



**TO:** Windelle Jean-Pierre, Purchasing Agent Senior  
Purchasing Division  
**FROM:** Angelica Jones, Assistant General Manager Operations  
Broward County Transportation  
**SUBJECT:** Solicitation No.: TRN2126846B1  
BCT Pest Control Services for Buses and Non-Revenue Vehicles

Recommended Vendor: Tower Pest Control, Inc.  
Recommended Group(s)/Line Item(s): All Lines  
Initial Award Amount: \$ 193,508 Potential Total Amount: \$ 580,524  
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: Angelica Jones  
(Individual authorized to administer the contract.)

TITLE: Assistant GM of Operations

SIGNATURE: Jones, Angelica Digitally signed by Jones, Angelica  
Date: 2023.11.08 08:47:51 -05'00' DATE: 11/8/23



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2126846B1, BCT Pest Control Services for Buses and Non-Revenue Vehicles

Reference for (Name of Firm): Tower Pest Control, Inc.

Organization/Firm Name providing reference: Miami Dade County Department of Public Works and Transportation

Contact Name: Pedro Vazquez Title: MDT Property Manager

Contact Email: pedro.vazquez@miamidade.gov Contact Phone: (786) 426-5593

Name of Referenced Project: Pest Control to Metrorail and Metromover

Contract No. RFQ 381-6 Contract Amount: 576,000.00

Date Services Provided: July 2021 thru present

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

Integrated Pest Management Services to entire bus fleet, metrorail and all metromover cars and stations.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)

Tower is extremely responsive and staff is well versed, punctual, and knowledgeable. They offer the attention one is accustomed to with a small business, while offering the professionalism and responsiveness of a large company.

References Checked By

Name: Pedro Vazquez

Title: Property Manager

Division/Department: MDT

Date of Verification: 10/24/23



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: TRN2126846B1, BCT Pest Control Services for Buses and Non-Revenue Vehicles

Reference for (Name of Firm): Tower Pest Control, Inc.

Organization/Firm Name providing reference: Miami Dade County Aviation Department

Contact Name: Gina McNair

Title: Facilities Superintendent

Contact Email: Gthomas@FLYMIA.com

Contact Phone: (305) 876-0426

Name of Referenced Project: IPM Services for Multiple Miami-Dade County Airports

Contract No. RFQ-00381-AV

Contract Amount: 11,607,000.00

Date Services Provided: 12/01/2022 - 11/30/2025

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: ISSAC SMITH

Title: Assistant Aviation Director

Division/Department: MDAD

Date of Verification: 10/25/23



**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: TRN2126846B1, BCT Pest Control Services for Buses and Non-Revenue Vehicles

Reference for (Name of Firm): Tower Pest Control, Inc.

Organization/Firm Name providing reference: Miami Dade Department of Transportation and Public Works (DPTW)

Contact Name: Jorge Villazon Title: Bus Maintenance Superintendent

Contact Email: jdvm@miamidade.gov Contact Phone: (786) 488-3211

Name of Referenced Project: Treatment to all county buses

Contract: N/A Contract Amount: 360,000.00

Date Services Provided: 8/2020

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)  
Contractor is very reliable and quick to response to our 311 complaints.

References Checked By Name: Julian Diaz Title: Transit Superintendent  
Division/Department: Transportation maintenance Date of Verification: 4/16/23