



TO: Jeannette Ferrell, Purchasing Agent
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2115552B1
Grounds Maintenance Services (Groups 3-8)

Recommended Vendor: Superior Landscaping & Lawn Service, Inc.
Recommended Group(s)/Line Item(s): Group 4
Initial Award Amount: \$114,280.00 Potential Total Amount: \$799,960.00
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I
 have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

I am satisfied with the Vendor's financial background and/or rating and payment performance.
 Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

I have reviewed the Litigation History Form and there is no issue of concern.
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

Vendor received an overall rating ≥ 2.59 on all evaluations.
 No evaluations within the past three years contained any items rated a score of 2 or less.
 Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
 Past evaluations are not relevant to the scope of this contract.
 No past Performance Evaluations exist in Contracts Central.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: Scott Campbell TITLE: Director, Facilities Management
(Individual authorized to administer the contract.) Division

SIGNATURE:  DATE: 4/25/19



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)
 Reference for: (Name of Firm) Superior Landscaping & Lawn Service, Inc.
 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 One Year Maintenance
 Contract No. _____
 Contract Amount: \$561,000/Annual
 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	<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 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 work? **No issues.**

References Checked By
 Name: Robin Swanson Title: Contract Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: January 16, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)
 Reference for: (Name of Firm) Superior Landscaping & Lawn Service, Inc.
 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.
 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input 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 rate their overall performance? Excellent
 2. How well did they do following a schedule? They do well, very flexible in accomodating last minute requests and delivering on projects.
 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 work? No issues.

References Checked By
 Name: Robin Swanson Title: Contract Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: January 18, 2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2115552B1, Grounds Maintenance Services (Groups 3-8)
 Reference for: (Name of Firm) Superior Landscaping & Lawn Service, Inc.
 Organization/Firm Name providing reference: City of Hollywood
 Contact Name/Title: Xavier Leal, Contract Compliance Coordinator
 Contact E-mail: xleal@hollywoodfl.org
 Contact Phone: 754-208-8796
 Name of Referenced Project: Citywide Grounds Maintenance Services
 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 rate their overall performance? Excellent
 2. How well did they do following a schedule? Follows the schedule very well. Very responsive.
 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 work? No issues.

References Checked By
 Name: Robin Swanson Title: Contract Administrator Sr.
 Division/Department: Facilities Management Division Date of Verification: January 16, 2019



Contracts Central

Broward County Purchasing Division

Close

- ▼ Contracts Central
- Fixed/Open Contracts
- Work Auth
- Projects
- ▼ PURCHASING
- Procurement
- ▼ Favorites
- Prime Vendor
- Sub Vendor
- Purchase Order
- Evaluation
- Log Off

Fixed/Open End Contract Listing/Search

(Search for FC,OE Contract Number, Contract Title, FixedContract/Agreement Type, Prime Vendor, Project Number. Wildcards may be used as follows *abc, abc*, *abc*.)

Your Fixed/Open End Contract Hit List

Open
 Closed/Expired
 All
 Default
 Goal
 Eval
 Monthly

Vendor Performance Evaluation Summary View

Contract	ct All	Avg All	ct Wgt	Avg Wgt	ct Oth	Avg Oth	ct Goal	Avg Goal	Status		Go To	Go To	Go To	Go To	Go To
Q307073CAF FC: Construction Project: 3557 SUPERIOR LANDSCAPING & LAWN SERVICE INC	2	3.69%	1	3.63%	1	3.57%	1	3.80%	On Schedule	<input type="checkbox"/>	Doc	Detail	Prime	Subs	
Z0684313B1 OE: Services SUPERIOR LANDSCAPING & LAWN SERVICE INC									Expired	<input type="checkbox"/>	Doc	Detail	Prime	Subs	WA
BLD2115552B1_4 OE: Services SUPERIOR LANDSCAPING & LAWN SERVICE INC									Open	<input type="checkbox"/>	Doc	Detail	Prime	Subs	WA
Q408122B1 OE: Services SUPERIOR LANDSCAPING & LAWN SERVICE INC									Expired	<input type="checkbox"/>	Doc	Detail	Prime	Subs	WA
BLD2115552B2_3 OE: Services SUPERIOR LANDSCAPING & LAWN SERVICE INC									Open	<input type="checkbox"/>	Doc	Detail	Prime	Subs	WA