



TO: Angela Brown, Purchasing Agent
Purchasing Division
FROM: Richard Waskiewicz, Enterprise Director of Facilities/Maintenance
Aviation Department
SUBJECT: Solicitation No.: Z2114660B2
Regulated Garbage Disposal

RAW
Digitally signed by
Richard Waskiewicz
Date: 2017.07.13
16:50:43 -04'00'

Recommended Vendor: Stericycle, Inc.
Recommended Group(s)/Line Item(s): 1-2
Initial Award Amount: \$195,000.00 Potential Total Amount: \$585,000.00
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 for this solicitation

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: Meoshi Jackson
(Individual authorized to administer the contract.)

TITLE: Contract/Grant Administrator

SIGNATURE: *Meoshi Jackson*

Digitally signed by Meoshi
Jackson-Graves
Date: 2017.07.12 15:13:15 -04'00'

DATE: July 12, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2114660B2, Regulated Garbage Disposal

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

Organization/Firm Name providing reference: ACGI Shipping

Contact Name/Title: Seth Penzell, General Manager

Contact E-mail: spenzell@acgishipping.com

Contact Phone: 562-491-5361

Name of Referenced Project: Waste Services

Contract No.

Contract Amount: Approximately \$300,000/year

Date Services Provided: July 2011 - 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:

Waste Services

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

Additional Comments: (provide on additional sheet if needed)

Good responsible vendor.

References Checked By
Name: Meoshi Jackson Title: Contract/Grant Administrator

Division/Department: Maintenance Division/Aviation Dept Date of Verification: July 12, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2114660B2, Regulated Garbage Disposal

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

Organization/Firm Name providing reference: Royal Caribbean Cruises Ltd.

Contact Name/Title: Miguel Mayoliz, Commodity Manager - Environmental Services

Contact E-mail: mmayoliz@rccl.com

Contact Phone: 954-517-6714

Name of Referenced Project: Waste Services

Contract No.

Contract Amount: Approximately \$1,000,000

Date Services Provided: October 2011 - 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:
Waste Services

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)
Stericycle has been a vendor of ours for over a decade. They have provided our business great service and we continue to use their service now.

References Checked By
 Name: Meoshi Jackson Title: Contract/Grant Administrator
 Division/Department: Maintenance Division/Aviation Dept Date of Verification: July 11, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: Z2114660B2, Regulated Garbage Disposal
 Reference for: (Name of Firm) Stericycle, Inc.
 Organization/Firm Name providing reference: Greater Orlando Aviation Authority
 Contact Name/Title: Eddie Carrick, Supervisor of Waste Management
 Contact E-mail: ecarrick@goaa.org
 Contact Phone: 407-766-5028
 Name of Referenced Project: Waste Services
 Contract No.
 Contract Amount: \$42,000/month
 Date Services Provided: August 2013 - 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:
Regulated Garbage - Airport waste

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)
No comment.

References Checked By
 Name: Meoshi Jackson Title: Contract/Grant Administrator
 Division/Department: Maintenance Division/Aviation Dept Date of Verification: July 11, 2017