



**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Jonathan K. Allen, Division Director  
Water and Wastewater Business Operations Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

Recommended Vendor: Weed-a-Way, Inc. (Primary)  
Recommended Group(s)/Line Item(s): Group 6  
Initial Award Amount: \$219,844.57 Potential Total Amount: \$659,533.71  
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 Not required for this Requisition

**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: Nadja Horton TITLE: Facilities & Grounds Manager

SIGNATURE:  DATE: April 16, 2018

Page 2 of 2  
Concurrence: Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

TYPED NAME OF SIGNER: Jonathan K. Allen TITLE: Division Director

SIGNATURE:  DATE: 4/16/18

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. TITLE: Agency Director  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 4/16/18



Public Works Department

**WATER AND WASTEWATER SERVICES / Business Operations Division**

2555 West Copans Road • Pompano Beach Florida 33069 • PHONE: 954-831-0991

**MEMORANDUM**

DATE: April 16, 2018

TO: Jeannette Ferrell, Purchasing Agent  
Purchasing Division

THRU: Jonathan K. Allen, Director *JA*  
Water and Wastewater Business Operations Division

FROM: Nadja Horton, Facilities and Grounds Maintenance Manager *NH*  
Water and Wastewater Business Operations Division

SUBJECT: Solicitation No. BLD2115552B1  
Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

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Facilities and Grounds Maintenance Section of the WWS Business Operations Division concurs with the recommended vendor Weed-a-Way, Inc. based on additional information provided by Vendor during a scheduled site visit on 3/29/18.

During the site visit, the following was noted:

- Weed-a-Way will have to purchase additional equipment and hire additional staff to be able to provide services under this Contract; however, Vendor stated he will do that once award of the Contract is confirmed.
- WWS staff went over aerial views of the locations under this Contract with the Vendor. These aerial views were provided in the solicitation. Vendor confirmed he is aware of the size of the scope of services to be provided.

Weed-a-Way has assured WWS staff that they will have enough equipment and staff to provide the services required under this Contract.

If you have any questions, please contact Nadja Horton at (954) 831-0792.



**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) Weed-A-Way, Inc. (Primary - Group 6)

Organization/Firm Name providing reference: City of Hollywood Code Enforcement

Contact Name/Title: Xavier Leal / Contract Compliance Coordinator

Contact E-mail: xleal@hollywoodfl.org

Contact Phone: 954-967-4526

Name of Referenced Project:

Contract No.

Contract Amount: \$140,000 / Annual

Date Services Provided: 1/2010 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 and minimum tree trimming services.**

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 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"/>
<b>2. Vendor's Organization</b>				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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? **Satisfactory**

2. How well did they do following a schedule? **Majority of the time meet schedule, but tend fall behind during the reavy seasonal time (e.g. rainy season).**

3. Were there issues/concerns with equipment utilized by the Vendor? **No issues.**

4. Were there issues/concerns with the number of staff available to perform the work? **Have concerns of having enough staff to handle the work load during the heavy seasonal time (e.g. rainy season).**

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 22, 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) Weed-A-Way, Inc. (Primary - Group 6)

Organization/Firm Name providing reference: City of Hallandale Beach

Contact Name/Title: Amber Cox / Administrative Assistant

Contact E-mail: acox@cohb.org

Contact Phone: 954-457-1390

Name of Referenced Project: Lot Maintenance Service

Contract No.

Contract Amount: \$20,000 / Annually

Date Services Provided: 10/2016 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 service and debris removal/disposal 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 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)**  
 1. How would you rate their overall performance? Excellent  
 2. How well did they do following a schedule? Follow schedule, very responsive.  
 3. Were there issues/concerns with equipment utilized by the Vendor? No issues with equipment used.  
 4. Were there issues/concerns with the number of staff available to perform the work? No issues with number of available staff to perform the work.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 21, 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) Weed-A-Way, Inc. (Primary - Group 6)  
 Organization/Firm Name providing reference: City of Hollywood  
 Contact Name/Title: Clay Milan / Community Development Manager  
 Contact E-mail: cmilan@hollywoodfl.org  
 Contact Phone: 954-921-3271  
 Name of Referenced Project:  
 Contract No.  
 Contract Amount: \$16,000 / Annually  
 Date Services Provided: 1/2013 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 service, debris removal (including tires), and tree/hedge trimming 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 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 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)**  
 1. How would you rate their overall performance? Very Good.  
 2. How well did they do following a schedule? Very prompt, meets required scheduled times.  
 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 with the number of staff.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 19, 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) Weed-A-Way, Inc. (Primary - Group 6)  
 Organization/Firm Name providing reference: Miami Dade County Parks and Recreations  
 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: Road Side Lawn Maintenance  
 Contract No.  
 Contract Amount: \$300,000  
 Date Services Provided: 10/2011 until 9/2015  
 (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:**  
 Provide lawn maintenance along road sides, that included mowing, edging, and trimming. Covered approximately 72 acres.

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 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? Satisfactory  
 2. How well did they do following a schedule? Satisfactory  
 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 with available staff.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 27, 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) Weed-A-Way, Inc. (Primary - Group 6)  
 Organization/Firm Name providing reference: City of Miami Gardens  
 Contact Name/Title: Frank Johnson / Operations Manager - Public Works  
 Contact E-mail: FJOHNSON@MIAMIGARDENS-FL.GOV  
 Contact Phone: 786-279-1266  
 Name of Referenced Project: CANAL RIGHT-OF-WAYLANDSCAPE MAINTENANCE  
 Contract No.  
 Contract Amount: Information was not available  
 Date Services Provided: 5/2017 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:**  
**Clearing, mowing, edging, and trimming canal areas within the City of Miami Gardens. Approximately 60 acres.**

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 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? Satisfactory  
 2. How well did they do following a schedule? Follows schedule very well.  
 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 with available staff.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 27, 2018



Commodity OE Contract: N1364405Q1 - Bus Shelter Trash and Litter  
Removal Services  
Prime Vendor: WEED-A-WAY

CA:Tim  
Garling

**Renewal Commodity Evaluation - Status: Approved**

Start Dt: 8/31/2015 End Dt: 11/6/2015

Evaluation Score: 4.00

**WEED-A-WAY Is RECOMMENDED For Future Contracts**

Remarks: **Good Contractor, Responsive and responsible**

Rated By: **R. Viola On 11/6/2015**

Reviewed By: **R. Viola On 11/6/2015**

**Numerical Score : 4**

Quality	Category Average: 4.25
How responsive was the vendor to notification of an unauthorized substitution?	5
How close did the delivered product(s) or software perform to expectations?	4
How accurate and timely were any necessary repairs or reconfigurations?	4
How timely were necessary parts or software made available?	N/A
How appropriate were any vendor recommended repairs or upgrades?	N/A
How efficient and timely were product/software installations and training completed?	N/A
How complete and timely did the vendor submit warranties, manuals, etc.?	N/A
How well did the vendor performance meet agreement expectations?	4
<b>Comments:</b>	

Quantity	Category Average: 4
How well did the amount of product shipped match the amount ordered?	N/A
How fast were partial deliveries or non-deliveries satisfied?	4
If there were backorders, how accurate where estimates of delivery times?	N/A
How accurate was the weight of the item received as compared to the weight listed on the invoice?	N/A
How accurate was the paperwork in the shipment?	N/A
How accurate were the licensing estimates for the software installation(s)?	N/A
<b>Comments:</b>	

<b>Delivery</b>	<b>Category Average: 4</b>
How timely was the complete order received, based on industry standards?	4
How well was the shipment protected against damage or loss?	N/A
How responsive was the vendor to notice of damaged goods?	N/A
How proactive was the vendor response to replacing damaged goods?	N/A
How cooperative was the vendor in making the delivery at a satisfactory time?	4
How accurate were the prices quoted to the invoiced price?	4
How accurate were the documents provided at closeout, e.g. packing slips, invoices, technical manuals, etc. regarding the correct material codes and purchase order numbers?	N/A
How accurate was the method of delivery?	N/A
How correct was the delivery location?	4
How visible were the required inspection stamps?	N/A
How well did the vendor manage delivery of the product and/or service?	N/A
How accurately were close-out procedures followed?	N/A
<b>Comments:</b>	

<b>Customer Service</b>	<b>Category Average: 3.71</b>
How knowledgeable was the vendor regarding the requested product and/or service?	4
How timely were requests for information, proposals and quotes answered?	3
How prompt were County staff communications returned or responded to?	4
How proactive was the vendor in addressing County staff problems or concerns regarding the product or service?	4
How courteous/professional was the vendor in dealing with the County, Sub-vendors, County Tenants/Customers?	4
How sensitive/responsive was the vendor to working around County operational needs?	4
How consistent and clear were the vendor communications with County staff?	3
<b>Comments:</b>	

<b>Support</b>	<b>Category Average: 4.2</b>
How close was the level of vendor technical expertise to what was needed to support the product or service?	4
How appropriate was the contact information provided by the vendor for questions?	4
How well did the vendor respond to additional questions regarding the product or service?	4
How timely was the vendor response compared to the contract requirements?	5
How clear was the vendor information regarding the warranty or replacement policy?	N/A
How well did the vendor respond to warranty service requests?	N/A
How timely were repairs completed?	N/A

How well did the vendor coordinate any sub vendors?	N/A
How responsive and competent were vendor representatives?	4
<b>Comments:</b>	

<b>Emergency Procurement</b>	<b>Category Average: 4</b>
How responsive was the vendor to providing after hours contact information?	4
How clear was the vendor regarding the local warehousing and availability of products in the event of an emergency?	N/A
How proactive was the vendor in providing emergency support for repair or replacement of a failed or unusable commodity?	N/A
How accessible was the vendor before, during and after the emergency?	N/A
How willing was the vendor to provide support services?	4
How cooperative was the vendor in demonstrating extra effort to meet County staff requirements in the emergency?	4
<b>Comments:</b>	



**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Jonathan K. Allen, Division Director  
Water and Wastewater Business Operations Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

Recommended Vendor: Superior Landscaping & Lawn Service (Secondary)  
Recommended Group(s)/Line Item(s): Group 6  
Initial Award Amount: \$302,287.20 Potential Total Amount: \$906,861.60  
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 Not required for this Requisition

**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.

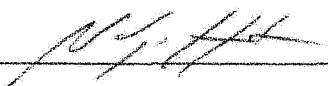
**OR**

- 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: Nadja Horton TITLE: Facilities & Grounds Manager

SIGNATURE:  DATE: April 16, 2018

Page 2 of 2

Concurrence: Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Division Director

SIGNATURE: 

DATE: 4/16/18

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.  
(Individual authorized to administer the contract.)



TITLE: Agency Director

4/16/18

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**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) Superior Landscaping & Lawn Service, Inc. (Secondary - Group 6)  
 Organization/Firm Name providing reference: City of Hollywood - Code Enforcement  
 Contact Name/Title: Xavier Leal / Contract Compliance Coordinator  
 Contact E-mail: xleal@hollywoodfl.org  
 Contact Phone: 954-967-4526  
 Name of Referenced Project:  
 Contract No.  
 Contract Amount: \$250,000 / Annual  
 Date Services Provided: 1/2014 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, hedge trimming, edging, weed control and minimum tree trimming.

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)**  
 1. How would you rate their overall performance? Excellent  
 2. How well did they do following a schedule? Follow the schedule very well. Very responsive.  
 3. Were there issues/concerns with equipment utilized by the Vendor? No issue with equipment used.  
 4. Were there issues/concerns with the number of staff available to perform the work? No issue with number of staff available to perform the work.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 20, 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) Superior Landscaping & Lawn Service, Inc. (Secondary - Group 6)

Organization/Firm Name providing reference: City of Bonita Springs

Contact Name/Title: Joel Langaney / Project Manager

Contact E-mail: joel.langaney@cityofbonitasprings.org

Contact Phone: 239-478-4614

Name of Referenced Project: Landscaping and Irrigation with 1 Year Maintenance

Contract No.

Contract Amount: \$561,000 / Annually

Date Services Provided: 1/2011 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 currently has multiple contracts with the City of Bonita Springs. Services for landscaping and maintenance, fertilizing, tree trimming, and maintenance for Right-of-Way areas.

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)**

1. How would you rate their overall performance? Satisfactory
2. How well did they do following a schedule? Stick to the schedule, weather permitting.
3. Were there issues/concerns with equipment utilized by the Vendor? No equipment issues.
4. Were there issues/concerns with the number of staff available to perform the work? No issues on staff available to perform the work.

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: WWS/Business Operations Division

Date of Verification: March 16, 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) Superior Landscaping & Lawn Service, Inc. (Secondary - Group 6)

Organization/Firm Name providing reference: City of Miami Beach

Contact Name/Title: Jose del Risco, Assistant Parks Director

Contact E-mail: josedelrisco@miamibeachfl.gov

Contact Phone: 305-673-7272

Name of Referenced Project: Grounds Maintenance Services - Parks and Athletic Fields (South Region)

Contract No. ITB-2014-195-LR

Contract Amount: \$1,375,358

Date Services Provided: 2/2015 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:**

**Grounds maintenance services for all South Region parks**

**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)**

1. How would you rate their overall performance? Excellent
2. How well did they do following a schedule? They do well, very flexible in accommodating last minute request and delivering on projects.
3. Were there issues/concerns with equipment utilized by the Vendor? No issues with equipment used.
4. Were there issues/concerns with the number of staff available to perform the work? No issues with available staff.

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: WWS / Business Operations Division

Date of Verification: March 20, 2018



**BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA  
FINAL CONSTRUCTION EVALUATION  
OF PRIME VENDOR - SUPERIOR LANDSCAPING & LAWN SERVICE INC**

FIXED CONTRACT - CONSTRUCTION			
Project Nbr / Contract Nbr / Title <b>3557 / Q307073CAF / Task II Roadways, Landscape and Aesthetic Improvement Project Q307073CAF</b>			Commission District(s) <b>7</b>
Award Amount <b>\$5,571,869.13</b>	Change Amount <b>(\$377,206.05)</b>	Total Cost <b>\$5,194,663.08</b>	
Substantial Completion Date <b>12/1/2009</b>	Final Completion Date <b>12/31/2010</b>		
Goal Type <b>CBE</b>	County Established <b>30.07</b>	Vendor Committed <b>30.07</b>	Attained <b>29.49</b>
EVALUATION SUMMARY			
<b>SUPERIOR LANDSCAPING &amp; LAWN SERVICE INC is RECOMMENDED For Future Contracts</b> <b>Remarks: Superior Landscaping and Lawn Service completed the Project on time and their work was satisfactory.</b>			Numerical Score <b>3.57</b>
Overall Rating <b>GOOD</b>			Goal Evaluation Score <b>3.80</b>
Unsatisfactory (1.0 - 1.8)   Poor (1.81 - 2.59)   Fair (2.60 - 3.19)   Good (3.20 - 4.49)   Excellent (4.50 - 5.00)			Weighted Score <b>3.63</b>
COUNTY CONTACT INFORMATION			
Overseeing Division <b>AVIATION - AIRPORT EXPANSION PROGRAM</b>			
Contract Administrator <b>Trevor Fisher</b>		Email: <a href="mailto:tmafisher@broward.org">tmafisher@broward.org</a>	
Project Manager <b>Richard Lauricella</b>		Email: <a href="mailto:rlauricella@broward.org">rlauricella@broward.org</a>	
APPROVED EVALUATION			
Rated By <b>Richard Lauricella, Expansion Project Administrator</b> Date: 2/17/2011		Reviewed By <b>Steven T. Wiesner, Director, AEP</b> Date: 2/17/2011	

**BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA  
FINAL CONSTRUCTION EVALUATION  
OF PRIME VENDOR - SUPERIOR LANDSCAPING & LAWN SERVICE INC**

<b>A) Project Management</b>		<b>Section Score: 3.30</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How well did the vendor cooperate with the Contract Administrator, other County personnel and the consultant?		3 - Fair
2. How closely did vendor conform with specifications, drawings and other requirements?		3 - Fair
3. How appropriate was the staff assigned to do the work to ensure a quality product on a timely basis?		3 - Fair
4. How actively did the vendor communicate with subvendors and others involved in project?		3 - Fair
5. How adequate and effective was the vendor's coordination and control of subvendors' work and documentation?		3 - Fair
6. How proactively did the vendor participate in the resolution of disputes?		3 - Fair
7. How timely were the notices of inspection requests?		4 - Good
8. How well did the vendor control the project by providing recommendations, addressing issues, participating in decision making, and working with government officials and the County?		4 - Good
9. How clean did the vendor keep the work site on a continuous basis?		3 - Fair
10. How well did the vendor conform to the permit requirements?		4 - Good
Comments:		
<b>B) Business Practices</b>		<b>Section Score: 3.50</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How was the vendor's compliance with the United States Occupational Safety and Health Administration (OSHA) and Broward County's Risk Management Division, Safety and Occupational Health Section requirements? Consider the vendor's established safety program, compliance with standards, safety practices, accident prevention, etc.		4 - Good
2. How well did the vendor manage business relationships with subvendors by ensuring that subvendors were fully paid for work that had been completed to specifications? (This information can be verified through subvendor complaints or liens for non-payment)		3 - Fair
3. How well did the vendor manage business relationships with subvendors by ensuring that subvendors were promptly paid?		3 - Fair
4. How well did the vendor follow Broward County procedure in reporting changes of sub vendors?		4 - Good
Comments:		

**BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA  
FINAL CONSTRUCTION EVALUATION  
OF PRIME VENDOR - SUPERIOR LANDSCAPING & LAWN SERVICE INC**

<b>C) Cost Control</b>		<b>Section Score: 4.25</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How actively did the vendor pursue/take aggressive action in obtaining documents such as building permits, Certificate of Occupancy and other required documents on a timely basis?		4 - Good
2. How actively did the vendor participate in overcoming problems with other vendors, building officials, and/or regulatory agencies?		4 - Good
3. How valid were the claims for extra costs?		4 - Good
4. How well did the vendor comply with the prevailing wage rate policy?		5 - Excellent
5. How well did the vendor comply with the County's Living Wage rate policy (if applicable)?		N/A
Comments:		
<b>D) Timeliness</b>		<b>Section Score: 3.71</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How well did the vendor manage delivery of necessary equipment and material for the project?		3 - Fair
2. How timely and accurate were payment requests when submitted?		3 - Fair
3. How well did the vendor meet the schedule of deliverables established at the beginning of the project?		4 - Good
4. How well did the vendor conform with schedule of work in progress in order to meet the planned completion dates for Phase Completion?		4 - Good
5. How well did the vendor conform with schedule of work in progress in order to meet the planned completion dates for Substantial Completion?		4 - Good
6. How well did the vendor conform with schedule of work in progress in order to meet the planned completion dates for Final Completion?		4 - Good
7. How effectively did the vendor communicate with the Contract Administrator and other County personnel as well as the consultant?		4 - Good
Comments:		
<b>E) Change Order Management</b>		<b>Section Score: 3.25</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. Did the vendor provide independent estimates of the value of changes?		Yes
2. How accurate and timely were the preliminary estimates of the value of change orders/amendments provided by the vendor?		3 - Fair
3. How accurate and timely were change orders/amendments processed with the proper documentation?		3 - Fair
4. How fair and timely did the vendor prepare, negotiate and make recommendations to the County regarding change orders/amendments?		3 - Fair
5. How appropriate were the vendor's recommendations for time extensions based on the actual circumstances and reviewed against the contract requirements?		4 - Good
Comments:		

**BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA  
FINAL CONSTRUCTION EVALUATION  
OF PRIME VENDOR - SUPERIOR LANDSCAPING & LAWN SERVICE INC**

<b>F) Quality Of Work</b>		<b>Section Score: 3.50</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How accessible was the work for inspection?		4 - Good
2. How close were the equipment and materials to the specifications?		4 - Good
3. How closely were industry standard construction methods followed?		3 - Fair
4. How responsive and competent were superintendents, supervisors and workers?		3 - Fair
Comments:		
<b>G) Project Closeout</b>		<b>Section Score: 3.75</b>
<b>Evaluation Question</b>		<b>Rating</b>
1. How well did the project meet specified standards when inspected?		4 - Good
2. How complete and accurate was the documentation provided at the completion of the project, including punch list, warranties, operation, appropriate manuals and Certificate of Occupancy from the appropriate jurisdiction?		4 - Good
3. How clean did the vendor leave the worksite by completely disposing of debris in a legal manner?		4 - Good
4. How accurate and timely were the vendor's final project accounting documents sent to Broward County?		3 - Fair
Comments:		



**TO:** Jeannette Ferrell, Purchasing Agent  
Purchasing Division  
**FROM:** Jonathan K. Allen, Division Director  
Water and Wastewater Business Operations Division  
**SUBJECT:** Solicitation No.: BLD2115552B1  
Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

Recommended Vendor: MCT Service, LLC  
Recommended Group(s)/Line Item(s): Groups 7-8  
Initial Award Amount: \$277,813.18 Potential Total Amount: \$833,439.54  
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 Not required for this Requisition

**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: Nadja Horton TITLE: Facilities & Grounds Manager

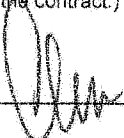
SIGNATURE:  DATE: April 16, 2018

Page 2 of 2  
Concurrence: Grounds Maintenance Services (Groups 3-8 [WWS Groups 6-8])

TYPED NAME OF SIGNER: Jonathan K. Allen TITLE: Division Director

SIGNATURE:  DATE: 4/16/18

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. TITLE: Agency Director  
(Individual authorized to administer the contract.)

SIGNATURE:  DATE: 4/16/18



**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 (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 curren

(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
<b>1. Vendor's Quality of Service</b>				
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"/>
<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 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: John Wilf

Title: Contracts/Grants Administrator

Division/Department: WWS / Business Operations Division

Date of Verification: March 19, 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 (Groups 7-8)

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

Contact Name/Title: Jose Martin/ Assistant Superintendent

Contact E-mail: JMART@miamidade.gov

Contact Phone: 786-552-8569/ 786-236-7605 cell

Name of Referenced Project: Tree Services & Landscaping

Contract No. Bid 1298-1/21

Contract Amount: varied \$4,000.00 to \$60,000.00

Date Services Provided: Yearly services since January 2012  
(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
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)**  
 1. How would you rate their overall performance? **Satisfactory**  
 2. How well did they do following a schedule? **Satisfactory**  
 3. Were there issues/concerns with equipment utilized by the Vendor? **No issues with equipment used.**  
 4. Were there issues/concerns with the number of staff available to perform the work? **No issues with the number of staff available to perform the work.**

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 19, 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 (Groups 7-8)

Organization/Firm Name providing reference: Bannerman Landscaping

Contact Name/Title: Paul Bannerman / Owner

Contact E-mail: pbannerman53@bellsouth.net

Contact Phone: 786-262-7455

Name of Referenced Project:

Contract No.

Contract Amount: \$50,000 / Annually

Date Services Provided: 1/2009 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 service, tree installation, and landscaping.

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

1. How would you rate their overall performance? Excellent

2. How well did they do following a schedule? Vendor follows the schedule.

3. Were there issues/concerns with equipment utilized by the Vendor? No issues with equipment used.

4. Were there issues/concerns with the number of staff available to perform the work? No issues with available staff to perform the work.

References Checked By  
 Name: John Wilf Title: Contracts/Grants Administrator  
 Division/Department: WWS / Business Operations Division Date of Verification: March 20, 2018