

**SUPPLIER / PRODUCT EVALUATION FORM**

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Co., Inc.  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Provides Fresh Produce to School Cafeterias

1. How do you rate the supplier in the following areas?
- |                                   |                          |                          |                          |                          |                                     |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|                                   | 1                        | 2                        | 3                        | 4                        | 5                                   |
|                                   | Poor                     | Fair                     | Good                     | Very Good                | Excellent                           |
| Overall Customer Service          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
2. How satisfied are you with the supplier?
- |  |   |                                    |  |
|--|---|------------------------------------|--|
| 1                                      | 2   | 3                                  | 4  |
| Not Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Very Satisfied <input checked="" type="checkbox"/> |
3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?
- |  |                          |                          |                          |                          |                                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | 1                        | 2                        | 3                        | 4                        | 5                                   |
|  | Poor                     | Fair                     | Good                     | Very Good                | Excellent                           |
| Compliance with Specifications                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Quality as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Price as Compared to Similar Products/Services   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
5. Would you purchase this product or use this vendor again?
- |  |                                   |                                   |  |
|--|-----------------------------------|-----------------------------------|--|
| 1                                      | 2                                 | 3                                 | 4  |
| Very Unlikely <input type="checkbox"/> | Unlikely <input type="checkbox"/> | Probably <input type="checkbox"/> | Definitely <input checked="" type="checkbox"/> |

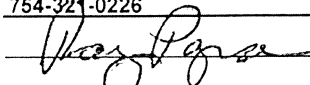
\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Ray Papa  
 School / Department: Food & Nutrition Services  
 Contact Telephone: 754-321-0226  
 Participant's Signature:  Date: 1/27/15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Maria Pedraza (Manager)  
 School / Department: F.N.S. Floranada Elementary  
 Contact Telephone: 754 322 6360  
 Participant's Signature: [Signature] Date: 2-19-2015

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name / Title: Angela Bracco Evaluation Form Completed By: Cafeteria Manager  
 School / Department: Silver Lakes Middle  
 Contact Telephone: 754 322 4600  
 Participant's Signature: Angela Bracco Date: 2-19-13

**SUPPLIER / PRODUCT EVALUATION FORM**

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**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input type="checkbox"/> NA

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: Good about giving credits

**Evaluation Form Completed By:**

Name / Title: Lewis Jackson/Principal with input from Donna Masterson/Cafeteria Manager  
 School / Department: Dania Elementary  
 Contact Telephone: 754 323 5360  
 Participant's Signature: *Lewis Jackson* Date: 2/19/15

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Evaluation Form Completed By:

Name / Title: Meredith Ferrari / Cafeteria Manager  
 School / Department: Silver Trail Middle School / Food Service  
 Contact Telephone: 754-323-4310

Participant's Signature: *Meredith Ferrari* Date: 2/19/15



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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied       2 Somewhat Satisfied       3 Satisfied       4 Very Satisfied

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely       2 Unlikely       3 Probably       4 Definitely

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

— Evaluation Form Completed By:  
 Name / Title: Cynthia Fredericks - Cafe Manager  
 School / Department: Glades Middle - Food + Nutrition  
 Contact Telephone: 754 323-4616

Participant's Signature: Cynthia Fredericks Date: 2-20-15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input checked="" type="checkbox"/>	4 Definitely <input type="checkbox"/>
---	--	---	--

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:  
 Name / Title: Grathia Sentmanet, Food Services Area Manager  
 School / Department: Manatee Bay Food Service  
 Contact Telephone: 754-303-6466  
 Participant's Signature: [Signature] Date: 2/20/15



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Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Angela Windsor Cateena Manager  
 School / Department: Deerfield Park Elementary Food & Nutrition Service  
 Contact Telephone: 754-322-6160  
 Participant's Signature: Angela Windsor Date: 2/20/15

**SUPPLIER / PRODUCT EVALUATION FORM**

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**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input checked="" type="checkbox"/>

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name / Title: JoAnne Seltzer - Principal  
 School / Department: Riverglades Elem.  
 Contact Telephone: 754-322-8200  
 Participant's Signature: JoAnne Seltzer Date: \_\_\_\_\_

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: When I have problems they either replace ASAP or give credit.

### Evaluation Form Completed By:

Name / Title: Marsha St. Pierre  
 School / Department: Pembroke Pines Elem - Cafeteria Mgr  
 Contact Telephone: 754-323-7010  
 Participant's Signature: *Marsha St. Pierre* Date: 2/20/15

## SUPPLIER / PRODUCT EVALUATION FORM

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: plz none

Evaluation Form Completed By:  
 Name / Title: Sonia Stroman / Manager - Food Service  
 School / Department: McArthur High  
 Contact Telephone: 754-323-1210  
 Participant's Signature: Sonia Stroman Date: 2/19/15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input type="checkbox"/>	Definitely <input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Tina Wright / Food Service Manager  
 School / Department: Dakshoda Elementary / Food Service  
 Contact Telephone: 754-323-6710

Participant's Signature: Tina Wright Date: 2-19-15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Pam Downing FNS Cafeteria Manager  
 School / Department: FNS Embassy Creek Elem 3191  
 Contact Telephone: 754-323-5560

Participant's Signature:  Date: 2/19/15

# SUPPLIER / PRODUCT EVALUATION FORM

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E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

## SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied       2 Somewhat Satisfied       3 Satisfied       4 Very Satisfied

3. Will you use them again?    Yes     No

## SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely       2 Unlikely       3 Probably       4 Definitely

\*If not, please explain why in comments.

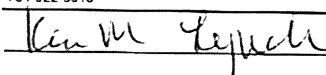
## SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
\_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Karen M. Lynch FNS Manager  
School / Department: Plantation Elem. Food and Nutrition Services  
Contact Telephone: 754-322-8010

Participant's Signature:  Date: 02/20/2015

**SUPPLIER / PRODUCT EVALUATION FORM**

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**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Mania Van Buren  
 School / Department: Oakland Park elementary  
 Contact Telephone: 754-815-4602  
 Participant's Signature: *Mania Van Buren* Date: 02/19/2015



## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
\_\_\_\_\_

**Evaluation Form Completed By:**

Name / Title: Judith Yazell  
School / Department: Tedder Elementary/Cafeteria  
Contact Telephone: 754-322-8660

Participant's Signature: JUDITH YAZELL Date: February 20, 2015

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input checked="" type="checkbox"/>	4 Definitely <input type="checkbox"/>
---	--	---	--

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:  
 Name / Title: Kelly Eckhardt Cafeteria manager  
 School / Department: Challenger Elem  
 Contact Telephone: 754 322-5760  
 Participant's Signature: Kelly UA Date: 2/19/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name / Title: Montrice R. Brown - Ricks / Cafe Manager  
 School / Department: Bonjour Elementary  
 Contact Telephone: 754 322 5360  
 Participant's Signature: [Signature] Date: 2/20/15

**SUPPLIER / PRODUCT EVALUATION FORM**

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 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?
- |                                   |                          |                                     |                                     |                          |                          |
|-----------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|                                   | 1                        | 2                                   | 3                                   | 4                        | 5                        |
|                                   | Poor                     | Fair                                | Good                                | Very Good                | Excellent                |
| Overall Customer Service          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
2. How satisfied are you with the supplier?
- |                          |                          |                                     |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1                        | 2                        | 3                                   | 4                        |
| Not Satisfied            | Somewhat Satisfied       | Satisfied                           | Very Satisfied           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?
- |  |                          |                          |                                     |                          |                          |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                                   | 4                        | 5                        |
|  | Poor                     | Fair                     | Good                                | Very Good                | Excellent                |
| Compliance with Specifications                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality as Compared to Similar Products/Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Price as Compared to Similar Products/Services   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Would you purchase this product or use this vendor again?
- |                          |                          |                                     |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1                        | 2                        | 3                                   | 4                        |
| Very Unlikely            | Unlikely                 | Probably                            | Definitely               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: Good customer service

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Evaluation Form Completed By:

Name / Title: MONA NASSIR FOOD SERVICE MANAGER  
 School / Department: RAMBLEWOOD ELEM.  
 Contact Telephone: 754-322-8860  
 Participant's Signature: [Signature] Date: 2/20/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?
- |                                   | 1                        | 2                        | 3                                   | 4                                   | 5                        |
|-----------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                   | Poor                     | Fair                     | Good                                | Very Good                           | Excellent                |
| Overall Customer Service          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
2. How satisfied are you with the supplier?
- | 1                        | 2                        | 3                                   | 4                        |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Not Satisfied            | Somewhat Satisfied       | Satisfied                           | Very Satisfied           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?
- |  | 1                        | 2                                   | 3                                   | 4                        | 5                        |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Poor                     | Fair                                | Good                                | Very Good                | Excellent                |
| Compliance with Specifications                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality as Compared to Similar Products/Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Price as Compared to Similar Products/Services   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
5. Would you purchase this product or use this vendor again?
- | 1                        | 2                        | 3                                   | 4                        |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Very Unlikely            | Unlikely                 | Probably                            | Definitely               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By: Gynthia Santmanat, Food Services Area Manager  
 Name / Title: \_\_\_\_\_  
 School / Department: Manatee Bay, Food Service  
 Contact Telephone: 754-323-6460  
 Participant's Signature: [Signature] Date: 2/20/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input checked="" type="checkbox"/>
---	--	---	---

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Not enough info to evaluate</i>					

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: My most reliable vendor.

**Evaluation Form Completed By:**

Name / Title: Diane O'Connell Food Service Manager  
 School / Department: Palm Cove Elementary Food and Nutrition Services  
 Contact Telephone: 754-323-6810  
 Participant's Signature: Diane O'Connell Date: 2-20-15

**SUPPLIER / PRODUCT EVALUATION FORM**

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied       2 Somewhat Satisfied       3 Satisfied       4 Very Satisfied

3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

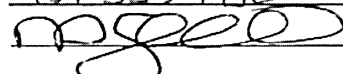
1 Very Unlikely       2 Unlikely       3 Probably       4 Definitely

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:  
 Name / Title: Necole Pagillo Food Service Manager  
 School / Department: Trinidad Middle School  
 Contact Telephone: 754-323-7590  
 Participant's Signature:  Date: 2/20/15

**SUPPLIER / PRODUCT EVALUATION FORM**

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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E-mail to: charles.high@browardschools.com

**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
---	--	--	---

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation Form Completed By:  
Name / Title: Luz Benitez / Cafeteria Manager  
School / Department: Silver Palms Elementary  
Contact Telephone: 754-323-7450  
Participant's Signature: Imada Walker, Principal Date: 2/20/15



**SUPPLIER / PRODUCT EVALUATION FORM**

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**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied       2 Somewhat Satisfied       3 Satisfied       4 Very Satisfied

3. Will you use them again?    Yes     No

**SECTION 2 – PRODUCT / SERVICE EVALUATION**

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely       2 Unlikely       3 Probably       4 Definitely

\*If not, please explain why in comments.

**SECTION 3 – END-USER INPUT**

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: The products can be better quality at times.

**Evaluation Form Completed By:**

Name / Title: Heilange Porcena, Assistant Principal  
School / Department: North Side Elementary School  
Contact Telephone: 754-322-7450

Participant's Signature:  Date: February 20, 2015

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very Satisfied <input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Cherise Coleman/Principal  
 School / Department: Central Park Elementary  
 Contact Telephone: 754-322-5700  
 Participant's Signature: *Cherise Coleman* Date: 2/20/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: Sometimes produce quality is not the best but they do replace when notified of any issues. They address quickly.

Evaluation Form Completed By: Tiffany Barish - ENS MANAGER  
 Name / Title: \_\_\_\_\_  
 School / Department: Dillard Elementary 10271  
 Contact Telephone: 754 322 8210 / 754 322 16200  
 Participant's Signature: [Signature] Date: 2/23/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

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 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Toni Greene Manager  
 School / Department: Circle Klem 1875  
 Contact Telephone: 754 322 7560  
 Participant's Signature: Toni Greene Date: 2/23/15

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: M & B Products, Inc.  
 Supplier Contact: Dale McClellan  
 Contact Telephone: 813-988-2211

Bid No.: 12-010N Purchase Order No.: Various

What was the product / service? Fruit Juices for Cafeterias

1. How do you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1 Not Satisfied <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input checked="" type="checkbox"/>	4 Very Satisfied <input type="checkbox"/>
---	--	--	--

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1 Very Unlikely <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input checked="" type="checkbox"/>	4 Definitely <input type="checkbox"/>
---	--	---	--

\*If not, please explain why in comments.


### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Flerida Donnarumma  
 School / Department: Pembroke Lakes Elementary  
 Contact Telephone: 754-323-6960

Participant's Signature:  Date: 2-23-15



## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input checked="" type="checkbox"/>	Very Satisfied <input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Probably <input checked="" type="checkbox"/>	Definitely <input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: IS IT POSSIBLE FOR THE DRIVERS TO ASSIST THE CAFETERIA LADIES WITH THE HEAVY FRESH FRUIT BOXES?

\_\_\_\_\_

\_\_\_\_\_

Evaluation Form Completed By:

Name / Title: ROSEY LANESE/ ASSISTANT MANAGER

School / Department: FOOD AND NUTRITION SERVICE AT ANNABEL C. PERRY PRE-K-6

Contact Telephone: (754) 323-7060

Participant's Signature:  Date: Feb 23, 2015

## SUPPLIER / PRODUCT EVALUATION FORM

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E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name / Title: JoAnne Seltzer - Principal  
School / Department: Riverglades Elem.  
Contact Telephone: 754-322-8200  
Participant's Signature: JoAnne Seltzer Date: \_\_\_\_\_



## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: plz none

Name / Title: Sonia Stroman / Manager - Food Service  
 School / Department: McArthur High  
 Contact Telephone: 754-323-1210  
 Participant's Signature: Sonia Stroman Date: 2/19/15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
 Supplier Contact: Mildred Edwards  
 Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Principal, Carter B. Campbell / Lori Sallee, Cafe Manager  
 School / Department: Princess Michael School - Food & Nutrition  
 Contact Telephone: 754-323-4012  
 Participant's Signature: [Signature] Date: 02/10/15

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Mac Edwards Produce & Company  
Supplier Contact: Mildred Edwards  
Contact Telephone: 305-326-7223

Bid No.: 14-019V Purchase Order No.: Various

What was the product / service? Fresh Produce for Cafeterias

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their product / service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this product or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: When I have problems they either replace ASAP or give credit.

Evaluation Form Completed By:

Name / Title: Marsha St. Pierre  
School / Department: Pembroke Pines Elem - Cafeteria Mgr  
Contact Telephone: 754-323-7010  
Participant's Signature: *Marsha St. Pierre* Date: 2/20/15