



**TO:** Mary Moss, Purchasing Agent  
Purchasing Division  
**FROM:** Adriana Toro, Acting Director  
Highway and Bridge Maintenance Division  
**SUBJECT:** Solicitation No.: BLD2121227B1  
Mosquito Control Products - Group 5

Recommended Vendor: CLARKE MOSQUITO CONTROL PRODUCTS, INC.  
Recommended Group(s)/Line Item(s): Group 1  
Initial Award Amount: \$ 1,492,135.85 Potential Total Amount: \$ 4,476,407.55  
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 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: Adriana Toro, TITLE: Acting Director  
(Individual authorized to administer the contract.)

SIGNATURE: **ADRIANA TORO** Digitally signed by ADRIANA TORO Date: 2020.09.22 10:47:03 -04'00' DATE: 9/21/20



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Mosquito Control Products, BLD2121227B1  
 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: Andrea Leal, Director  
 Contract No. RFP 2017-02  
 Contract Amount: Expenditures FY 19-20: \$452,612.20  
 Date Services Provided: Dated from: FY 2018 - March 31, 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:  
 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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project			x	
b. Deliverables			x	

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

References Checked By  
 Name: Cynthia Morales Title: Mosquito Control, Office Manager  
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: 9/16/2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: Mosquito Control Products, BLD2121227B1  
 Reference for: (Name of Firm) Clarke Mosquito Control Product, Inc.  
 Organization/Firm Name providing reference: Pasco County Mosquito Control District  
 Contact Name/Title: Andriane Rogers, Director  
 Contact E-mail: arogers@pascomosquito.org  
 Contact Phone: 727-376-45687190  
 Name of Referenced Project: Mosquito Control Products  
 Contract No. No contract number, Just a purchase agreement  
 Contract Amount: Expenditure amount for the last 3 years \$608,256.00  
 Date Services Provided: Agreement in place since 2007 through 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:**  
 Clarke has been one of our primary vendors for chemicals and other accessories (sprayer parts, dippers, etc.) both through the chemical bid process and direct contract. They have always been very responsive and easy to work with.

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

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

References Checked By  
 Name: Cynthia Morales, Title: Office Manager, Mosquito Control  
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: September 16, 2020



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: BLD2121227B1, Mosquito Control Products  
 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  
 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 checked="" type="checkbox"/>
b. Deliverables			<input checked="" 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: Cynthia Morales Title: Office Manager, Mosquito Control  
 Division/Department: Highway & Bridge Maintenance Division Date of Verification: September 16, 2020