



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 #: 17-118R   | Bid Title: Supply and Installation of Sod   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Purchase Order #:  | Product/Service Provided:   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Supplier (Company) Name: Mullings Engineering Service, Landscaping Div., Inc.  |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Contact Name:  | Contact Phone #: ( ) -  |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| SECTION 1: SUPPLIER EVALUATION   |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| 1.) How would you rate the supplier in the following areas?  |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | <table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Very Good</td> <td>Excellent</td> </tr> <tr> <td>Overall customer service</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Delivery as scheduled or promised</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>   |                             | 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"/> |   |                          |                          |                          |                                     |                          |
|  | 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"/> |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | <table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td>Not Satisfied</td> <td>Somewhat Satisfied</td> <td>Satisfied</td> <td>Very Satisfied</td> </tr> <tr> <td>2.) How satisfied are you with the supplier?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3.) Will you use this supplier again?</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>   |                             | 1                                   | 2                                   | 3                        | 4 |   | Not Satisfied | Somewhat Satisfied | Satisfied | Very Satisfied | 2.) How satisfied are you with the supplier?       | <input type="checkbox"/> | <input type="checkbox"/>       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3.) Will you use this supplier again? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | 1   | 2                           | 3                                   | 4                                   |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | Not Satisfied   | Somewhat Satisfied          | Satisfied                           | Very Satisfied                      |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| 2.) How satisfied are you with the supplier?   | <input type="checkbox"/>  | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| 3.) Will you use this supplier again?  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| SECTION 2: PRODUCT / SERVICE EVALUATION  |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| 4.) Based on the areas below, how would you rate the products/services provided with this Bid?   |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
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|  | 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"/> |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Prices as compared to similar products/services  | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | <table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td>Very Unlikely</td> <td>Unlikely</td> <td>Probably</td> <td>Definitely</td> </tr> <tr> <td>5.) Would you purchase this product/service again?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>  |                             | 1                                   | 2                                   | 3                        | 4 |   | Very Unlikely | Unlikely           | Probably  | Definitely     | 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | 1   | 2                           | 3                                   | 4                                   |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
|  | Very Unlikely   | Unlikely                    | Probably                            | Definitely                          |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| 5.) Would you purchase this product/service again?   | <input type="checkbox"/>  | <input type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| SECTION 3: END USER COMMENTS   |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Please share any additional information regarding this supplier or the products / services provided. <u>If this supplier's performance is unsatisfactory, please tell us why.</u> You may attach an additional sheet if necessary. |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Mullings Engineering Service is performing well on this bid and has been very responsive to our needs.   |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| EVALUATION FORM COMPLETED BY:  |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Name: David Mammel   | Title: Supervisor II  |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Contact Phone #: (954) 778 - 9981  |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| School/Department: PPO - Custodial/Grounds Dept.   |   |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |
| Participant's Signature:   | Date: 07/11/2019  |                             |                                     |                                     |                          |   |   |               |                    |           |                |  |                          |                                |                                     |                                     |                                       |   |                             |  |                          |                          |                          |                                     |                          |   |                          |                          |                          |                                     |                          |



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GENERAL INFORMATION

Bid #: 17-118R Bid Title: Supply and Installation of Sod
Purchase Order #: Product/Service Provided:
Supplier (Company) Name: Mullings Engineering Service, Landscaping Div., Inc.
Contact Name: Contact Phone #: ( ) -

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?
Overall customer service: 3 (Good)
Delivery as scheduled or promised: 3 (Good)
2.) How satisfied are you with the supplier?: 3 (Satisfied)
3.) Will you use this supplier again?: Yes

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?
Compliance with specifications: 3 (Good)
Quality as compared to similar products/services: 3 (Good)
Prices as compared to similar products/services: 3 (Good)
5.) Would you purchase this product/service again?: Definitely

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: Rich Ellis Title: Supervisor II Contact Phone #: ( ) -
School/Department: Custodial / Grounds Dept.
Participant's Signature: R. Ellis Date: 7/11/2019



**PROCUREMENT & WAREHOUSING SERVICES**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Supplier/Product Evaluation Form**

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**GENERAL INFORMATION**

|  |  |
|--|--|
| <b>Bid #:</b> 17-118R  | <b>Bid Title:</b> Supply and Installation of Sod |
| <b>Purchase Order #:</b>   | <b>Product/Service Provided:</b>                 |
| <b>Supplier (Company) Name:</b> Mullings Engineering Service, Landscaping Div., Inc. |  |
| <b>Contact Name:</b>   | <b>Contact Phone #:</b> ( ) -                    |

**SECTION 1: SUPPLIER EVALUATION**

1.) How would 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"/> |

  

|  | 1                                       | 2                           | 3                        | 4                                   |
|--|---|-----------------------------|--------------------------|-------------------------------------|
|  | Not Satisfied                           | Somewhat Satisfied          | Satisfied                | Very Satisfied                      |
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/>                | <input type="checkbox"/>    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.) Will you use this supplier again?        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                          |                                     |

**SECTION 2: PRODUCT / SERVICE EVALUATION**

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

|  | 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Prices as compared to similar products/services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

  

|  | 1                        | 2                        | 3                        | 4                                   |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | Very Unlikely            | Unlikely                 | Probably                 | Definitely                          |
| 5.) Would you purchase this product/service again? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:**

|  |                               |  |
|--|-------------------------------|--|
| <b>Name:</b> Ron Eggenberger   | <b>Title:</b> Grounds Manager | <b>Contact Phone #:</b> (754) 321 - 4317 |
| <b>School/Department:</b> Custodial/Grounds Physical Plant Operation |                               |  |
| <b>Participant's Signature:</b>                                      |                               | <b>Date:</b> 07/11/2019                  |



**PROCUREMENT & WAREHOUSING SERVICES**  
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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**GENERAL INFORMATION**

Bid #: 17-118R      Bid Title: Supply and Installation of Sod

Purchase Order #: \_\_\_\_\_      Product/Service Provided: \_\_\_\_\_

Supplier (Company) Name: Mullings Engineering Service, Landscaping Div., Inc.

Contact Name: \_\_\_\_\_      Contact Phone #: (    ) -    -

**SECTION 1: SUPPLIER EVALUATION**

1.) How would 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"/> |

  

|  |   |                             |                                     |                          |
|--|---|-----------------------------|-------------------------------------|--------------------------|
|  | 1                                       | 2                           | 3                                   | 4                        |
|  | Not Satisfied                           | Somewhat Satisfied          | Satisfied                           | Very Satisfied           |
| 2.) How satisfied are you with the supplier? | <input type="checkbox"/>                | <input type="checkbox"/>    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.) Will you use this supplier again?        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |                          |

**SECTION 2: PRODUCT / SERVICE EVALUATION**

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

|  |                          |                          |                          |                                     |                          |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
|  | 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"/> |
| Prices as compared to similar products/services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

  

|  |                          |                          |                                     |                          |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
|  | 1                        | 2                        | 3                                   | 4                        |
|  | Very Unlikely            | Unlikely                 | Probably                            | Definitely               |
| 5.) Would you purchase this product/service again? | <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: Steve King      Title: Irrigation Foreman      Contact Phone #: (754) 321 - 4341

School/Department: Grounds DTIS

Participant's Signature: Steve King      *Steve King*      Date: \_\_\_\_\_