



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

The purpose of this evaluation form is to rate a supplier's performance. 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 forms to:

Procurement & Warehousing Services Department (TSSC Building)
7720 West Oakland Park Boulevard, Suite 323
Sunrise, Florida 33351

For assistance with this form contact us at

(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION

Bid #: 16-0217	Bid Title: Grounds Maintenance Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Green Horizon Services Inc.	
Contact Name: Ralph Toledo	Contact Phone #: (857) 524-9544

SECTION 1: SUPPLIER EVALUATION

1.) How would 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	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3.) Will you use this supplier again?

Yes No

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	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"/>
Prices 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/service again?

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

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Amy Morrison	Title: Foreman - Grounds	Contact Phone #: (954) -491-4183
School/Department: Grounds		
Participant's Signature:	Date: 8/22/18	



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Purchase Order #:	Product/Service Provided:												
Supplier (Company) Name: <i>Green Horizon Services Inc.</i>													
Contact Name: <i>Rolak Toledo</i>	Contact Phone #: <i>(954) 524 9544</i>												
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Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.													
EVALUATION FORM COMPLETED BY:													
Name: <i>Kevin Geors</i>	Title: <i>Foreman</i>												
School/Department: <i>Grounds</i>	Contact Phone #: <i>(954) 778-6476</i>												
Participant's Signature: <i>[Signature]</i>	Date: <i>5-22-18</i>												



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Supplier (Company) Name: <i>Green Horizon Services Inc.</i>																															
Contact Name: <i>Rajah Toledo</i>	Contact Phone #: <i>(954) 584-9544</i>																														
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EVALUATION FORM COMPLETED BY:																															
Name: <i>Rich Ellis</i>	Title: <i>Supervisor II</i>																														
School/Department: <i>Grounds</i>	Contact Phone #: <i>(754) 521-4159</i>																														
Participant's Signature: <i>R. Ellis</i>	Date: <i>8/22/2018</i>																														



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EVALUATION FORM COMPLETED BY:																															
Name: Greg Weaver	Title: Contract Services																														
School/Department: Custodial / Grounds Dept.	Contact Phone #: (954) 778-6514																														
Participant's Signature: <i>Greg Weaver</i>	Date: 8-22-18																														