



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122159B1  
Solicitation Title: Temporary Debris Management Site Services

Recommended Vendor: GRAHAM COUNTY LAND COMPANY, LLC  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ 220,590,000.00 Potential Total Amount: \$ 367,650,000.00  
Initial Contract Term: Three Years 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: Anh Ton, P.E.  
(Individual authorized to administer the contract.)

TITLE: Deputy Director

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 17:02:15 -04'00'

DATE: 5/12/21

**ATTACHMENT**

**USER NON-CONCURRENCE**

Solicitation No. OPN2122159B1, Temporary Debris Management Site Services

**Reason for Non-Concurrence:**

Vendor did not demonstrate historical experience of work performed of a similar nature within the past three (3) years as required. Of the references provided by the vendor, only one response was obtained in which the provided point of contact (James Costantino, U.S. Army Corp of Engineers) whom was familiar with the project (Santa Barbara County Floods), confirmed that he had not heard of the vendor and was unable to provide a reference.



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122159B1  
Solicitation Title: Temporary Debris Management Site Services

Recommended Vendor: Ceres Environmental Services, Inc.  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ 283,257,500.00 Potential Total Amount: \$ 473,262,500.00  
Initial Contract Term: Three Years 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: Anh Ton, P.E.  
(Individual authorized to administer the contract.)

TITLE: Deputy Director

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 15:39:31 -04'00'

DATE: 5/12/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Ceres Environmental Services  
 Organization/Firm Name providing reference: City of Tallahassee, FL  
 Contact Name/Title: Reginald C. Ofuani, General Manager  
 Contact E-mail: reginald.ofuani@talgov.com  
 Contact Phone: 850-556-7134  
 Name of Referenced Project: Debris Removal and Disposal Services  
 Contract No. N/A  
 Contract Amount: \$1,617,607.86  
 Date Services Provided: 10/2018

(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:**  
 1. What was the scope of work? **Debris Clearing and Removal from hurricane Michael**  
 2. What key activities/functions did the contractor perform on this project? **Removal, reduction, and final disposal following Hurricane Michael.**  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? **Yes**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**  
 1. Were there any claims filed against the project? **No**  
 2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? **Yes**

References Checked By  
 Name: Jennifer Domenech Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/12/2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Ceres Environmental Services  
 Organization/Firm Name providing reference: Leon County, FL  
 Contact Name/Title: Brent Pell, Public Works Director  
 Contact E-mail: pellb@leoncountyfl.gov  
 Contact Phone: 850-606-1415  
 Name of Referenced Project: Disaster Recovery Services for Debris Vegetation Removal  
 Contract No. B17-142  
 Contract Amount: \$2,632,596.05  
 Date Services Provided: 10/2018-11/2018

(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:**  
**1. What was the scope of work?**  
 Debris removal, reduction, and disposal of approximately 242,100 CY of debris from Hurricane Michael.  
**2. What key activities/functions did the contractor perform on this project?**  
 Reference above.  
**3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris?**  
 Yes

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**  
**1. Were there any claims filed against the project? No**  
**2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes**

References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 5/12/2021

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Ceres Environmental Services  
 Organization/Firm Name providing reference: U.S. Army Corps of Engineers, Savannah District  
 Contact Name/Title: Tonja Dreke, Contracting Officer  
 Contact E-mail: tonja.j.dreke@usace.army.mil  
 Contact Phone: 912-652-6071  
 Name of Referenced Project: ACI Debris Removal  
 Contract No. W912HN19F5001-5014  
 Contract Amount: \$134,159,610.00  
 Date Services Provided: 10/2018-03/2019

(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:**  
**1. What was the scope of work? See below.**  
**2. What key activities/functions did the contractor perform on this project?**  
 Ceres provided all management, supervision, labor, tools, and equipment necessary to load, haul, accept, process, record, reduce, and dispose of disaster related debris in U.S. Army Corps of Engineers (USACE) accepted disposal locations. They established the collection and/or processing points associated with approved locations and layouts at the affected counties and municipalities. The Contractor is responsible for the final disposal of non-burnable debris and ash residue through landfill operations or recycling/beneficial use. Disposal of non-burnable debris and ash residue was made in accordance with current state, federal, and local regulations. The debris to be processed consisted of vegetative debris, Construction and Demolition (C&D) debris, Household Hazardous Waste (HHW - hauled), and metals/white goods. Contractor grinded all vegetative debris and was responsible for hauling to negotiated/designated disposal sites in accordance with fee schedules. Contractor performed in accordance with Quality Assurance and Safety Plans and amended as needed. Environmental needs were met throughout, even when extraordinary circumstances arose that were new to USACE and the Contractor. In many cases site remediation left sites better than they were prior to use.  
**3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes**

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 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 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. Were there any claims filed against the project? No
2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes

**Note:** Due to the extended length of project some changeout was necessary. It happened on both sides. The main issue was ensuring those parties were replaced with comparable experienced personnel. Continuity was a must.

**Deliverable Quality:** I held them to a very high standard on this project due to the massive size. If there was a box just under excellent they would check that one. They were well above satisfactory and getting the documents right was more of an issue of staffing changeout on USACE side.

**I can only only hope to work with them again! They are well experienced and have perfected a process that many contractors do not seem to get to.**

References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 5/12/2021





**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122159B1  
Solicitation Title: Temporary Debris Management Site Services

Recommended Vendor: CUSTOM TREE CARE, INC.  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ 313,591,500.00 Potential Total Amount: \$ 522,652,500.00  
Initial Contract Term: Three Years 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: Anh Ton, P.E. TITLE: Deputy Director  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 16:01:40 -04'00'

DATE: 5/12/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: Lee County, MS  
 Contact Name/Title: Lee Bowdry, Director of Emergency Management (Lee County)  
 Contact E-mail: lbowdry@co.lee.ms.us  
 Contact Phone: 662-432-2950  
 Name of Referenced Project: Debris Removal  
 Contract No. N/A  
 Contract Amount: \$2,850,608.20  
 Date Services Provided: 12/2019-06/2020

(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:**  
 1. What was the scope of work? **Debris Removal and Processing**  
 2. What key activities/functions did the contractor perform on this project? **Tropical storm Olga debris scattered over 950 miles of road helped clean up. Vendor had to travel on east side of the road to clean up. They also performed some tree trimming service as part of the clean up.**  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? **Yes**

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 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 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. Were there any claims filed against the project? **No**  
 2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? **Yes**

References Checked By  
 Name: Jennifer Domenech Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/10/2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: School Board of Broward County  
 Contact Name/Title: Roy Norton, Manager (Custodial Grounds)  
 Contact E-mail: roy.norton@browardschools.com  
 Contact Phone: 754-321-4316  
 Name of Referenced Project: Emergency Debris Clean up and Removal Services  
 Contract No. FY20-11B  
 Contract Amount: \$1,491,664.66  
 Date Services Provided: 12/2015-11/2021

(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:**

**1. What was the scope of work? Emergency Debris Clean up and Removal Services**  
**2. What key activities/functions did the contractor perform on this project? Hazardous tree removal, hazardous limb removal, re-standing leaning or fallen trees, hazardous stump removal, hazardous stump grinding, tree gathering and collection of all vegetative material and removal. Also includes removal of construction and demolition debris from the school grounds and right of way adjacent to school property.**  
**3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes**

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. Were there any claims filed against the project? No**  
**2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes**

References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 4/23/2021

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: Town of Bay Harbor Islands  
 Contact Name/Title: Jordan Leonard, Mayor  
 Contact E-mail: jleonard@bayharborislands-fl.gov  
 Contact Phone: 305-206-8497  
 Name of Referenced Project: Disaster Debris Management and Removal Services  
 Contract No. N/A  
 Contract Amount: \$167,467.11  
 Date Services Provided: 09/2017-05/2022

(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:**  
 1. What was the scope of work? Disaster Debris Clearing and Removal Services and Debris Management/Processing after Irma.  
 2. What key activities/functions did the contractor perform on this project? Cut trees, removed debris from road way, transported debris to TDMS, processed debris and transported to final disposal.  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes (only one site operated in the Town of Bay Harbor, however, the vendor managed multiple sites simultaneously for multiple contracts).

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**1. Were there any claims filed against the project? [YES/NO] No**

**2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes**

**Extremely pleased with level of service provided, promptness and responsiveness. Contractor also provided debris processing. Services were reimbursed by FEMA promptly.**

**Jordan Leonard - former Town of Bay Harbor Mayor**

**Bridgette Morin - Administrative Assistant to the Town of Bay Harbor Manager**

References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 4/23/2021 and 5/10/2021



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122159B1  
Solicitation Title: Temporary Debris Management Site Services

Recommended Vendor: ASHBRIIT, INC.  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ 462,108,750.00 Potential Total Amount: \$ 770,181,250.00  
Initial Contract Term: Three Years 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 ≥ 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 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: Anh Ton, P.E. TITLE: Deputy Director  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 15:59:23 -04'00'

DATE: 5/12/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) AshBritt Environmental Inc.  
 Organization/Firm Name providing reference: Collier County Government  
 Contact Name/Title: Dan Rodriguez, Public Services Department Head  
 Contact E-mail: dan.rodriguez@colliercountyfl.gov  
 Contact Phone: 239-252-8366  
 Name of Referenced Project: Hurricane IRMA Recovery Project  
 Contract No. N/A  
 Contract Amount: 64 Million Dollars  
 Date Services Provided: 09-11-2017 thru 03-01-2018

(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:**

1. **What was the scope of work? The scope of work included preparing debris staging sites, collecting debris, processing the material, recycling and proper disposal of the material.**

2. **What key activities/functions did the contractor perform on this project? The Contractor was the project manager for the debris recovery mission and was responsible for all aspects of collection and disposal. They also played a key role in helping the County gain full reimbursements.**

3. **Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes, this contractor set up 5-6 debris staging sites helping to collect over 3.6 million cubic yards in record time.**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

1. **Were there any claims filed against the project? [YES/NO] No**

2. **According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? This contractor and its professional staff far exceeded our expectations and are recognized by the state as being one of the best. Most importantly, we have gain almost full reimbursements from FEMA and the state.**



References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 5/3/2021

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**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Ashbritt  
 Organization/Firm Name providing reference: Manatee County  
 Contact Name/Title: Jeanne' Detweiler, Superintendent Solid Waste  
 Contact E-mail: jeanne.detweiler@mymanatee.org  
 Contact Phone: 941-748-5543 x8013  
 Name of Referenced Project: Irma  
 Contract No. N/A  
 Contract Amount: \$2 million+  
 Date Services Provided: 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:**

1. What was the scope of work? TDS management, collection and processing of debris.
2. What key activities/functions did the contractor perform on this project? Same as above.
3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

1. Were there any claims filed against the project? [YES/NO] No
2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes

References Checked By  
 Name: Jennifer Domenech Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/3/2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Ashbritt  
 Organization/Firm Name providing reference: City of Springfield  
 Contact Name/Title: Ralph Hammond, Mayor  
 Contact E-mail: rhammond@springfield.fl.gov  
 Contact Phone: 850-872-7570 ext 108  
 Name of Referenced Project: Hurricane Michael Debris Removal (4399)  
 Contract No. N/A  
 Contract Amount: Open  
 Date Services Provided: Dec 2018 July 2020

(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:**  
 1. What was the scope of work? **Debris removal, Temporary Site Management, Site rehab**  
 2. What key activities/functions did the contractor perform on this project? **Management and coordination with Tetra Tech**  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? **Yes, the City of Callaway, Bay County and the City of Springfield**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**  
 1. Were there any claims filed against the project? [YES/NO] **No**  
 2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? **Yes**

References Checked By  
 Name: Jennifer Domenech Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 4/29/2021



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122159B1  
Solicitation Title: Temporary Debris Management Site Services

Recommended Vendor: GRUBBS EMERGENCY SERVICES, LLC (Quaternary)  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ To Be Determined Potential Total Amount: \$ To Be Determined  
Initial Contract Term: Three Years 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: Anh Ton, P.E. TITLE: Dept. Director Public Works Dept.  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.19 11:22:38 -04'00'

DATE: 5/19/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Grubbs Emergency Services, LLC  
 Organization/Firm Name providing reference: City of Blountstown  
 Contact Name/Title: Traci S. Hall, City Manager / Finance Director  
 Contact E-mail: thall@blountstown.org  
 Contact Phone: 850-674-5488  
 Name of Referenced Project: Hurricane Michael  
 Contract No. N/A  
 Contract Amount: \$7,187,183.15  
 Date Services Provided: 10/12/18 - 06/30/19

(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:**  
 1. What was the scope of work? Debris Removal post hurricane.  
 2. What key activities/functions did the contractor perform on this project? Debris Removal  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? No

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**  
 1. Were there any claims filed against the project? No  
 2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? More than met the City's expectations.

References Checked By  
 Name: Eliner Knight Title: Administrative Specialist  
 Division/Department: Solid Waste and Recycling Services/PH Date of Verification: May 13, 2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services  
 Reference for: (Name of Firm) Grubbs Emergency Services, LLC  
 Organization/Firm Name providing reference: Hernando County  
 Contact Name/Title: Scott Harper / Solid Waste Services Manager  
 Contact E-mail: sharper@hernandocounty.us  
 Contact Phone: 352-754-4112  
 Name of Referenced Project: Hurricane Irma  
 Contract No. N/A  
 Contract Amount: \$785,000.00  
 Date Services Provided: 09/2017 - 3/2018

(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:**  
 1. **What was the scope of work? Debris from hurricane.**  
 2. **What key activities/functions did the contractor perform on this project? Pick-up, disposal, and site management.**  
 3. **Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? Yes**

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. **Were there any claims filed against the project? No**  
 2. **According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Yes**

References Checked By  
 Name: Eliner Knight Title: Administrative Specialist  
 Division/Department: Solid Waste and Recycling Services/PH Date of Verification: May 17, 2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122159B1, Temporary Debris Site Management Services

Reference for: (Name of Firm) GRUBBS EMERGENCY SERVICES, LLC

Organization/Firm Name providing reference: City of Marathon, Florida

Contact Name/Title: George Garrett / City Manager

Contact E-mail: garrettg@ci.marathon.fl.us

Contact Phone: 305 289 4130

Name of Referenced Project: Hurricane Irma Debris Removal Contract

Contract No. NA

Contract Amount: NA

Date Services Provided: 9/10/2017 through 6/1/2028

(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:**

1. What was the scope of work? Hurricane Irma debris removal  
 2. What key activities/functions did the contractor perform on this project? Coordinated and carried out the consolidation, transport, removal, and documentation for same during the City's recovery from the impacts of Hurricane Irma  
 3. Did this contractor operate at least two debris management sites simultaneously, each of which processed at least 100,000 cubic yards of disaster debris? The Contractor managed a total of four (4) TDSRs simultaneously, in sum, totaling approximately 200,000 cy. In addition, they managed a number of restoration projects (Sombrero Beach restoration notably)

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Vendor's Organization

- |                    |                          |                          |                                     |                          |
|--------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3. Timeliness of:

- |                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

1. Were there any claims filed against the project? [YES/NO] No  
 2. According to the contract requirements, scope, terms, and conditions, did the contractor meet your expectations? Absolutely. The City has rehired them under storm contingency as its lead firm to manage a future storm event should arise this year or in the immediate, next three years

References Checked By

Name: Eliner Knight

Title: Administrative Specialist

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Division/Department: Solid Waste and Recycling Services Date of Verification: May 18, 2021

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Public Works Department