



**TO:** Jacqueline Chapman, Purchasing Agent, Senior  
Purchasing Division

**FROM:** Richard Waskiewicz, Enterprise Director Facilities/Maintenance Division  
Aviation Department

*RAW*

**SUBJECT:** Solicitation No.: OPN2121106B1  
Regulated Garbage Disposal

Recommended Vendor: Stericycle, Inc.

Recommended Group(s)/Line Item(s):

Initial Award Amount: \$ 203,600.00

Potential Total Amount: \$ 610,800.00

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, 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

**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: Claudja Henry  
(Individual authorized to administer the contract.)

TITLE: Contract/Grant Administrator, Sr.

SIGNATURE: Digitally signed by Claudja Henry  
'Date: 2020.10.26 10:38:12 -04'00'

DATE: 10/26/20



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. OPN2121106B1\_1 Regulated Garbage Disposal

Reference for: (Name of Firm) Stericycle, Inc.

Organization/Firm Name providing reference: Palm Beach International Airport

Contact Name/Title: Shawna Larose/Special Projects Coordinator

Contact E-mail: slarose@pbia.org

Contact Phone: (561) 471-7472

Name of Referenced Project: WASTE DISPOSAL INTERNATIONAL REGULATED

Contract No. 700166

Contract Amount: 32,200.00/yr

Date Services Provided: 2014 - Current

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

Vendor's role in Project:  Prime Vendor  Sub-consultant/Sub-contractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

**HANDLE THE DISPOSAL OF REGULATED WASTE WHICH IS WASTE REMOVED FROM INTERNATIONAL FLIGHTS THAT CANNOT BE CO-MINGLED.**

**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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

References Checked By

Name: Claudja Henry

Title: Contract/Grants Administrator, Sr.

Division/Department: Aviation - Maintenance Division

Date of Verification: September 24, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. OPN2121106B1\_1 Regulated Garbage Disposal  
 Reference for: (Name of Firm) Stericycle, Inc.  
 Organization/Firm Name providing reference: Greater Orlando Aviation Authority  
 Contact Name/Title: Abdu El-Baroudi  
 Contact E-mail: aelbaroudi@goaa.org  
 Contact Phone: (407) 825-2606  
 Name of Referenced Project: Contract 12-16, USDA Regulated Garbage Disposal Services  
 Contract No.  
 Contract Amount: Pre-Covid \$671,080 Reduced to \$200,000 During Covid  
 Date Services Provided: Current Contract: August 2016 to Present. Also Stericycle has the previews Contract  
 (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:**  
**Removal and disposal of USDA Regulated Garbage at Orlando International Airport. Provide necessary equipment: Containers and Trailers**

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)**  
**Stericycle has been providing USDA Regulated Garbage Disposal Services at OIA for the last 20 years through competitive bids. Stericycle Has been very helpful and provide an excellent service.**

References Checked By  
 Name: Claudja Henry Title: Contract/Grants Administrator, Sr.  
 Division/Department: Aviation - Maintenance Division Date of Verification: September 25, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Bid No. OPN2121106B1\_1 Regulated Garbage Disposal  
 Reference for: (Name of Firm) Stericycle, Inc.  
 Organization/Firm Name providing reference: V&M Messenger Services  
 Contact Name/Title: Mariel Vargas  
 Contact E-mail: m.vargas@vmessenger.net  
 Contact Phone: (305) 513-9110  
 Name of Referenced Project: V&M Messenger Certified Destructions  
 Contract No.  
 Contract Amount: \$10,000.00  
 Date Services Provided: 2017 - Current

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

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

**Description of services provided by Vendor:**

USDA Certified Destructions of Cut Flowered  
and vegetables

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)**

**References Checked By**

Name: Claudja Henry Title: Contract/Grant Administrator, Sr.  
 Division/Department: Aviation - Maintenance Division Date of Verification: October 5, 2020