



TO: Richard Trupiano, Purchasing Agent Senior
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: BLD2121906B1
General Pest Control Services and Additional Services

Recommended Vendor: Orange Pest Control. Services
Recommended Group(s)/Line Item(s):
Initial Award Amount: \$ 176,713.70 Potential Total Amount: \$ 530,141.10
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 Incumbent Vendor

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 ≥ 2 : 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 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: Scott Campbell TITLE: Director, Facilities Management Division
(Individual authorized to administer the contract.)

SIGNATURE: SCOTT CAMPBELL Digitally signed by SCOTT CAMPBELL Date: 2021.04.26 09:43:26 -04'00' DATE:



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121906B1, General Pest Control Services and Additional Services

Reference for: (Name of Firm) Orange Pest Control & Services, Inc.

Organization/Firm Name providing reference: City of Boca Raton

Contact Name/Title: Diahanne Wong - Contract Administrator

Contact E-mail: dmwong@myboca.us

Contact Phone: (561) 416-3851

Name of Referenced Project: Pest Control Services (IPM - General Pest Control, Rodent Control)

Contract No.

Contract Amount: \$21,800

Date Services Provided: 01/2020 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:
Pest control and bait station monthly 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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)

References Checked By
Name: Kelly Tortoriello Title: Contract/Grants Administrator
Division/Department: Facilities Management Division Date of Verification: April 15, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121906B1, General Pest Control Services and Additional Services

Reference for: (Name of Firm) Orange Pest Control & Services, Inc.

Organization/Firm Name providing reference: City of Coral Springs

Contact Name/Title: Denise Orcutt

Contact E-mail: dorcutt@coralsprings.org

Contact Phone: (954) 334-1103

Name of Referenced Project: Pest Control Services (IPM - Pest Control, Rodent Control)

Contract No.

Contract Amount: \$15,000 per year

Date Services Provided: 2001 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:

Pest Control Services

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Kelly Tortoriello

Title: Contract/Grants Administrator

Division/Department: Facilities Management Division

Date of Verification: April 15, 2021



Vendor Reference Verification Form

Broward County Solicitation No. and Title: BLD2121906B1, General Pest Control Services and Additional Services

Reference for: (Name of Firm) Orange Pest Control & Services, Inc.
 Organization/Firm Name providing reference: City of Delray Beach
 Contact Name/Title: Clayton Gilbert, Building Maintenance Superintendent
 Contact E-mail: Gilbert@mydelraybeach.com
 Contact Phone: (561) 243-7339
 Name of Referenced Project: Pest Control Services (IPM Pest Control, Rodent Control)
 Contract No.
 Contract Amount: \$35,000 (excluding extra services)
 Date Services Provided: 11/2019 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:
Pest Control

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)

References Checked By
 Name: Kelly Tortoriello Title: Contract/Grants Administrator
 Division/Department: Facilities Management Division Date of Verification: April 15, 2021