



**TO:** Robert Gleason, Director  
Purchasing Division  
**FROM:** Adriana Toro, P.E., Assistant Director, HBMD  
Highway & Bridge Maintenance  
**SUBJECT:** Solicitation No.: BLD2125141Q1  
Mosquito Control Chemicals - Clarke

Recommended Vendor: Clarke Mosquito Control Products, Inc.  
Recommended Group(s)/Line Item(s): All Groups  
Initial Award Amount: \$ 212,875 Potential Total Amount: \$ 1,064,375  
Initial Contract Term: One Year Contract Term, including Renewals: Five Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). 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 ContractsCentral 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 ContractsCentral.

**AND**

Reference Verification Forms are attached.

**OR**

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Adriana Toro, P.E.  
(Individual authorized to administer the contract.)

TITLE: Assistant Director, HBMD

SIGNATURE: **ADRIANA TORO** Digitally signed by ADRIANA TORO  
Date: 2022.12.19 00:52:41 -05'00' DATE: 12/19/22

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2125141Q1; Mosquito Control Chemicals-Clarke

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Reference for (Name of Firm): Clarke Mosquito Control Products, Inc.

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Organization/Firm Name providing reference: Miami Dade Mosquito Control

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Contact Name: Isik Unlu Title: Operations Manager

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Contact Email: isik.unlu@miamidade.gov Contact Phone: (786) 635-6574

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Name of Referenced Project: Control for Aerial Spraying

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Contract No. FB-01090 Contract Amount: 300,000.00

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Date Services Provided: 1/7/2019- present

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor  
 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)**

Contract start date: 01-July-2019  
 Contract end date: 24-June-2024

References Checked By  
 Name: Cynthia Morales Title: Office Manager

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Division/Department: HBMD/ Mosquito control Date of Verification: 12/09/2022

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2125141Q1; Mosquito Control Chemicals-Clarke

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Reference for (Name of Firm): Clarke Mosquito Control Products, Inc.

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Organization/Firm Name providing reference: Pasco County Mosquito Control

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Contact Name: Adriane Rogers Title: Executive Director

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Contact Email: arogers@pascomosquito.org Contact Phone: (727) 376-4568

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Name of Referenced Project: N/A

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Contract No. FY 2022-2022 Contract Amount:

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Date Services Provided: Oct 1, 2022 - Sept 30, 2023

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor  
 Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

Product manufacturing and distribution, product knowledge and use training, support and customer service.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)**  
 We go through a bid process for current year pricing that is good for our fiscal year, but we don't have a contract in place for products or services through Clarke or other vendors. There is no specific dollar amount to the contract, an authorization to utilize a vendor for product purchases.  
 If there are any questions as to deliveries made or timelines for shipment, the team is very responsive and always provides great customer service. Sales team and scientific staff are knowledgeable and good stewards of their products. If there are any concerns, they are willing to investigate the issues and help find a solution timely.

References Checked By  
 Name: Cynthia Morales Title: Office manager

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Division/Department: HBMD/ Mosquito control Date of Verification: 12/13/2022

**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: BLD2125141Q1; Mosquito Control Chemicals-Clarke

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Reference for (Name of Firm): Clarke Mosquito Control Products, Inc.

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Organization/Firm Name providing reference: Pinellas County Mosquito Control

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Contact Name: Alissa Berro Title: Director

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Contact Email: amberro@co.pinellas.fl.us Contact Phone: (727) 464-7750

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Name of Referenced Project: N/A

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Contract No. Purchase Agreement 701 452511 Contract Amount: 1,222,000.60

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Date Services Provided: September 8th, 2022 - Current

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor  
 Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

Vendor provides a select list of Mosquito Abatement products - larvicides and adulticide

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

References Checked By  
 Name: Cynthia Morales Title: Office Manager, Mosquito Control

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Division/Department: HBMD/ Mosquito control Date of Verification: 12/09/2022