



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122158B1  
Solicitation Title: Disaster Debris Clearing and Removal Services

Recommended Vendor: Miami Quick Cleaning LLC  
Recommended Group(s)/Line Item(s): All  
Initial Award Amount: \$ 5,921,857.50 Potential Total Amount: \$ 9,869,762.50  
Initial Contract Term: Three Years Contract Term, including Renewals: Five 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: Anh Ton TITLE: Deputy Director, Public Works  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.04.29 13:47:18 -04'00'

DATE: 4/29/21

**ATTACHMENT**

**USER NON-CONCURRENCE**

Solicitation No. OPN2122158B1, Disaster Debris Clearing and Removal Services

**Reasons for Non-Concurrence:**

1. Vendor was not able to demonstrate a capacity or ability to perform the necessary tasks associated with the size and scope of this solicitation.
2. Vendor did not demonstrate historical experience of work performed of a similar nature within the past three (3) years as required. Vendor has been in business for one (1) year with experience that appears to be limited to picking up light bulk waste items with compensation that does not exceed \$1,000. (see Vendor Questionnaire #16 and #32 – references 1-3).
3. Vendor's equipment list is limited to a truck, dump trailer, shovel, wheelbarrow, power tool, straps, and hand truck further demonstrating an inability to perform tasks associated with this solicitation. (see Vendor Questionnaire #31).



**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122158B1  
Solicitation Title: Disaster Debris Clearing and Removal Services

Recommended Vendor: Custom Tree Care, Inc  
Recommended Group(s)/Line Item(s): Group 1, Group 2, and Group 3  
Initial Award Amount: \$ 6,265,971.00 Potential Total Amount: \$ 10,443,285.00  
Initial Contract Term: Three Years Contract Term, including Renewals: Five 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: Anh Ton TITLE: Deputy Director  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 10:56:44 -04'00'

DATE: 5/12/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: Lee County, MS  
 Contact Name/Title: Lee Bowdry, Director of Emergency Management (Lee County)  
 Contact E-mail: lbowdry@co.lee.ms.us  
 Contact Phone: 662-432-2950  
 Name of Referenced Project: Debris Removal  
 Contract No. N/A  
 Contract Amount: \$2,850,608.20  
 Date Services Provided: 12/2019-06/2020

(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:**

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 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 checked="" type="checkbox"/>	<input 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 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)**

1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? **Yes**

2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? **Yes**

3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? **Yes**

References Checked By  
 Name: Jennifer St Pruex Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/7/201



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: School Board of Broward County  
 Contact Name/Title: Roy Norton, Manager (Custodial Grounds)  
 Contact E-mail: roy.norton@browardschools.com  
 Contact Phone: 754-321-4316  
 Name of Referenced Project: Emergency Debris Clean up and Removal Services  
 Contract No. FY20-11B  
 Contract Amount: \$1,491,664.66  
 Date Services Provided: 12/2015-11/2021

(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:**  
**Hazardous tree removal, hazardous limb removal, re-standing leaning or fallen trees, hazardous stump removal, hazardous stump grinding, tree gathering and collection of all vegetative material and removal. Also includes removal of construction and demolition debris from the school grounds and right of way adjacent to school property.**

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)**  
**1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? Yes**  
**2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? Yes**  
**3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? Yes**

References Checked By  
 Name: Jennifer St Pruex Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 4/23/2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) Custom Tree Care, Inc.  
 Organization/Firm Name providing reference: Town of Bay Harbor Islands  
 Contact Name/Title: Jordan Leonard, Mayor  
 Contact E-mail: jleonard@bayharborislands-fl.gov  
 Contact Phone: 305-206-8497  
 Name of Referenced Project: Disaster Debris Management and Removal Services  
 Contract No. N/A  
 Contract Amount: \$167,467.11  
 Date Services Provided: 09/2017-05/2022

(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:**  
**Disaster Debris Clearing and Removal Services and Debris Management/Processing after Irma.**

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)**  
 1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? Yes  
 2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? Yes  
 3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? Yes  
 Extremely pleased with level of service provided, promptness and responsiveness. Contractor also provided debris processing. Services were reimbursed by FEMA promptly.

References Checked By

Name: Jennifer Domenech

Title: Contracts Grants Administrator

Division/Department: Solid Waste and Recycling Services

Date of Verification: 4/23/2021

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**TO:** Brenda J. Billingsley, Director  
Purchasing Division  
**FROM:** Anh Ton, P.E., Deputy Director  
Public Works Department  
**SUBJECT:** Solicitation No.: OPN2122158B1  
Solicitation Title: Disaster Debris Clearing and Removal Services

Recommended Vendor: DRC Emergency Services, LLC  
Recommended Group(s)/Line Item(s): Group 1, and Group 2  
Initial Award Amount: \$ 6,375,891.90 Potential Total Amount: \$ 10,626,486.50  
Initial Contract Term: Three Years Contract Term, including Renewals: Five 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: Anh Ton, PE TITLE: Deputy Director  
(Individual authorized to administer the contract.)

SIGNATURE: Anh Ton

Digitally signed by Anh Ton  
Date: 2021.05.12 11:00:17 -04'00'

DATE: 5/12/21



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) DRC Emergency Services  
 Organization/Firm Name providing reference: FDOT Region 3  
 Contact Name/Title: Renae Sanders, Assistant District Construction Engineer  
 Contact E-mail: Renae.Sanders@dot.state.fl.us  
 Contact Phone: 850-330-1658  
 Name of Referenced Project: Debris Removal Services in Response to Hurricane Michael  
 Contract No. H3-518  
 Contract Amount: \$ 21,800,000.00  
 Date Services Provided: 10/2018-05/2019

(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:**  
**Hurricane Michael Debris Removal Operations and Hazardous Tree, Limb and Stump Removal Operations**

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
<b>1. Vendor's Quality of Service</b>				
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"/>
<b>2. Vendor's Organization</b>				
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"/>
<b>3. Timeliness of:</b>				
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"/>

Reference Verification: OPN2122158B1, Disaster Debris Clearing and Removal Services

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

- 1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? Yes - Over 1,200,000.00 CY of vegetative debris from FDOT ROW on State Roads in Bay and Calhoun Counties. This does not include stumps, leaners and hangers.**
- 2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? Hurricane Michael was a Category 5 storm, debris removal teams started arriving in the Panhandle prior to making landfall ready to respond in areas that they already had contracts. FDOT let their Debris Removal Contract after Cut & Toss Operations were completed and forecast of debris on the ground was made. Once bids were received, awarded and executed, DRC began positioning crews in the counties that they were responsible for.**
- 3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? DRC has established relationships with companies that they sub-contract with on a regular basis. There was not any problems with getting crews mobilized to perform the work effort.**

References Checked By

Name: Jennifer St Pruex

Title: Contract Grants Administrator

Division/Department: Solid Waste and Recycling Services Date of Verification: 4/27/2021

*Beverly Marge Sanders 4/27/2021  
Assistant District Construction Engineer  
Debris Project Manager*



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) DRC Emergency Services  
 Organization/Firm Name providing reference: Holmes County, FL  
 Contact Name/Title: Clint Erikson, County Commissioner, District 5  
 Contact E-mail: clinterickson@holmescountyfl.org  
 Contact Phone: 850-547-1119  
 Name of Referenced Project: Debris Removal Services in Response to Hurricane Michael  
 Contract No. N/A  
 Contract Amount: \$2,269,063  
 Date Services Provided: 10/2018-02/2019

(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:**  
**Hauled everything out of pit/area and made sure to go back and clean up any stockpile remaining.**

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)**  
**1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? Yes**  
**2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? Yes**  
**3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? Yes**

References Checked By  
 Name: Jennifer St Pruex Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/7/2021



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: OPN2122158B1, Disaster Debris Clearing and Removal Services  
 Reference for: (Name of Firm) DRC Emergency Services  
 Organization/Firm Name providing reference: Jackson County, FL  
 Contact Name/Title: Clint Pate, County Commissioner, District 2  
 Contact E-mail: patec@jacksoncountyfl.gov  
 Contact Phone: 850-527-3900  
 Name of Referenced Project: Debris Removal Services in Response to Hurricane Michael  
 Contract No. 4399  
 Contract Amount: \$40,000,000.00  
 Date Services Provided: 10/2018 - 9/2019

(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:**  
**Cut and push and right-of-way clean up.**  
**We have already entered into another contract with DRC.**

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)**  
**1.) Was this contractor a Prime Contractor for debris clearing and removal activities exceeding 100,000 cubic yards of disaster debris? Yes**  
**2. Did this contractor respond to initial requests for clearing and removal of debris in a timely manner? Yes**  
**3. Did this contractor have the proper amount of equipment and staff to perform clearing and removal activities? Yes**

References Checked By  
 Name: Jennifer St Pruex Title: Contracts Grants Administrator  
 Division/Department: Solid Waste and Recycling Services Date of Verification: 5/3/2021