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: michelle.wilcox@browardschools.com

| Supplier Company Name: Supplier Contact: Contact Telephone: | Best Plumbing S Jimmie Jiampetti 1-800-448-6710 | | | | | |
|--|--|--|----------------------------|-----------------------------------|---------------------|----------------|
| Bid No.:10-006R | Purchase Order No | o.: | | | | |
| What was the product / service | e? Pumps and Ele | ctric Motors | | 199 | | |
| 1. How do you rate the supp | ier in the following area | 1 | 2 | 3 | 4 | 5 |
| Overall Customer Service Delivery as Scheduled or | Promised | Poor | Fair | Good | Very Good ⊠ ⊠ | Excellent |
| 2. How satisfied are you with | the supplier? | | 3 | | A | |
| Not Satisfied | Somewhat Satisfie | ed 🗌 | Satisfie | d 🗌 | Very Satis | sfied 🛛 |
| 3. Will you use them again? | Yes ⊠ No □ | | | | | |
| | SECTION 2 - PR | ODUCT / SE | RVICE EV | ALUATION | | |
| 4. How do you rate their prod | duct / service? | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
| Compliance with Specifica Quality as Compared to Si Price as Compared to Sim | milar Products/Services | | | | X X X | |
| 5. Would you purchase this | | dor again? | 2 | | 4 | |
| 1 Very Unlikely ☐ | 2 Unlikely 🗌 | | 3 Probably ☐ | | Definitely ⊠ | |
| *If not, please explain why in | comments. | | | | | |
| | SECTIO | N 3 – END-L | JSER INPU | <u>T</u> . | | |
| Please share any additional i performance is unsatisfactory, | nformation regarding t please tell us why. Yo | this supplier u may attach | or the proc an addition | luct / service al sheet if ned | provided. If t | his supplier's |
| *Comments: | -10-1 |),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | |
| School / Department: Pro | Uip Dorsett / Superv curement and Warehousing Service | | | | 1100 | |
| Participant's Signature: | 321-4719 2_tt | | | Date: | 8/11/15 | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name Supplier Contact: Contact Telephone: | Condo Electric Mary 305-691-6564 | | | | | | | |
|---|--|---------------------|------------|---------------------------------------|----------------|----------------|--|--|
| Bid No.: 10-006R | Purchase Order N | Purchase Order No.: | | | | | | |
| What was the product / service? Pumps and Electric Motors | | | | | | | | |
| 1. How do you rate the supplier in the following areas? 1 2 3 4 5 Poor Fair Good Very Good Excell | | | | | | | | |
| Overall Customer Ser Delivery as Scheduled | | | | X X | | | | |
| 2. How satisfied are you | with the supplier? | | 3 | | 4 | | | |
| 1 Not Satisfied ☐ | Somewhat Satist | fied 🗌 | Satisfi | | Very Sati | sfied 🗌 | | |
| 3. Will you use them aga | in? Yes 🗵 No 🗆 | 1 | | | | | | |
| | SECTION 2 - P | RODUCT / S | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their | product / service? | 1 | 2 | 3 Good | 4 Very Good | 5 Excellent | | |
| Compliance with Spec Quality as Compared to Price as Compared to | ifications o Similar Products/Servic Similar Products/Services | Poor es | Fair | X X X X X X X X X X | | | | |
| 5. Would you purchase t | his product or use this ve | ndor again? | 3 | | 4.4 | | | |
| 1 Very Unlikely □ | 2 Unlikely [|] | Probably ⊠ | | Definitely ☐ | | | |
| *If not, please explain wh | y in comments. | | | | | | | |
| | SECTI | ON 3 – END- | USER INPL | <u>JT</u> | | | | |
| 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: | WII | | ** | | | | | |
| | | | | | | | | |
| Name / Title: | Phillip Dorsett / Super | tion Form Co | | | | | | |
| School / Department: | Procurement and Warehousing Sen | | | | | | | |
| Contact Telephone: | 754-321-4719 | | | | | | | |
| Participant's Signature: | AD_tt | | | Date: | 8/11/15 | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name Supplier Contact: Contact Telephone: | : Johnstone Supi | | | Annual Man | | | | |
|---|--|---|------------|------------|----------------------|----------------|--|--|
| Bid No.: 10-006R | Purchase Order N | Purchase Order No.: | | | | | | |
| What was the product / s | ervice? Pumps and Ele | ectric Motor | S | | ATEMHS A | | | |
| 1. How do you rate the s | upplier in the following are | eas? 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | |
| Overall Customer Ser Delivery as Scheduled | | | | | | 8 | | |
| 2. How satisfied are you | | | 3 | | 4 | | | |
| 1 Not Satisfied ☐ | 2 Somewhat Satisf | ied 🗌 | Satisfi | | Very Sati | sfied ⊠ | | |
| 3. Will you use them aga | in? Yes ဩ No ☐ | | | | | | | |
| | SECTION 2 - P | RODUCT / S | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their | product / service? | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | |
| Compliance with Spec Quality as Compared to Price as Compared to | ifications to Similar Products/Service Similar Products/Services | es 🗍 | | | X X X X | | | |
| | this product or use this ve | ndor again? | 3 | | 4 | | | |
| 1 Very Unlikely □ | 2 Unlikely □ | h | Probably 🗌 | | Definitely ⊠ | | | |
| *If not, please explain wh | y in comments. | | | | | | | |
| | SECTION | ON 3 END- | USER INPL | <u>1T</u> | | | | |
| 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: | 183 | | | | 20 20 S S WILLIAM TO | | | |
| 2 | | *** | | | | | | |
| Name / Title: | Evalua Phillip Dorsett / Super | tion Form Co visor | | | | | | |
| School / Department: | Procurement and Warehousing Serv | | | | | | | |
| Contact Telephone: | 754-321-4719 | | | | | | | |
| Participant's Signature: | PD_tt | 111111111111111111111111111111111111111 | | Date: | 8/11/15 | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name Supplier Contact: Contact Telephone: | | | | | | | | |
|--|---|---------------------|--|----------------|----------------------------|----------------|--|--|
| Bid No.: _10-006R | Purchase Order No | Purchase Order No.: | | | | | | |
| What was the product / s | ervice? Pumps and Ele | ctric Motor | s | -mvn | | | | |
| 1. How do you rate the s | upplier in the following are | as? | 2 | 3 | 4 | 5 | | |
| Overall Customer Ser Delivery as Schedule | | Poor | Fair | Good | Very Good □ ⊠ | Excellent | | |
| 2. How satisfied are you | with the supplier? | | 3 | | 4 | | | |
| 1 Not Satisfied ☐ | Somewhat Satisfi | ed 🗌 | Satisfic | ed 🗌 | Very Sati | sfied ⊠ | | |
| 3. Will you use them aga | nin? Yes ဩ No [] | | | | | | | |
| | SECTION 2 - PF | RODUCT / S | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their | | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | |
| Compliance with Spec Quality as Compared to Price as Compared to | elfications to Similar Products/Service Similar Products/Services | s 🗆 | | | <u>X </u> X X | | | |
| 5. Would you purchase | this product or use this ver | dor again? | 3 | | - 4 | | | |
| า Very Unlikely 🏻 | unlikely ☐ | | 3 Probably ☐ | | Definitely ⊠ | | | |
| *If not, please explain wh | y in comments. | | | | | | | |
| | SECTIO | N 3 END- | USER INPU |)T. | | | | |
| performance is unsatisfac | nal information regarding tory, please tell us why. Yo | ou may attacl | h an additior | duct / service | provided. If t cessary. | his supplier's | | |
| *Comments: | 7.07 | | STATE OF STA | varez- | | | | |
| | | | | | | | | |
| School / Department: | Phillip Dorsett / Superv | | | | | | | |
| Contact Telephone: Participant's Signature: | 754-321-4719 PD #t | | | Date | 8/11/15 | | | |
| randcipant's Signature: | 1 the M | | | Date. | 0/11/13 | | | |

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: michelle.wilcox@browardschools.com

| | | | | - | | | | |
|---|--|------------------------------------|-----------------|---------------------------------------|--------------------|----------------|--|--|
| Supplier Company Name | : Maegher Corpor | Maegher Corporation D/B/A Technico | | | | | | |
| Supplier Contact: | Daniel Maher | | | | | | | |
| Contact Telephone: | 954-484-2929 | 954-484-2929 | | | | | | |
| Bid No.: 10-006R | Purchase Order No | .i | | | | | | |
| What was the product / s | service? <u>Pumps and Ele</u> | ctric Motor | s | | | | | |
| 1. How do you rate the s | supplier in the following area | ıs? 1 | 2 | 3 | 4 | 5 | | |
| Overall Customer Sei Delivery as Schedule | | Poor | Fair | Good | Very Good | Excellent | | |
| 2. How satisfied are you | with the supplier? | | 3 | | А | | | |
| 1 Not Satisfied ☐ | Somewhat Satisfie | ed 🔲 | Satisfied | X | Very Satis | sfied 🗌 | | |
| 3. Will you use them aga | ain? Yes 🗵 No 🗌 | | | | | | | |
| | SECTION 2 - PR | ODUCT / SI | ERVICE EVA | LUATION | | | | |
| 4. How do you rate their | product / service? | | | | | | | |
| · | • | 1 | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | |
| Compliance with Spec Quality as Compared Price as Compared to | cifications to Similar Products/Services Similar Products/Services | Poor | | X X X X X X X X X X | | | | |
| 5. Would you purchase | this product or use this ven | dor again? | • | | - 4 | | | |
| 1 Very Unlikely ☐ | 2 Unlikely 🗌 | | 3 Probably □ | | Definitely ⊠ | | | |
| *If not, please explain wh | ny in comments. | | | | | | | |
| | SECTIO | N 3 – END-I | JSER INPUT | | | | | |
| Please share any addition | nal information regarding t | his supplier | or the produ | ct / service | provided. If t | his supplier's | | |
| | ctory, please tell us why. Yo | | | | cessary. | | | |
| | -0 | | | | Colomon Street Co. | | | |
| | 2000 | | | | | | | |
| Name / Title: | Evaluati Phillip Dorsett / Superv | on Form Cor | | | | | | |
| School / Department: | Procurement and Warehousing Service | | | | | | | |
| Contact Telephone: | 754-321-4719 | | | | | | | |
| Participant's Signature: | P.D.tt | | | Date: | 8/11/15 | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name Supplier Contact: Contact Telephone: | : MSC Industrial S Scott McCamant 770-739-2119 | | | | | | | | |
|---|---|-----------------------------|-------------------------------|------------------------------------|--------------------------|----------------|--|--|--|
| Bid No.:10-006R | Purchase Order No | o.: | | | | | | | |
| What was the product / se | ervice? Pumps and Ele | ctric Motor | s | Ju. 3. | | | | | |
| 1. How do you rate the si | upplier in the following are | as? 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | | |
| Overall Customer Serv Delivery as Scheduled | • | | | ⊠ □ | | | | | |
| 2. How satisfied are you with the supplier? 2 3 4 | | | | | | | | | |
| Not Satisfied 🔲 | Somewhat Satisfi | ed 🗌 | Satisfie | ed 🛚 | Very Satis | sfied 🗌 | | | |
| 3. Will you use them again | in? Yes 🔯 No 🗌 | | | | | | | | |
| | SECTION 2 - PF | RODUCT / S | ERVICE EV | ALUATION | | | | | |
| 4. How do you rate their | 4. How do you rate their product / service? 1 2 3 4 5 | | | | | | | | |
| Compliance with Speci Quality as Compared to Price as Compared to S | ifications o Similar Products/Service Similar Products/Services | Poor s | Fair | Good | Very Good ⊠ ⊠ ⊠ | Excellent | | | |
| | his product or use this ven | dor again? | 3 | | - 4 | | | | |
| 1 Very Unlikely □ | Unlikely ☐ | | Probably 🗌 | | Definitely ⊠ | | | | |
| *If not, please explain why | y in comments. | | | | | | | | |
| | SECTIO | N 3 END- | USER INPL | <u>)T</u> | | | | | |
| Please share any addition performance is unsatisfact | nal information regarding to ory, please tell us why. Yo | this supplie u may attac | r or the pro h an additior | duct / service nal sheet if ned | provided. If t | his supplier's | | | |
| *Comments: | ite also | | | | STICKS III. II CANSON | | | | |
| 2 | | | mpleted By: | 11787 | | | | | |
| Name / Title: | Phillip Dorsett / Superv | | | | # i ii x x c | - | | | |
| Contact Telephone: | 754-321-4719 | es / FFO Sluckion | 711 | | | | | | |
| Participant's Signature: | PD_tt | 10070777 | | Date: | 8/11/15 | | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name: Supplier Contact: Contact Telephone: | Pat's Pump and | Pat's Pump and Blower | | | | | | |
|---|---|------------------------------|-------------|-----------------------------------|----------------|----------------|--|--|
| Bid No.: <u>10-006R</u> | _ Purchase Order No | Purchase Order No.: | | | | | | |
| What was the product / se | rvice? Pumps and Ele | ctric Motor | s | 11. 111. | | | | |
| 1. How do you rate the su | pplier in the following area | ns? 1 | 2 | 3 | 4 | 5 | | |
| Overall Customer Servi Delivery as Scheduled | | Poor | Fair | Good | Very Good | Excellent | | |
| 2. How satisfied are you w | rith the supplier? | | 3 | | 4 | | | |
| Not Satisfied | Somewhat Satisfie | ed 🔲 | Satisfie | d 🗌 | Very Satis | sfied 🗌 | | |
| 3. Will you use them agair | ? Yes 🗌 No 🛚 | | | | | | | |
| | SECTION 2 - PR | ODUCT / S | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their p | roduct / service? | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent | | |
| | ications Similar Products/Services imilar Products/Services | | | | | | | |
| 5. Would you purchase th | is product or use this ven | dor again? | | | 4 | | | |
| 1 Very Unlikely ☐ | Unlikely ☐ | | Probably 🗌 | | Definitely [| | | |
| *If not, please explain why | in comments. | | | | | | | |
| | SECTIO | N 3 END-I | JSER INPU | <u>r</u> ,,* | | | | |
| Please share any additiona performance is unsatisfacto | l information regarding try, please tell us why. Yo | his supplier u may attach | or the prod | luct / service al sheet if nec | provided. If t | his supplier's | | |
| *Comments: This vendo | or bid on parts that we | do not use | | | | | | |
| | ***** | | | 1000 | | | | |
| | Phillip Dorsett / Supervi | | | | -11111111 | | | |
| | Procurement and Warehousing Service 754-321-4719 | es / PPO Stockroo | m | | | | | |
| Participant's Signature: | PD_tt | | | Date: | 8/10/15 | | | |

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: michelle.wilcox@browardschools.com

| | | | 3000011000 | | | | | |
|---|--|--|----------------------------|----------------------------------|----------------------------|----------------|--|--|
| Supplier Company Name: Supplier Contact: Contact Telephone: | Rice Pump & M John T. Maustakis 954-776-6049 | Rice Pump & Motor Repair John T. Moustakis 954-776-6049 | | | | | | |
| Bid No.: 10-006R | Purchase Order N | lo.: | | | | | | |
| What was the product / se | ervice? Pumps and El | ectric Motors | 3 | | | | | |
| 1. How do you rate the su | upplier in the following ar | | • | 2 | 4 | 5 | | |
| Overall Customer Serv Delivery as Scheduled | | Poor | 2 Fair | 3 Good □ | Very Good ⊠ ⊠ | Excellent | | |
| 2. How satisfied are you | with the supplier? | | 2 | | 4 | | | |
| 1 Not Satisfied ☐ | 2 Somewhat Satist | fied 🗌 | 3 Satisfie | d 🗌 | Very Satis | sfied 🛚 | | |
| 3. Will you use them again | in? Yes ☒ No ☐ | 1 | | | | | | |
| | SECTION 2 - P | RODUCT / SI | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their p | ifications | 1 Poor | 2 Fair | 3 Good | 4 Very Good ⊠ ⊠ | 5 Excellent | | |
| Price as Compared to | o Similar Products/Service Similar Products/Services | | | | | | | |
| 5. Would you purchase t | his product or use this ve 2 | ndor again? | 3 | | 4 | | | |
| Very Unlikely ☐ | Unlikely ☐ |] | Probably 🗌 | | Definitely 🗵 | | | |
| *If not, please explain why | y in comments. | | | | | | | |
| | SECTION | ON 3 END-I | USER INPU | <u>r</u> | | | | |
| Please share any addition performance is unsatisfact | nal information regarding tory, please tell us why. Y | this supplier ou may attach | or the prod an addition | luct / service al sheet if ne | provided. If t cessary. | his supplier's | | |
| | | | | | | Fair 1 | | |
| 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | | | | |
| Name / Title: School / Department: Contact Telephone: | Evalua Phillip Dorsett / Super Procurement and Warehousing Sep. 754-321-4719 | | | | | | | |
| Participant's Signature: | AD_tt | | | Date: | 8/11/15 | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name: Supplier Contact: Contact Telephone: | J & B Investme Mitch Costa 954-941-3191 | | | | | | | |
|---|---|--------------------------------|-------------------------------|------------------------------------|-----------------|----------------|--|--|
| Bid No.:10-006R | Purchase Order N | Purchase Order No.: | | | | | | |
| What was the product / ser | vice? Pumps and E | lectric Moto | rs | | | | | |
| 1. How do you rate the supplier in the following areas? 1 2 3 4 5 | | | | | | | | |
| Overall Customer Servic Delivery as Scheduled c | | Poor | Fair | Good ⊠ ⊠ | Very Good | Excellent | | |
| 2. How satisfied are you wi | ith the supplier? | | 3 | | 4 | | | |
| Not Satisfied ☐ | Somewhat Satisf | ied 🗌 | Satisfic | | Very Satis | sfied 🗌 | | |
| 3. Will you use them again | ? Yes 🗵 No 🗌 | | | | | | | |
| | SECTION 2 - P | RODUCT / S | ERVICE EV | ALUATION | | | | |
| 4. How do you rate their pr | oduct / service? | _1 | 2 | 3 | 4 | 5 | | |
| Compliance with Specific Quality as Compared to S Price as Compared to Si | Similar Products/Service | | Fair | Good X X X | Very Good | Excellent | | |
| 5. Would you purchase this | s product or use this ve | ndor again? | , | | - 4 | | | |
| Very Unlikely ☐ | Unlikely □ | | Probably ⊠ | | Definitely [| | | |
| *If not, please explain why i | n comments. | | | | | | | |
| | SECTION | ON 3 END- | USER INPL | <u>JT</u> | | | | |
| Please share any additional performance is unsatisfactor | information regarding y, please tell us why. Y | this supplier ou may attacl | r or the pro n an addition | duct / service nal sheet if ned | provided. If to | his supplier's | | |
| *Comments: | - 170- | | | | | | | |
| X- Y | | tion Form Co | | | | | | |
| | hillip Dorsett / Super | | | | | | | |
| | 54-321-4719 | | | | | | | |
| Participant's Signature: | D_tt | | | Date: | 8/11/15 | | | |

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: michelle.wilcox@browardschools.com

| Supplier Company Name: Supplier Contact: | Steve Persaud | 17 TO To | | | - W-1/4 | - 11 |
|--|---|--------------------|-----------------|---------------------------------------|------------------------------|----------------|
| Contact Telephone: | 954-979-1960 | | | | | |
| Bid No.: 10-006R | Purchase Order No | o.: | | | | |
| What was the product / se | ervice? Pumps and Ele | ctric Motor | S | X-14 | | |
| 1. How do you rate the si | upplier in the following are | as? 1 | 2 | 3 | 4 | 5 |
| Overall Customer Serv Delivery as Scheduled | | Poor | Fair | Good X | Very Good | Excellent |
| 2. How satisfied are you | | | _ | | | |
| 1 Not Satisfied ☐ | 2 Somewhat Satisfi | ed 🗍 | 3 Satisfie | d 🗵 | 4 Very Satis | sfied 🔲 |
| 3. Will you use them again | | _ | | | | |
| | SECTION 2 - PF | RODUCT / S | ERVICE EV | ALUATION | | |
| 4. How do you rate their | product / service? | 1 Poor | 2 Fair | 3 Good | 4 Very Good | 5 Excellent |
| Compliance with Spec Quality as Compared to Price as Compared to | ifications o Similar Products/Service Similar Products/Services | | | X X X X X X X X X X | | |
| 5. Would you purchase t | his product or use this ver | ndor again? | | | 4 | |
| 1 Very Unlikely ☐ | 2 Unlikely 🔲 | | 3 Probably ⊠ | | 4 Definitely [| |
| *If not, please explain why | y in comments. | | | | | |
| | SECTIO | N 3 – END- | USER INPU | <u>IT</u> | | |
| performance is unsatisfact | nal information regarding tory, please tell us why. Yo | ou may attacl | n an addition | duct / service al sheet if ne | e provided. If t cessary. | his supplier's |
| *Comments: | | | | | | ***** |
| | | | | | | |
| School / Department: | Phillip Dorsett / Supers Procurement and Warehousing Servin | ces / PPO Stockroo | om | | | |
| Contact Telephone: | 754-321-4719 AD tt | 1100 | | Dafe: | 8/11/15 | |
| Participant's Signature: | THEM | | | Date. | 0/11/10 | |