documents including the Ve lation for award to the Vendor.		
⊠ I am satisfie	ACKGROUND/D & B REPORT: (ed with the Vendor's financial back ble Provide explanation if choosing	ground and/or rating and payr	ment performance.
⊠ I have revie	HISTORY: (check one) wed the Litigation History Form an ditional information from the Office		
	RMANCE: (check all that apply) of the Vendor's past Performance I	Evaluations in Contracts Cent	ral and:
The state of the s	eived an overall rating ≥ 2.59 on al		
State of the second sec	ons within the past three years cor	way was an experience of the control	
	eived a rating ≤ 2.59 on an evaluat eived a score of ≤ 2 on an individua		
	tions are not relevant to the scope		
☐ No past Per	rformance Evaluations exist in Con		
☑ Poforonoo \	Varification Forms are attached	AND	
M Kelelelice	Verification Forms are attached.	OR	
	Verification Forms are not required 50,000 and the Vendor has a Perfo	: Commodity only purchase (I	
NON-CONCU	RRENCE:		
☐ I do not cor	ncur. Detailed reason for non-conc	urrence is attached.	
TYPED NAME	OF SIGNER: Anh Ton, P.E. ized to administer the contract.)	TITLE: Direct	tor
SIGNATURE:	Mh	DATE:	6/29/17



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084Q1 Mosquito Control Supplies Reference for: (Name of Firm) Clarke Mosquito Control Products. Inc.

Omerican Committee of the Committee of t					
Organization/Firm Name providing refere		nty Mosquito C	ontrol		
Contact Name/Title: George Deskins / D	irector				
Contact E-mail: Gdeskins@citrusmosqui	to.org				
Contact Phone: 352-527-7478					
Name of Referenced Project: Mosquito	Control Supplies				
Contract No. N/A					
Contract Amount: N/A					
Date Services Provided: On-going					
(list date rar	nge or date servi	ces began unti	"current")		
Vendor's role in Project: ⊠ Prime Ven Would you use this vendor again?⊠ Ye	<u> </u>	consultant/Sub- No, please spe		onal Comments (below)	
Description of services provided by V	endor:				
Chemical supplier and technical supp	ort				
					-1
Diana and accompanion as with the	Neede				
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
	improvement				
Vendor's Quality of Service			57		
a. Responsive					
b. Accuracy		\boxtimes			
c. Deliverables			\boxtimes		
2. Vendor's Organization	_	_	_	_	
a. Staff expertise			\bowtie		
b. Professionalism			\boxtimes		
c. Turnover		\boxtimes			
3. Timeliness of:					
a. Project		\boxtimes			
b. Deliverables			\boxtimes		
Additional Comments (manida an ad	ditional about it	:d.d\			\neg
Additional Comments: (provide on ad	ultional sheet ii	needed)			
References Checked By					
Name: Angela Byers		Title: Ac	Iministrative	Officer	
Division/Department: Highway and Bridg	e Maintenance/			June 28, 2017	
- Itios in Dopartinoni. Thighway and Dhag	, c .maintonanocr	Date of			



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084Q1 Mosquito Control Supplies Reference for: (Name of Firm) Clarke Mosquito Control Products, Inc. Organization/Firm Name providing reference: Pinellas County Mosquito Control Contact Name/Title: Brian Lawton / Program Coordinator Contact E-mail: blawton@pinellascounty.org Contact Phone: 727-464-5906 Name of Referenced Project: Chemical Vendor Contract No. BPA 426668 Contract Amount: \$6,124,288,50 Date Services Provided: 4/1/2017 to 3/31/2022 (list date range or date services began until "current") □ Prime Vendor ☐ Sub-consultant/Sub-contractor Vendor's role in Project: Would you use this vendor again? ✓ Yes ☐ No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Supply adulticide and larvicide products. Aids in yearly calibration of equipment. Facilitates an annual Public Health course in our county. Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive \boxtimes \boxtimes b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise X b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables X Additional Comments: (provide on additional sheet if needed) Clarke has been a vendor for Pinellas County for at least 15 years prior to our latest purchase agreement and we have had great experiences working with them over the years. References Checked By

Name: Angela Byers

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 26, 2017

Title: Administrative Officer



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084Q1 Mosquito Control Supplies Reference for: (Name of Firm) Clarke Mosquito Control Products, Inc. Organization/Firm Name providing reference: HBMD/ Mosquito Control Section Contact Name/Title: Joseph Marhefka / Manager Contact E-mail: jmarhefka@broward.org Contact Phone: 954-765-4062 Name of Referenced Project: Mosquito Control Supplies Contract No. N2112664Q1 1 Contract Amount: \$939,081,70 Date Services Provided: 11/07/2016-08/07/2017 (list date range or date services began until "current") Vendor's role in Proiect: ☐ 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: Very good customer service Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive b. Accuracy \boxtimes c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Angela Byers

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017

Title: Adminstrative Officer



FLOR	D A				
TO:	Latoya Clark, Purchasing Agent				
	Purchasing Division				
FROM:	Anh Ton, Director				
	Highway and Bridge Maintenance	Division			
SUBJECT:	Solicitation No.: N2114084Q2				
	Mosquito Control Supplies				
Recommende	d Vendor: Adapco, LLC				
	d Group(s)/Line Item(s): Lines 1 th	ru 6			
Initial Award A	mount: \$359,666.50	Potential Total Amount: \$1,078,	999.50		
Initial Contract	:Term: One Year	Contract Term, including Renew	vals: Three Years		
CONCURREN	ICE:				
Mave review	has reviewed Vendor's response(wed all documents including the Ve lation for award to the Vendor.	•			
FINANCIAL B	ACKGROUND/D & B REPORT: (check one)			
TATALON OF THE PARTY OF	ed with the Vendor's financial back ble Provide explanation if choosing		nt performance.		
LITIGATION H	HISTORY: (check one)				
I have revie	ewed the Litigation History Form and ditional information from the Office		ss an issue/concern.		
PAST PERFO	RMANCE: (check all that apply)				
	ed the Vendor's past Performance		and:		
A STATE OF THE STA	eived an overall rating ≥ 2.59 on al				
Harman Alban and an area	ons within the past three years cor	ar and ar area and a second and a second area area.			
	eived a rating ≤ 2.59 on an evaluat eived a score of ≤ 2 on an individua				
	ations are not relevant to the scope		maton.		
☐ No past Performance Evaluations exist in Contracts Central.					
		AND			
□ Reference □	Verification Forms are attached.	0.5			
	Verification Forms are not required 50,000 and the Vendor has a Perfo				
NON-CONCU	RRENCE:				
☐ I do not cor	ncur. Detailed reason for non-conc	urrence is attached.			
TYPED NAME (Individual author	OF SIGNER: Anh Ton, P.E. ized to administer the contract.)	TITLE: Director			

DATE:



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084Q2 Mosquito Control Supplies Reference for: (Name of Firm) Adapco, LLC Organization/Firm Name providing reference: Manatee County MCD Contact Name/Title: Mark Latham / Director Contact E-mail: manateemcd@aol.com Contact Phone: 941-981-3895 Name of Referenced Project: Annual Chemical Bids for Mosquito Control Contract No. Contract Amount: Date Services Provided: 1985 - Present (list date range or date services began until "current") □ Prime Vendor ☐ Sub-consultant/Sub-contractor Vendor's role in Project: Would you use this vendor again? ☐ Yes ☐ No If No, please specify in Additional Comments (below). Description of services provided by Vendor: Adapco Provides mosquito control chemicals based on our annual chemical bid results. They are sole source for Dibrom Concentrate, our primary adulticide used in our helicopters, and will also provide other chemicals (Bti formulations, Altosid formulations, oils, etc) based on our bid awards. We will also buy equipment from them, such as the GeoFlow truck adulticide monitoring systems and the Wingman GS Flight Guidance systems for our helicopters. Please rate your experience with the Improvement Satisfactory **Excellent Not Applicable** referenced Vendor: 1. Vendor's Quality of Service a. Responsive X b. Accuracy X c. Deliverables 2. Vendor's Organization a. Staff expertise \boxtimes b. Professionalism X c. Turnover M 3. Timeliness of: a. Project b. Deliverables \boxtimes Additional Comments: (provide on additional sheet if needed) References Checked By Title: Administrative Coordinator

Name: Christ-El Beauvoir

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084Q2 Mosquito Control Supplies Reference for: (Name of Firm) Adapco, LLC Organization/Firm Name providing reference: HBMD/ Mosquito Control Section Contact Name/Title: Joseph Marhefka / Manager Contact E-mail: jmarhefka@broward.org Contact Phone: 954-765-4062 Name of Referenced Project: Mosquito Control Supplies Contract No. N2112664Q1 2 Contract Amount: \$362,738,50 Date Services Provided: 11/07/2016 - 08/07/2017 (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: Pesticides to suppress mosquitoes Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** Improvement referenced Vendor: 1. Vendor's Quality of Service a. Responsive b. Accuracy c. Deliverables 2. Vendor's Organization a. Staff expertise M b. Professionalism c. Turnover Timeliness of: a. Project X b. Deliverables Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Angela Byers

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017

Title: Administrative Officer



Broward County Solicitation No. and Title: N2114084Q2 Mosquito Control Supplies				
Reference for: (Name of Firm) Adapco,	LLC			
Organization/Firm Name providing refere	ence: Collier Mos	squito Control D	istrict	
Contact Name/Title: Stacy Welch, Direct	tor of Administra	ation		
Contact E-mail: sjwelch@cmcd.org				
Contact Phone: 239-434-4647				
Name of Referenced Project: N/A				
Contract No. N/A				
Contract Amount: N/A				
Date Services Provided: On-going				
(list date ra	nge or date serv	ices began unti	"current")	
Vendor's role in Project: ⊠ Prime Ver	dor 🗆 Sub (consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Ye				onal Comments (below).
		140, piease spe	City in Addition	
Description of services provided by V				and an familian
We utilize Adapco for the purchase of the data in association with mosquito			neir Geopro	system for nandling
line data in association with mosquito	counts, traps,	eic.		
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
referenced Vendor:	Improvement	Catistactory	LACCHETT	Not Applicable
 Vendor's Quality of Service 				
a. Responsive			\boxtimes	
b. Accuracy		\boxtimes		
c. Deliverables		\boxtimes		
2. Vendor's Organization				
 a. Staff expertise 			\boxtimes	
b. Professionalism			\boxtimes	
c. Turnover				\boxtimes
3. Timeliness of:				
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
Additional Comments (amounted an ex-	diti 1 - b 4 i:	f was ded)		
Additional Comments: (provide on ad	ditional sneet i	i needed)		
=				
References Checked By				
Name: Angela Byers		Title: Ac	Iministrative (Officer
Division/Department: Highway and Bridge				1 00 0017



TO: Latoya Clark, Purchasing Agent Purchasing Division FROM: Anh Ton, Director Highway and Bridge Maintenance Division SUBJECT: Solicitation No.: N2114084B1 Mosquito Control Supplies Recommended Vendor: Spring Star, Inc. Recommended Group(s)/Line Item(s): Group 3 Potential Total Amount: \$504,960.00 Initial Award Amount: \$168,320,00 Initial Contract Term: One Year Contract Term, including Renewals: Three 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 Provide explanation if choosing this option 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. \square 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: Anh Ton TITLE: Director (Individual authorized to administer the contract.) 6/20/19 SIGNATURE: DATE:



Broward County Solicitation No. and Title	e: N2114084B1	Mosquito Contr	ol Supplies	
Reference for: (Name of Firm) SpringStar, Inc.				
Organization/Firm Name providing reference: Martin County Mosquito Control				
Contact Name/Title: Stephen Noe/Proje	ct Manager			
Contact E-mail: snoe@martin.fl.us				
Contact Phone: 772-288-5659				
Name of Referenced Project: AGO Trap	os			
Contract No. N/A				
Contract Amount: N/A				
Date Services Provided: N/A				
(list date rai	nge or date serv	ices began until	"current")	
Vendor's role in Project: ⊠ Prime Ven	ndor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? ⊠ Ye				onal Comments (below).
Description of services provided by V				
Purchased about 100 AGO Mosquito 1		a non-chemica	l alternative	in the field to try and
catch Aedes Aegypti.				
Places rate your experience with the	Needs	***************************************		
Please rate your experience with the referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service	p. o voo			
a. Responsive		П	\boxtimes	П
b. Accuracy	H		\boxtimes	
c. Deliverables	H	H	\boxtimes	
2. Vendor's Organization	Ш			
a. Staff expertise			\boxtimes	П
b. Professionalism	H	H	\boxtimes	H
c. Turnover				
3. Timeliness of:				
a. Project			П	\boxtimes
b. Deliverables	H	H	\boxtimes	
2. 2 3 3. 42.33				
Additional Comments: (provide on ad	ditional sheet i	f needed)		· · · · · · · · · · · · · · · · · · ·
Jim Campbell was my sales rep and w			d all my que	stions in a timely
manner.			-	
References Checked By				
Name: Rita Russo				Officer, Senior
Division/Department: Highway and Bridg	ge Maintenance	Date of \	/erification: .	June 20, 2017



Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies				
Reference for: (Name of Firm) SpringStar, Inc.				
Organization/Firm Name providing refere	ence: Center for	Disease Contro	ol	
Contact Name/Title: David Kelley, Contr				
Contact E-mail: VRB7@cdc.gov		· ·		
Contact Phone: 404-271-1333		***		
Name of Referenced Project: Springstar	r AGO Traps			
Contract No. 200-2016-91572				
Contract Amount: \$1,929,600.00				
Date Services Provided: September 20	, 2016 – Deceml	ber 20, 2016		
(list date rai	nge or date servi	ces began unti	"current")	
Vendor's role in Project: ⊠ Prime Ven	udor 🗆 Sub-o	consultant/Sub-	contractor	
Vendor's role in Project: ⊠ Prime Ven Would you use this vendor again? ⊠ Ye				onal Comments (below).
		ivo, picase spe	ony in Addition	mai comments (below).
Description of services provided by V	endor:			
AGO Trap and Replacement Parts				
			CONTRACTOR OF THE PROPERTY OF	
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive			\boxtimes	
b. Accuracy			\boxtimes	П
c. Deliverables		ī	\boxtimes	
2. Vendor's Organization				
a. Staff expertise		\bowtie		
b. Professionalism			\boxtimes	
c. Turnover			\boxtimes	
3. Timeliness of:				
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
Additional Comments: (provide on ad				
My recommendation is to ensure the			o the deliver	ables if directed by an
authorized individual and not an empl	oyee in the field	u.		

References Checked By				
Name: Rita Russo		Title: Ad	ministrative (Officer Senior
Division/Department: Highway and Bridg	e Maintenance			June 20, 2017



Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies					
Reference for: (Name of Firm) SpringSta	r, Inc.				
Organization/Firm Name providing refere	nce: USDA/API	HIS			
Contact Name/Title: Contracting Officer,	Patricia Simon				
Contact E-mail: patricia.m.simon@aphis.	usda.gov				
Contact Phone: 612-336-3460					
Name of Referenced Project: Gypsy Mot	h Vapor Tape S	Supply Contract	(IDIQ)		
Contract No. AG-6395-C-13-0065					
Contract Amount: \$196,531.00 total order		***************************************			
Date Services Provided: Period of perfo		~			
(list date ran	ge or date serv	ices began until	"current")		
Vendor's role in Project: ⊠ Prime Vendor	dor 🗆 Sub-	consultant/Sub-	contractor		
Would you use this vendor again? ⊠ Yes	2000			onal Comments (belo	w).
		Tro, produce ope			
Description of services provided by Ve Fixed price IDIQ contract to supply Gy		or tono II or Kill	Ctrine		
Fixed price ibiQ contract to supply Gy	psy wour vapo	or tape if or Kill	i Suips.		
					18
L					
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable	
referenced Vendor:	Improvement				
Vendor's Quality of Service				_	
a. Responsive			\boxtimes		
b. Accuracy		\boxtimes			
c. Deliverables		\boxtimes			
Vendor's Organization					
a. Staff expertise				\boxtimes	
 b. Professionalism 				\boxtimes	
c. Turnover				\boxtimes	
3. Timeliness of:					
a. Project				\boxtimes	
b. Deliverables		\boxtimes			
	1'4' I - I 4 '	£ 1\			
Additional Comments: (provide on add Great job with communication and pro		353	oro will be s	ny jeeuoe with roas	rd
to delivery.	acuve in lettin	ig us know ii ti	iele will be a	my issues with rege	ı u
to delivery.					
References Checked By					
Name: Rita Russo		Title: Ad	ministrative (Officer, Senior	



то:	Latoya Cl	ark, Purchasing Agent			
FDOM:		ng Division			
FROM:	Anh Ton,				
CUR IECT.		and Bridge Maintenance	Division		
SUBJECT:		n No.: N2114084B1			
	Mosquito	Control Supplies			
	d Group(s)	/Line Item(s): Groups 2			
Initial Award A		The state of the s	Potential Total A		
Initial Contract		ne Year	Contract Term, i	ncluding Renev	vals: Three Years
Mave review	has reviewed has reviewed all doc				and Vendor responsibility. I reful evaluation, I concur with
I am satisfie	ed with the	UND/D & B REPORT: (Vendor's financial back e explanation if choosing	ground and/or rat	ing and payme	nt performance.
	wed the Li	(check one) itigation History Form an ormation from the Office			ss an issue/concern.
		: (check all that apply) dor's past Performance I	Evaluations in Co	entracts Central	and:
∨endor rece	eived an o	verall rating ≥ 2.59 on al	l evaluations.		
		the past three years cor			
		ing ≤ 2.59 on an evaluat ore of ≤ 2 on an individua			
		not relevant to the scope	and the second s	o additional line	imation.
The second secon		Evaluations exist in Con			
5500			AND		
□ Reference \ □	Verification	n Forms are attached.	0.0		
		n Forms are not required d the Vendor has a Perfo			s than \$250,000); Service ast three years.
NON-CONCU	RRENCE:				
☐ I do not cor	ncur. Detai	led reason for non-conc	urrence is attache	ed.	
TYPED NAME	OF SIGN	ER: Anh Ton, P.E.		ΠΤΕ: Director	
(maividual autilor	izeu to aurilli	moter the contract.			
SIGNATURE:	any	12]	DATE:	6/29/17



Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies						
Reference for: (Name of Firm) Adapco,	LLC					
Organization/Firm Name providing refere			istrict			
Contact Name/Title: Stacy Welch / Direct	ctor of Administr	ation				
Contact E-mail: sjwelch@cmcd.org						
Contact Phone: 239-434-4647						
Name of Referenced Project: N/A						
Contract No. N/A						
Contract Amount: N/A						
Date Services Provided: On-going						
(list date ra	nge or date serv	rices began until	"current")			
Vendor's role in Project: ⊠ Prime Ver Would you use this vendor again?⊠ Ye		consultant/Sub- No, please spe		onal Comments (belov	v).	
Description of services provided by V	endor:					
We utilize Adapco for the purchase of			neir GeoPro	system for handling		
the data in association with mosquito	counts, traps,	etc.				
				and the second of the second o		
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable		
 Vendor's Quality of Service 						
a. Responsive			\boxtimes			
b. Accuracy		\boxtimes				
c. Deliverables		\boxtimes				
2. Vendor's Organization						
a. Staff expertise			\boxtimes			
b. Professionalism			\boxtimes			
c. Turnover				\boxtimes		
3. Timeliness of:						
a. Project			\boxtimes			
b. Deliverables			\boxtimes			
[A]	J141 1 - 1	: 				
Additional Comments: (provide on ad	aitional sheet	ir needed)				
References Checked By						
References Checked By Name: Angela Byers		Title: Ad	Iministrative (Officer		



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies

Reference for: (Name of Firm) Adapco, LLC					
Organization/Firm Name providing refere	ence: HBMD/ Mo	squito Control	Section		_
Contact Name/Title: Joseph Marhefka /	Manager				
Contact E-mail: jmarhefka@broward.org					
Contact Phone: 954-765-4062					
Name of Referenced Project: Mosquito	Control Supplies	3			
Contract No. N2112664Q1_2					
Contract Amount: \$362,738.50					
Date Services Provided: 11/07/2016 - 0	8/07/2017				
(list date rai	nge or date serv	ices began unti	"current")		
Vendor's role in Project: ⊠ Prime Ven Would you use this vendor again?⊠ Ye		consultant/Sub- No, please spe		onal Comments (below)	
Description of services provided by V	endor:				
Pesticides to suppress mosquitoes					
Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable	
1. Vendor's Quality of Service					
a. Responsive		\boxtimes			
b. Accuracy			\boxtimes		
c. Deliverables		\boxtimes	\Box	$\overline{\Box}$	
2. Vendor's Organization	_		_	_	
a. Staff expertise			\boxtimes		
b. Professionalism			\boxtimes		
c. Turnover				\boxtimes	
3. Timeliness of:					
a. Project				\boxtimes	
b. Deliverables			\boxtimes		
		20			
Additional Comments: (provide on ad	ditional sheet i	f needed)			
Poforonoos Chacked By					
References Checked By Name: Angela Byers		Title: Ad	ministrative (Officer	
Division/Department: Highway and Bridg	e Maintenance/				
Division Dopartinonia. Thighway and Dhag	, o mantenance		. Jimoudom e		



Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies				
Reference for: (Name of Firm) Adapco, I	LC			
Organization/Firm Name providing reference: Manatee County MCD				
Contact Name/Title: Mark Latham / Dire	ctor			
Contact E-mail: manateemcd@aol.com				
Contact Phone: 941-981-3895		The State of the S		
Name of Referenced Project: Annual Ch	emical Bids for	Mosquito Contr	ol	
Contract No.				
Contract Amount:				
Date Services Provided: 1985 - Presen				
(list date rar	nge or date serv	ices began until	"current")	
Vendor's role in Project: ⊠ Prime Ven	dor 🗆 Sub-	consultant/Sub-	contractor	
Would you use this vendor again? ✓ Ye				onal Comments (below).
		140, piease spe		onal comments (below).
Description of services provided by V				!-!!4
Adapco Provides mosquito control ch They are sole source for Dibrom Cond				
also provide other chemicals (Bti form				
awards.	idiations, Aitos		3, 0113, 010)	basea on our bla
We will also buy equipment from them	, such as the C	SeoFlow truck	adulticide n	nonitoring systems and
the Wingman GS Flight Guidance syst				
Please rate your experience with the	Needs			
referenced Vendor:	Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive		П	\boxtimes	
b. Accuracy	\Box	ī	\boxtimes	П
c. Deliverables	H	Ä	\boxtimes	ī
2. Vendor's Organization			_	
a. Staff expertise			\boxtimes	
b. Professionalism		\Box	\boxtimes	
c. Turnover			\boxtimes	
3. Timeliness of:				
a. Project				
b. Deliverables			\boxtimes	
Additional Comments: (provide on ad	ditional sheet i	f needed)		
Poteronous Charked By				
References Checked By Name: Christ-El Beauvoir		Title: Ad	ministrative	Coordinator
Division/Department: Highway and Bridg	e Maintenance/			



TO:	Latoya Clark, Purchasing Agent		
	Purchasing Division		
FROM:	Anh Ton, Director		
	Highway and Bridge Maintenance	Division	
SUBJECT:	Solicitation No.: N2114084B1		
	Mosquito Control Supplies		
Recommende	d Vendor: Univar USA, Inc.		
Recommende	d Group(s)/Line Item(s): Group 1		
Initial Award A	mount: \$608,150.00	Potential Total Amount: \$1,824	1,450.00
Initial Contract	t Term: One Year	Contract Term, including Rene	wals: Three Years
CONCURREN	ICE:		
	has reviewed Vendor's response		
	ved all documents including the Ve dation for award to the Vendor.	endor Questionnaire and after ca	areful evaluation, I concur with
	SACKGROUND/D & B REPORT: (
The state of the s	ed with the Vendor's financial back ble Provide explanation if choosing		ent performance.
		g triis option	
	HISTORY: (check one)		
	ewed the Litigation History Form ar ditional information from the Office		ess an issue/concern
1. The state of th		of the County Attorney to addre	an issue/concern.
	PRMANCE: (check all that apply) ed the Vendor's past Performance	Evaluations in Contracts Centra	l and:
	eived an overall rating ≥ 2.59 on al		
180000 to 100 to 100	ons within the past three years cor		of 2 or less.
☐ Vendor rec	eived a rating ≤ 2.59 on an evaluat	tion(s). Refer to additional inforn	nation.
	eived a score of ≤ 2 on an individu		ormation.
	ations are not relevant to the scope		
⊠ No past Pe	rformance Evaluations exist in Cor	ntracts Central. AND	
⊠ Reference	Verification Forms are attached.	AND	
Z reservine	vermeater remie are attached.	OR	
	Verification Forms are not required		
☐ less than \$	50,000 and the Vendor has a Perfo	ormance Evaluation within the p	ast three years.
NON-CONCU			
☐ I do not cor	ncur. Detailed reason for non-conc		
TYPED NAME	OF SIGNER: Anh Ton, P.E rized to administer the contract.)	TITLE: Director	
(marriadar adirio)	- Contraction and contraction		
	0.1.1		2/5/12
SIGNATURE:	W 2	DATE:	7/5/17



Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies				
Reference for: (Name of Firm) Univar USA, Inc.				
Organization/Firm Name providing reference: Orange County government's Mosquito Control Division				
Contact Name/Title: Kelly Deutsch / Manager Contact E-mail: kelly.Deutsch@ocfl.net				
Contact Phone: 407-254-1949				
Name of Referenced Project: Mosquito Control Insecticides				
Contract No. Y13-1043C				
Contract Amount: \$116,284.75				
Date Services Provided: Ongoing term contract began on July 22, 2013, shall be renewed on July 22, 2017				
(list date range or date services began until "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:				
Supplier of mosquito control pesticide				
Supplier of interquite control production				
Please rate your experience with the	Needs	Satisfactory	Excellent	Not Applicable
referenced Vendor:	Improvement	,,		
Vendor's Quality of Service				Series and
a. Responsive			\boxtimes	
b. Accuracy			\boxtimes	
c. Deliverables			\boxtimes	
2. Vendor's Organization				
a. Staff expertise			\boxtimes	
b. Professionalism			\boxtimes	
c. Turnover				\boxtimes
3. Timeliness of:				
a. Project			\boxtimes	
b. Deliverables			\boxtimes	
Additional Comments: (provide on additional sheet if needed)				
Deferences Charles I Div				
References Checked By Name: Christ_El Beauvoir Title: Administrative Coordinator				
Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017				
Division/Department. Highway and bridge Maintenance/Fub Date of Vermication. June 20, 2017				



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies Reference for: (Name of Firm) Univar USA, Inc. Organization/Firm Name providing reference: Polk County Mosquito Control Contact Name/Title: Carl K. Boohene / Director Contact E-mail: carlboohene@polk-county.net Contact Phone: 863-534-7377 Name of Referenced Project: Contract No. Bid 15-219C Contract Amount: \$162,870.70 Date Services Provided: FY 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: Sales and deliveries of chemicals and insecticides. Please rate your experience with the Needs **Excellent Not Applicable** Satisfactory referenced Vendor: Improvement 1. Vendor's Quality of Service a. Responsive \boxtimes b. Accuracy \boxtimes c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables Additional Comments: (provide on additional sheet if needed) This vendor have operated in a professional manner with us; our orders are delivered on time and we have not encountered any problems with them so far. We are pleased with quality of service and products they provide. References Checked By Title: Administrative Coordinator

Name: Christ-El Beauvoir

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017



Vendor Reference Verification Form Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies Reference for: (Name of Firm) Univar USA, Inc. Organization/Firm Name providing reference: Pasco County Mosquito Control District Contact Name/Title: Dennis Moore / Director Contact E-mail: dmoore@pascomosquito.org Contact Phone: 727-376-4568 Name of Referenced Project: Kontrol 3030 Adulticide Contract No. N/A Contract Amount: N/A Date Services Provided: Ongoing (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: 'Univar provide us with Kontrol 3030 for adulticide on an as needed basis". Please rate your experience with the Needs Satisfactory **Excellent Not Applicable** referenced Vendor: Improvement 1. Vendor's Quality of Service X a. Responsive b. Accuracy X c. Deliverables 2. Vendor's Organization a. Staff expertise b. Professionalism c. Turnover 3. Timeliness of: a. Project b. Deliverables \times Additional Comments: (provide on additional sheet if needed)

References Checked By Name: Angela Byers

Division/Department: Highway and Bridge Maintenance/Public Date of Verification: July 05, 2017

Title: Administrative Officer