



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 · TEL 754-321-0505 · FAX 754-321-0936

PROCUREMENT & WAREHOUSING SERVICES

MARY CATHERINE COKER, DIRECTOR

www.BrowardSchools.com/PWS

The School Board of
Broward County, Florida

Donna P. Korn Chair
Dr. Rosalind Osgood Vice Chair

Lori Alhadeff
Robin Bartleman
Patricia Good
Heather P. Brinkworth
Laura Rich Levinson
Ann Murray
Nora Rupert

Robert W. Runcie
Superintendent of Schools

6/8/2020

Reference: RFP 16-158C – Miscellaneous Environmental Consulting Services
Subject: Renewal of RFP

Dear Vendor:

The above-referenced contract expires on 11/30/2020. In accordance with General Information #2.4 in Section 2 of the RFP, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from 12/1/2020 through 11/30/2021. This letter does not constitute the actual renewal or contract offer.

Please indicate below your willingness to renew this RFP award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded RFP and your agreement maintain.

- Yes, I offer to renew the current contract award at the current awarded price(s).
- Yes, I offer to renew the current contract award at a lower price(s) contained on the attached page(s).
- No, I do not wish to renew the current contract award.

In accordance with General Information #2.5 in Section 2 of the RFP, this contract may, by mutual agreement and upon School Board approval, renewed with a price adjustment.

Please sign and date this document in the space provided below and return it to my attention no later than 6/15/2020. If you fail to respond by this date, the School District will not consider the renewal of your award. The School District will notify you if, and when, your contract is renewed by the School Board.

Thank you for your prompt attention to this matter.

Sincerely,

Edgar Lugo

Edgar Lugo
Purchasing Agent

VENDOR RESPONSE	
Vendor Name	Professional Service Industries, Inc. (PSI)
Signature/Date - Authorized Representative	<i>[Signature]</i> 6/9/2020
Printed Name - Authorized Representative	John Emerson



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Sincerely,

Edgar Lugo

Edgar Lugo
Purchasing Agent

VENDOR RESPONSE	
Vendor Name <u>AirQuest Environmental, Inc.</u>	
Traci-Anne Boyle	Digitally signed by Traci-Anne Boyle
Signature/Date - AirQuest Environmental, Inc.	Date: 2020.06.08 11:19:06 -04'00'
Printed Name - Authorized Representative	



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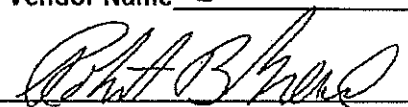
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Sincerely,

Edgar Lugo

Edgar Lugo
Purchasing Agent

VENDOR RESPONSE
Vendor Name <u>GLE ASSOCIATES, INC</u>

Signature/Date - Authorized Representative
<u>ROBERT B GREENE, PRESIDENT</u>
Printed Name - Authorized Representative



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 #: 16-158C	Bid Title: Miscellaneous Environmental Consulting Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Air Quest Environmental, Inc.	
Contact Name:	Contact Phone #: () - -

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 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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 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 Poor	2 Fair	3 Good	4 Very Good	5 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 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 Very Unlikely	2 Unlikely	3 Probably	4 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: Carol Gagnon	Title: Project Manager	Contact Phone #: (954) 695 - 3432
School/Department: Environmental Health and Safety		
Participant's Signature:		Date: 08/17/2020



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Supplier/Product Evaluation Form

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GENERAL INFORMATION

Bid #: 16-158C	Bid Title: Miscellaneous Environmental Consulting Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: GLE & Associates, 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 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"/>
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 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: Carol Gagnon	Title: Project Manager	Contact Phone #: (954) 695 - 3432
School/Department: Environmental Health and Safety		
Participant's Signature:	Date: 08/17/2020	



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GENERAL INFORMATION

Bid #: 16-158C	Bid Title: Miscellaneous Environmental Consulting Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Professional Services Industry, Inc.	
Contact Name:	Contact Phone #: () -

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
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?

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"/>
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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
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Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Air Quest Environmental, Inc.	
Contact Name:	Contact Phone #: () -

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 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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 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

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EVALUATION FORM COMPLETED BY:

Name: William Wiley	Title: Project Manager	Contact Phone #: (754) 321 -4204
School/Department: Environmental Health & Safety		
Participant's Signature:		Date: 08/17/2020



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Contact Name:	Contact Phone #: () -

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Name: William Wiley	Title: Project Manager	Contact Phone #: (754) 321 -4204
School/Department: Environmental Health & Safety		
Participant's Signature: <i>William Wiley</i>		Date: 08/17/2020



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Contact Name:	Contact Phone #: () -

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School/Department: Environmental Health & Safety		
Participant's Signature:		Date: 08/17/2020



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GENERAL INFORMATION

Bid #: 16-158C **Bid Title:** Miscellaneous Environmental Consulting Services

Purchase Order #: _____ **Product/Service Provided:** _____

Supplier (Company) Name: GLE & Associates, Inc.

Contact Name: _____ **Contact Phone #:** () - _____

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	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"/>
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EVALUATION FORM COMPLETED BY:

Name: Alison Witoshynsky **Title:** Coordinator, Envir. Compliance **Contact Phone #:** (754) 321 - 4200

School/Department: Environmental Health & Safety

Participant's Signature: *Alison Witoshynsky* **Date:** 06/18/2020



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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 #: 16-158C	Bid Title: Miscellaneous Environmental Consulting Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Air Quest Environmental, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.) Will you use this supplier again?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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"/>
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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: Alison Witoshynsky **Title:** Coordinator, Envir. Compliance **Contact Phone #:** (754) 321 - 4200

School/Department: Environmental Health & Safety

Participant's Signature: *Alison Witoshynsky*

Date: 06/18/2020



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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GENERAL INFORMATION

Bid #: 16-158C	Bid Title: Miscellaneous Environmental Consulting Services
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: Professional Services Industry, 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
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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
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Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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: Alison Witoshynsky **Title:** Coordinator, Envir. Compliance **Contact Phone #:** (754) 321 - 4200

School/Department: Environmental Health & Safety

Participant's Signature: *Alison Witoshynsky*

Date: 06/18/2020