



# 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 #: 16-149T Bid Title: Furnish and Install Stage Draperies  
Purchase Order #: Product/Service Provided:  
Supplier (Company) Name: The Specialty Group, LTD dba Luxout Stage Curtains  
Contact Name: *Brian Golden* Contact Phone #: *(754) 322-8020*

## 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 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"/> |

|  | 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?  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                        | 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"/> |
| 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: *Brian Golden* Title: *Head Facilities* Contact Phone #: *(754) 322-8020*  
School/Department: *Plantation Elementary*  
Participant's Signature: *Brian Golden* Date: *8/3/20*



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 #:** 16-149T      **Bid Title:** Furnish and Install Stage Draperies  
**Purchase Order #:** \_\_\_\_\_      **Product/Service Provided:** \_\_\_\_\_  
**Supplier (Company) Name:** The Specialty Group, LTD dba Luxout Stage Curtains  
**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 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"/> |

|  | 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?

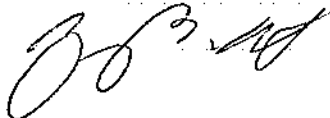
|  | 1                        | 2                        | 3                                   | 4                        | 5                        |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|  | Poor                     | Fair                     | Good                                | Very Good                | Excellent                |
| Compliance with specifications                   | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

|  | 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:** Byron Autwell      **Title:** Proj. Coordinator      **Contact Phone #:** (754) 321 -4688  
**School/Department:** ppo  
**Participant's Signature:**       **Date:** 8/3/20



# 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 #:** 16-149T      **Bid Title:** Furnish and Install Stage Draperies  
**Purchase Order #:**      **Product/Service Provided:**  
**Supplier (Company) Name:** The Specialty Group, LTD dba Luxout Stage Curtains  
**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 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"/> |

|  | 1                                       | 2                           | 3                                   | 4                        |
|--|---|-----------------------------|-------------------------------------|--------------------------|
|  | Not Satisfied                           | Somewhat Satisfied          | Satisfied                           | Very Satisfied           |
| 2.) How satisfied are you with the supplier? | <input checked="" 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 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 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 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: Ray Davis      Title: H FACILITIES      Contact Phone #: (813) 322-6259  
School/Department: \_\_\_\_\_  
Participant's Signature: [Signature]      Date: 8/3/2020