



TO: Latoya Clark, Purchasing Agent
Purchasing Division
FROM: Anh Ton, Director
Highway and Bridge Maintenance Division
SUBJECT: Solicitation No.: N2114084Q1
Mosquito Control Supplies

Recommended Vendor: Clarke Mosquito Control Products, Inc.
Recommended Group(s)/Line Item(s): Lines 1 thru 17
Initial Award Amount: \$2,720,855.75 Potential Total Amount: \$8,162,567.25
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.
 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, P.E. TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE:  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.
 Organization/Firm Name providing reference: Citrus County Mosquito Control
 Contact Name/Title: George Deskins / Director
 Contact E-mail: Gdeskins@citrusmosquito.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 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:
Chemical supplier and technical support

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)

References Checked By
 Name: Angela Byers Title: Administrative Officer
 Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017



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")

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:
 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 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 type="checkbox"/>	<input checked="" 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)
 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 Title: Administrative Officer
 Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 26, 2017



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 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:
 Very good customer service

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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Angela Byers Title: Administrative Officer
 Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017



TO: Latoya Clark, Purchasing Agent
Purchasing Division
FROM: Anh Ton, Director
Highway and Bridge Maintenance Division
SUBJECT: Solicitation No.: N2114084Q2
Mosquito Control Supplies

Recommended Vendor: Adapco, LLC
Recommended Group(s)/Line Item(s): Lines 1 thru 6
Initial Award Amount: \$359,666.50 Potential Total Amount: \$1,078,999.50
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.
 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.

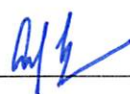
OR

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, P.E. TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 6/09/17



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")

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:
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 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 type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Christ-El Beauvoir Title: Administrative Coordinator
 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

References Checked By

Name: Angela Byers

Title: Administrative Officer

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: Collier Mosquito Control District

Contact Name/Title: Stacy Welch, Director of Administration

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 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:

We utilize Adapco for the purchase of chemicals and we also use their GeoPro system for handling the data in association with mosquito counts, traps, etc.

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 checked="" 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 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 type="checkbox"/>	<input checked="" 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)

References Checked By

Name: Angela Byers

Title: Administrative Officer

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



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
Initial Award Amount: \$168,320.00 Potential Total Amount: \$504,960.00
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.
- 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
(Individual authorized to administer the contract.)

TITLE: Director

SIGNATURE:

DATE: 6/20/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies

Reference for: (Name of Firm) SpringStar, Inc.

Organization/Firm Name providing reference: Martin County Mosquito Control

Contact Name/Title: Stephen Noe/Project Manager

Contact E-mail: snoe@martin.fl.us

Contact Phone: 772-288-5659

Name of Referenced Project: AGO Traps

Contract No. N/A

Contract Amount: N/A

Date Services Provided: N/A

(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:

Purchased about 100 AGO Mosquito traps to use as a non-chemical alternative in the field to try and catch Aedes Aegypti.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

Jim Campbell was my sales rep and was very helpful. He answered all my questions in a timely manner.

References Checked By

Name: Rita Russo

Division/Department: Highway and Bridge Maintenance

Title: Administrative Officer, Senior

Date of Verification: June 20, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies

Reference for: (Name of Firm) SpringStar, Inc.

Organization/Firm Name providing reference: Center for Disease Control

Contact Name/Title: David Kelley, Contracting Officer

Contact E-mail: VRB7@cdc.gov

Contact Phone: 404-271-1333

Name of Referenced Project: Springstar AGO Traps

Contract No. 200-2016-91572

Contract Amount: \$1,929,600.00

Date Services Provided: September 20, 2016 – December 20, 2016

(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:

AGO Trap and Replacement Parts

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

My recommendation is to ensure the vendor only makes changes to the deliverables if directed by an authorized individual and not an employee in the field.

References Checked By

Name: Rita Russo

Division/Department: Highway and Bridge Maintenance

Title: Administrative Officer Senior

Date of Verification: June 20, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: N2114084B1 Mosquito Control Supplies

Reference for: (Name of Firm) SpringStar, Inc.

Organization/Firm Name providing reference: USDA/APHIS

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 Moth Vapor Tape Supply Contract (IDIQ)

Contract No. AG-6395-C-13-0065

Contract Amount: \$196,531.00 total orders issued

Date Services Provided: Period of performance 04/2013-3/2018

(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:

Fixed price IDIQ contract to supply Gypsy Moth Vapor tape II or Kill Strips.

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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

Great job with communication and proactive in letting us know if there will be any issues with regard to delivery.

References Checked By

Name: Rita Russo

Title: Administrative Officer, Senior

Division/Department: Highway and Bridge Maintenance

Date of Verification: June 20, 2017



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: Adapco, LLC
Recommended Group(s)/Line Item(s): Groups 2 and 4
Initial Award Amount: \$24,603.50 Potential Total Amount: \$73,815.05
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.
 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, P.E. TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 6/29/17



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 reference: Collier Mosquito Control District

Contact Name/Title: Stacy Welch / Director of Administration

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 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:
 We utilize Adapco for the purchase of chemicals and we also use their GeoPro system for handling the data in association with mosquito counts, traps, etc.

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 checked="" 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 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 type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Angela Byers Title: Administrative Officer

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) 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Angela Byers Title: Administrative Officer
 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) 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")

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:
 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 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 type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Christ-El Beauvoir Title: Administrative Coordinator
 Division/Department: Highway and Bridge Maintenance/Public Date of Verification: June 28, 2017



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: Univar USA, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$608,150.00 Potential Total Amount: \$1,824,450.00
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.
 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, P.E TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 7/5/17



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: 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")

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 pesticides.

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 type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Christ_El Beauvoir Title: Administrative Coordinator
 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: 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 referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

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
Name: Christ-El Beauvoir

Title: Administrative Coordinator

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

References Checked By
 Name: Angela Byers Title: Administrative Officer
 Division/Department: Highway and Bridge Maintenance/Public Date of Verification: July 05, 2017