



**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Howard Wright, Assistant Division Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8) [FMD (Groups 3-5)]

Recommended Vendor: Weed-A-Way, Inc. (Primary)  
Recommended Group(s)/Line Item(s): Groups 3-5  
Initial Award Amount: \$621,915.99 Potential Total Amount: \$1,865,747.97  
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  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  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: Howard Wright  
(Individual authorized to administer the contract.)

Assistant Division Director, Facilities  
TITLE: Management Division

SIGNATURE:

DATE:

4/6/18



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)  
[FMD (Groups 3-5)]

Reference for: (Name of Firm) Weed-A-Way, Inc. (Primary - Groups 3-5)  
 Organization/Firm Name providing reference: CITY OF HOLLYWOOD (PUBLIC WORKS)  
 Contact Name/Title: XAVIER LEAL/Contract Compliance Coordinator  
 Contact E-mail: xleal@hollywoodfl.org  
 Contact Phone: 954-967-4526  
 Name of Referenced Project: GROUND MAINTENANCE - OPEN MARKET  
 Contract No. F-4400-14-RD  
 Contract Amount: \$45,000 Annual  
 Date Services Provided: July 2014 - 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:**  
 Zone 5 and 5A - 6 sites / 950,903 square feet

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

**Additional Comments: (provide on additional sheet if needed)**

References Checked By  
 Name: Robin Swanson Title: Contract Grant Administrator  
 Division/Department: Facilities Management Division Date of Verification: March 28, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)  
[FMD (Groups 3-5)]

Reference for: (Name of Firm) Weed-A-Way, Inc. (Primary - Groups 3-5)  
 Organization/Firm Name providing reference: MIAMI DADE COUNTY PARKS, RECREATION AND OPEN SPACES  
 Contact Name/Title: Alfredo Rivero, Landscape Maintenance Inspector 2  
 Contact E-mail: alfredo.rivero@miamidade.gov  
 Contact Phone: 305-270-1791  
 Name of Referenced Project: Parks, Open Spaces and Right-of-Way grounds maintenance  
 Contract No. 7634-4/09  
 Contract Amount: \$300,000  
 Date Services Provided: 2012 - January 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:**  
 140 sites / 522,720 square feet

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

**Additional Comments: (provide on additional sheet if needed)**  
 This company has perform well during the contract period with Miami Dade County.

References Checked By  
 Name: Robin Swanson Title: Contract Grant Administrator  
 Division/Department: Facilities Management Division Date of Verification: April 04, 2018





**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)  
[FMD (Groups 3-5)]

Reference for: (Name of Firm) Weed-A-Way, Inc. (Primary - Groups 3-5)

Organization/Firm Name providing reference: MIAMI DADE COUNTY PUBLIC HOUSING AGENCY

Contact Name/Title: Jabrina Johnson

Contact E-mail: jabrina.johnson@miamidade.gov

Contact Phone: 305-232-2421

Name of Referenced Project: LANDSCAPING AND BEAUTIFICATION SERVICE FOR PROPERTIES

Contract No. 6869-0/14

Contract Amount: \$180,000.00

Date Services Provided: January 2013 - January 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:**

tree trimming, landscaping and property beautification  
7 sites / 709,000 square feet

**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)**

References Checked By

Name: Robin Swanson

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: March 28, 2018



**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Howard Wright, Assistant Division Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8) [FMD (Groups 3-5)]

Recommended Vendor: MCT Service, LLC (Secondary)  
Recommended Group(s)/Line Item(s): Group 3-5  
Initial Award Amount: \$588,958.23 Potential Total Amount: \$1,766,874.69  
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 D&B report not available

**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  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  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.

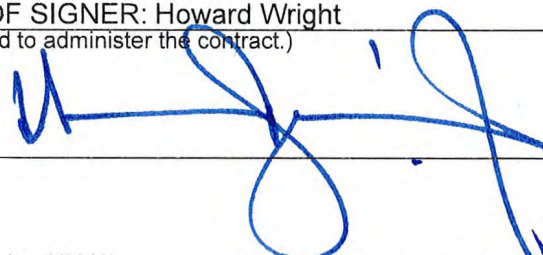
**OR**

- 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: Howard Wright TITLE: Assistant Division Director, Facilities Management Division  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 4/6/18



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) MCT Service, LLC (Secondary - Groups 3-5)  
 Organization/Firm Name providing reference: Bannerman Landscaping  
 Contact Name/Title: Paul Bannerman  
 Contact E-mail: pbannerman53@bellsouth.net  
 Contact Phone: 786-262-7455  
 Name of Referenced Project: Highway Construction ROW Mowing  
 Contract No.  
 Contract Amount: \$193,000.00 Annual  
 Date Services Provided: January 2015-January 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:**  
**Vendor mowed approximately 700,000 - 800,000 square feet. Also provided service for litter removal.**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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)**  
**Professional. Good communication - especially when weather delay.**

References Checked By  
 Name: Robin Swanson Title: Contract Grant Administrator  
 Division/Department: Facilities Management Division Date of Verification: March 28, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) MCT Service, LLC (Secondary - Groups 3-5)

Organization/Firm Name providing reference: Miami-Dade Water & Sewer Department

Contact Name/Title: Jose Martin

Contact E-mail: jmart@miamidade.gov

Contact Phone: 786-552-8569/ 786-236-7065 cell

Name of Referenced Project: Tree Services & Landscaping

Contract No. 1298-1/21

Contract Amount: \$4,800.00-\$56,000.00

Date Services Provided: January 2012-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:**  
 Tree removal services  
 Tree trimming & pruning  
 Brush and land clearing  
 Tree planting and transplanting

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
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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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**

References Checked By Name: Candace Jensen	Title: Contract Grant Administrator Senior
Division/Department: Facilities Management Division	Date of Verification: March 15, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [WWS (Groups 6-8)]

Reference for: (Name of Firm) MCT Service, LLC (Secondary Groups 7-8)

Organization/Firm Name providing reference: Thomas Maintenance Service Center/Miami-Dade RAAM Division

Contact Name/Title: Marcos Meza / Office Manager

Contact E-mail:

Contact Phone: 305-607-5364

Name of Referenced Project: Lawn Services

Contract No.

Contract Amount: \$521,000 / Annually

Date Services Provided: 8/2013 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:**  
Vendor provides lawn mowing services for 10 to 11 sites

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 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 checked="" type="checkbox"/>	<input 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)**  
 1. How would you rate their overall performance? Very Good  
 2. How well did they do following a schedule? Very prompt and on-time.  
 3. Were there issues/concerns with equipment utilized by the Vendor? No issues with equipment.  
 4. Were there issues/concerns with the number of staff available to perform the work? No issues on available staff to perform the work.

References Checked By  
 Name: Robin Swanson Title: Contract Grant Administrator  
 Division/Department: Facilities Management Division Date of Verification: March 19, 2018





**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Howard Wright, Assistant Division Director  
Facilities Management Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8) [FMD (Groups 3-5)]

Recommended Vendor: Jed Lawn Services (Tertiary)  
Recommended Group(s)/Line Item(s): Group 3  
Initial Award Amount: \$213,380.15 Potential Total Amount: \$640,140.45  
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  $\geq 2.59$  on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.
- Vendor received a score of  $\leq 2$  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.

Assistant Division Director, Facilities

TYPED NAME OF SIGNER: Howard Wright  
(Individual authorized to administer the contract.)

TITLE: Management Division

SIGNATURE:

DATE:

4/6/18



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) Jed Lawn Services (Tertiary - Group 3)

Organization/Firm Name providing reference: Miami Dade Schools - Ponce De Leon Middle School

Contact Name/Title: Mr. Yader/ Assistant Vice Principal

Contact E-mail: lacayoy@dadeschools.net

Contact Phone: 305-216-8033

Name of Referenced Project: Lawn Maintenance

Contract No.

Contract Amount: \$11,000 Annual

Date Services Provided: 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 mowing, trimming, edging, weeding and trash removal services for approximately 522,720 square feet (12 acres) at school.

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: Robin Swanson

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: April 05, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) Jed Lawn Services (Tertiary - Group 3)

Organization/Firm Name providing reference: Miami-Dade Schools - West Miami Middle School

Contact Name/Title: Ms. Martin, Principal

Contact E-mail: martink@dadeschools.net

Contact Phone: 786-768-5601

Name of Referenced Project: Lawn Maintenance

Contract No.

Contract Amount: \$11,000 Annual

Date Services Provided: June 2017-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:**  
**Wonderful vendor who we have been working with for 3 - 4 years with no issues. Services are provided on the weekend. Reliable, good service. Approximately 348,480 - 522,720 (8 - 12 acres).**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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: Robin Swanson Title: Contract Grant Administrator  
 Division/Department: Facilities Management Division Date of Verification: April 05, 2018



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) Jed Lawn Services (Tertiary - Group 3)

Organization/Firm Name providing reference: Kern Estate

Contact Name/Title: Mr. Steven Brown, Property Manager

Contact E-mail: steven@smbrowncpa.com

Contact Phone: 305-793-5169

Name of Referenced Project: Lawn Maintenance

Contract No.

Contract Amount: approximately \$7,500 Annual

Date Services Provided: 2010 to 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:**

Lawn maintenance services provided on 1/2 acre private estate.

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

**Additional Comments: (provide on additional sheet if needed)**

References Checked By

Name: Robin Swanson

Title: Contract Grant Administrator

Division/Department: Facilities Management Division

Date of Verification: April 05, 2018





**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Group 3-8) [FMD (Groups 3-5)]

Reference for: (Name of Firm) Jed Lawn Services (Tertiary - Group 3)

Organization/Firm Name providing reference: George Howard

Contact Name/Title: George Howard/ Owner

Contact E-mail:

Contact Phone: 954-608-2807

Name of Referenced Project: Lawn maintenance various development sites

Contract No.

Contract Amount: \$23,000 Annual

Date Services Provided: January 2016-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:**

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

References Checked By  
Name: Candace Jensen Title: Contract Grant Administrator Senior  
Division/Department: Facilities Management Division Date of Verification: March 16, 2018