



**TO:** Patricia Cruz, Purchasing Agent Trainee  
Purchasing Division  
**FROM:** Anh Ton, Acting Deputy Public Works Department Director  
Highway & Bridge Maintenance  
**SUBJECT:** Solicitation No.: BLD2119387B1  
Mosquito Control Product- Group 2

Recommended Vendor: ADAPCO, LLC  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$1,361,694.67 Potential Total Amount: \$4,085,084.01  
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  $\geq 2.59$  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 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: Anh Ton  
(Individual authorized to administer the contract.)  
Acting Deputy Public Works  
TITLE: Department Director

SIGNATURE: **ANH TON** Digitally signed by ANH TON  
Date: 2020.01.08 10:34:13  
-05'00' DATE: January 8, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2119387B1  
 Reference for: (Name of Firm) Adapco, LLC.  
 Organization/Firm Name providing reference: St. Lucie County, Mosquito Control  
 Contact Name/Title: Terrill Mincey, Mosquito Control Manger  
 Contact E-mail: minceyt@stlucieco.org  
 Contact Phone: 772-462-1692  
 Name of Referenced Project: Mosquito Control Products - Group 2  
 Contract No. C19-02-174  
 Contract Amount: \$150,000.00  
 Date Services Provided: 2/19/2019 - 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:**  
**Purchasing agreement for adulticiding and larviciding chemicals.**

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)**  
**This company has also provided great service on the mosquito control equipment we have purchased from them in the past.**

References Checked By  
 Name: Elsie Giron-Golightly Title: Administrative Assistant  
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: 12/12/2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2119387B1

Reference for: (Name of Firm) Adapco

Organization/Firm Name providing reference: Indian River, Mosquito Control

Contact Name/Title: Doug Carlson/ Director

Contact E-mail: doug.carlson@irmosquito2.org

Contact Phone: 772-562-2393

Name of Referenced Project: Mosquito Control Products -Group 2

Contract No. There is no contract number.

Contract Amount: \$418,000.00

Date Services Provided: 11/12/19 - 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:**  
Provide Mosquito Control larvicides

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)**  
ADAPCO provides chemicals in a timely manner.

References Checked By  
Name: Elsie Giron-Golightly Title: Administrative Assistant

Division/Department: Highway & Bridge Maintenance Division Date of Verification: 12/20/2019



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2119387B1  
 Reference for: (Name of Firm) Adapco, LLC.  
 Organization/Firm Name providing reference: Seminole County, Mosquito Control  
 Contact Name/Title: Lynda Reaves, Program Project Coordinator  
 Contact E-mail: lreaves@seminolecountyfl.gov  
 Contact Phone: 407-665-5796  
 Name of Referenced Project: Mosquito Control Products- Group 2  
 Contract No. IFB-603571-19/PJC  
 Contract Amount: Expenses for 2019 - \$ 57,304.00  
 Date Services Provided: 2008 - 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 larviciding and adulticiding products (VectoBac WDG, Altosid, and Delta guard ULV). Acquisition of equipment (foggers, traps, and backpack sprayers), as well as their installation and maintenance.**

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)**  
**Great vendor to work with, they are reliable. Their prices are competitive.**

References Checked By  
 Name: Elsie Giron-Golightly Title: Administrative Assistant  
 Division/Department: Highway and Bridge Maintenance Div. Date of Verification: 12/13/2019