



TO: Brenda J. Billingsly
Purchasing Division
FROM: Adriana Toro, P.E.
Acting Director, Highway and Bridge Maintenance Division - Mosquito Control Section
SUBJECT: Solicitation No.: BLD2122737B1
Mosquito Control Pesticide

Recommended Vendor: Clarke Mosquito Control Products, Inc.
Recommended Group(s)/Line Item(s): All Groups
Initial Award Amount: \$188,028.00 Potential Total Amount: \$564,084.00
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: Adriana Toro P.E. TITLE: Maintenance Division
(Individual authorized to administer the contract.) Acting Director, Highway and Bridge

SIGNATURE: **ADRIANA TORO** Digitally signed by ADRIANA TORO Date: 2021.08.23 17:39:22 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2122737B1 Mosquito Control Pesticide
 Reference for: (Name of Firm) Clarke Mosquito Control Products, Inc.
 Organization/Firm Name providing reference: Florida Keys Mosquito Control
 Contact Name/Title: Andrea Leal, Executive Director - Rochelle Miller, Purchasing Agent
 Contact E-mail: aleal@keysmosquito.org
 Contact Phone: 305-292-7190
 Name of Referenced Project: Mosquito Control Product
 Contract No. RFP 2021-05
 Contract Amount: \$ 200,000.00
 Date Services Provided: March 16, 2021 to 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:
 Exceptional Customer Service & Responsiveness.**

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)

References Checked By
 Name: Cynthia Morales Title: Office Manager
 Division/Department: HBMD, Mosquito Control Section Date of Verification: 8/16/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2122737B1 Mosquito Control Pesticide
 Reference for: (Name of Firm) : Clarke Mosquito Control Products, Inc
 Organization/Firm Name providing reference: Pasco County Mosquito Control
 Contact Name/Title: Adriane Rogers, Executive Director
 Contact E-mail: arogers@pascomosquito.org
 Contact Phone: 727-376-4568/ 727-810-6608
 Name of Referenced Project: Mosquito Control Product
 Contract No. No contract number, bids are done on a yearly basis
 Contract Amount: \$600,000.00
 Date Services Provided: 10/1/2020 to 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:
 We utilize Clarke Mosquito Control for a number of different mosquito control products. They fulfill orders of mosquito control products, ship product to District facility, perform outreach and stewardship of their own manufactured products and products sold, customer service, etc.

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)
 Clarke staff are always very responsive and informative. If we ever have any issues with a product or delivery (which don't happen that frequently) they do what they can do resolve the situation and work with us in making things right. We have not had any issues with their customer service or any of the services they provide.

References Checked By
 Name: Cynthia Morales Title: Office Manager
 Division/Department: HBMD- Mosquito Control section Date of Verification: 8/18/2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2122737B1 Mosquito Control Pesticide
 Reference for: (Name of Firm) :Clarke Mosquito Control Product, Inc
 Organization/Firm Name providing reference: Pinellas County Mosquito Control
 Contact Name/Title: Alissa Berro, Director
 Contact E-mail: amberro@pinellascounty.org
 Contact Phone: 727-464-7767
 Name of Referenced Project: Mosquito Control Product
 Contract No. BPA 426668
 Contract Amount: \$6,334,608.50
 Date Services Provided: April 1, 2017 - current (contract ends March 31, 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:
 We purchase various mosquito adulticide and larvicide products from Clarke, including but not limited to: Duet, Altosid 30-Day Briquets, Altosid XR-G, Natular G and Natular G30.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)
 The vendor has been communicative and proactive with any anticipated delays due to Covid. Products are received in a timely manner.

References Checked By
 Name: Cynthia Morales Title: Office Manager
 Division/Department: HBMD- Mosquito Control section Date of Verification: 8/19/2021