



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 #:** 17-162F      **Bid Title:** Supply, Install, and Repair Aluminum and Chain Link Fence  
**Purchase Order #:**      **Product/Service Provided:**  
**Supplier (Company) Name:** Tropic Fence, 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 checked="" type="checkbox"/>	<input 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:**

Name: *Thomas Diagner* Title: *Foreman*  
School/Department: *Custodial / Grounds*  
Participant's Signature: *[Signature]*

Contact Phone #: *(754) 321-4301*

Date: *6/16/2020*



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

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Name: Thomas Dragner	Title: Foreman																														
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# PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

## GENERAL INFORMATION

**Bid #:** 17-162F      **Bid Title:** Supply, Install, and Repair Aluminum and Chain Link Fence  
**Purchase Order #:**      **Product/Service Provided:** Single Point of Entry projects  
**Supplier (Company) Name:** Tropic Fence, Inc.  
**Contact Name:** Robert Tilley      **Contact Phone #:** (954) 234 - 1045

## 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 checked="" type="checkbox"/>	<input 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"/>
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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:** Imad Younes      **Title:** Project Manager      **Contact Phone #:** (954) 446 - 4144

**School/Department:** CBRE-Heery

**Participant's Signature:** *Imad Younes*

**Date:** 06/17/2020



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**Purchase Order #:**      **Product/Service Provided:** Single Point of Entry projects  
**Supplier (Company) Name:** Gomez and Son Fence, Corp.  
**Contact Name:** Albert Aguirre      **Contact Phone #:** (305) 471 - 8922

## SECTION 1: SUPPLIER EVALUATION

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## EVALUATION FORM COMPLETED BY:

**Name:** Joseph Aoun      **Title:** Project Manager      **Contact Phone #:** (305) 216 -2991  
**School/Department:** CBRE-HEERY  
**Participant's Signature:** Joseph Aoun      **Date:** 6/17/2020



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**School/Department:** CBRE-HEERY  
**Participant's Signature:** Joseph Aoun      **Date:** 6/17/2020