

## 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) 321-0504 or  
 E-mail to: [latoya.clark@browardschools.com](mailto:latoya.clark@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Swartz Associates, Inc.  
 Supplier Contact: Dan Swartz  
 Contact Telephone: 954-903-4650

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

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 <input type="checkbox"/>	2 Somewhat Satisfied <input type="checkbox"/>	3 Satisfied <input type="checkbox"/>	4 Very Satisfied <input checked="" type="checkbox"/>
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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 <input type="checkbox"/>	2 Unlikely <input type="checkbox"/>	3 Probably <input type="checkbox"/>	4 Definitely <input checked="" type="checkbox"/>
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\*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: Gustavo Joseph Brincat Foreman  
 School / Department: PPO grounds  
 Contact Telephone: 954-321-4305  
 Participant's Signature: Gustavo Joseph Brincat Date: 6/30/16

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Bliss Products and Services  
 Supplier Contact: Greg Bliss/Patty Carruthers  
 Contact Telephone: 800-248-2547

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

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 <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 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 <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: Gustavo Joseph Brincat  
 School / Department: PLO Operations  
 Contact Telephone: 521-321-4309  
 Participant's Signature: [Signature] Date: 4/30/14

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Playmore West, Inc.  
 Supplier Contact: Luke Russell  
 Contact Telephone: 239-791-2401

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

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 <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 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 <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: Gustavo Joseph Brincat Foreman  
 School / Department: PPO grounds  
 Contact Telephone: 754-321-4309  
 Participant's Signature: [Signature] Date: 6/30/14

## SUPPLIER / PRODUCT EVALUATION FORM

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Playmore West, Inc.  
 Supplier Contact: Luke Russell  
 Contact Telephone: 239-791-2401

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

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 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 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 <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: As the installer and contact person at the location, I found the company representative and product great to work with

Evaluation Form Completed By: CARL TOMESTIC  
 School / Department: CORAL GLADES H.S. #3861 SBBC  
 Contact Telephone: 754-322-1288  
 Participant's Signature: *Carl Tomestic* Date: 07/00/16

**SUPPLIER / PRODUCT EVALUATION FORM**

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**SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Playmore West, Inc.  
 Supplier Contact: Luke Russell  
 Contact Telephone: 239-791-2401

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

1. How do you rate the supplier in the following areas?
- |                                   | 1<br>Poor                | 2<br>Fair                | 3<br>Good                | 4<br>Very Good                      | 5<br>Excellent                      |
|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Overall Customer Service          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Delivery as Scheduled or Promised | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
2. How satisfied are you with the supplier?
- |   |  |   |   |
|---|--|---|---|
| 1<br>Not Satisfied <input type="checkbox"/> | 2<br>Somewhat Satisfied <input type="checkbox"/> | 3<br>Satisfied <input type="checkbox"/> | 4<br>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<br>Poor                | 2<br>Fair                | 3<br>Good                | 4<br>Very Good           | 5<br>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<br>Very Unlikely <input type="checkbox"/> | 2<br>Unlikely <input type="checkbox"/> | 3<br>Probably <input type="checkbox"/> | 4<br>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: William B. Clark, ACSISTANT HEAD OF FACILITIES  
 School / Department: CEPACOS BY HIGH SCHOOL FACILITIES DEPT.  
 Contact Telephone: 754-321-0322  
 Participant's Signature: [Signature] Date: 7/24/16

## SUPPLIER / PRODUCT EVALUATION FORM

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Supplier Company Name: Bliss Products and Services  
 Supplier Contact: Greg Bliss/Patty Carruthers  
 Contact Telephone: 800-248-2547

Bid No.: 14-034T Purchase Order No.: Various

What was the product / service? Outdoor tables, benches, and trash receptacles

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 checked="" 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
<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 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 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
<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

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

Evaluation Form Completed By:

Name / Title: William B Lynett, Assistant Head of Facilities  
 School / Department: Cypress Bay High School, Facilities Dept  
 Contact Telephone: 754-323-0550  
 Participant's Signature: \_\_\_\_\_ Date: 7/21/16