



TO: Mary Moss, Purchasing Agent
Purchasing Division
FROM: Anh Ton, Director
Highway and Bridge Maintenance Division
SUBJECT: Solicitation No.: BLD2119385B1
Mosquito Control Products - Group 1

Recommended Vendor: CLARKE MOSQUITO CONTROL PRODUCTS, INC.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$2,400,245.00 Potential Total Amount: \$7,200,735
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.

Acting Deputy Public Works

TYPED NAME OF SIGNER: Anh Ton
(Individual authorized to administer the contract.)

TITLE: Department Director

SIGNATURE: **ANH TON** Digitally signed by ANH TON
Date: 2020.01.08 09:36:50
-05'00'

DATE: January 8, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119385B1
 Reference for: (Name of Firm) Clarke Mosquito Control Product, Inc.
 Organization/Firm Name providing reference: Florida Keys, Mosquito Control District
 Contact Name/Title: Andrea Leal, Director
 Contact E-mail: aleal@keysmosquito.org
 Contact Phone: (305) 292-7190
 Name of Referenced Project: Mosquito Control Products - Group 1
 Contract No. RFP2017-02
 Contract Amount: Expenditure for FY 18-19 - \$918,330.20
 Date Services Provided: FY 2018 - 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:
 Top notch customer service and exceptional 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: Elsie Giron-Golightly Title: Administrative Assistant
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: 12/11/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119385B1

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

Organization/Firm Name providing reference: Pinellas County, Mosquito Control

Contact Name/Title: Brian Lawton/Director

Contact E-mail: blawton@co.pinellas.fl.us

Contact Phone: (727) 464-5906

Name of Referenced Project: Mosquito Control Products - Group 1

Contract No. 426668

Contract Amount: \$6,334,608.50

Date Services Provided: 4/01/2017 - 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:

Supplier of mosquito abatement products.

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 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)

We are extremely satisfied with the products and their customer service.

References Checked By

Name: Elsie Giron-Golightly

Title: Administrative Assistant

Division/Department: Highway & Bridge Maintenance Division Date of Verification: 12/11/2019



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2119385B1, Mosquito Control Supplies
 Reference for: (Name of Firm) Clarke Mosquito Control Product, Inc.
 Organization/Firm Name providing reference: Broward County, Mosquito Control
 Contact Name/Title: Cynthia Morales, Office Manager Mosquito Control
 Contact E-mail: cmorales@broward.org
 Contact Phone: 954-765-1540
 Name of Referenced Project: Mosquito Control Product 1
 Contract No. N2114084Q1_1
 Contract Amount: \$ 1,972,916.70
 Date Services Provided: 8/22/2017 - 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:
 Purchase of mosquito control products, larvicide and adulticide.

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)
 We are very satisfy with the product, excellent customer service.

References Checked By
 Name: Elsie Giron-Golightly Title: Administrative Assistant
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: 1/2/2020