



**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](http://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  
Laurie 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

<b>VENDOR RESPONSE</b>	
<b>Vendor Name</b>	Partner Assessment Corporation
	
Signature/Date - Authorized Representative	
Frank S. Romeo, Jr., President June 9, 2020	
Printed Name - Authorized Representative	



# PROCUREMENT & WAREHOUSING SERVICES

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# 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

<b>Bid #:</b> 16-158C	<b>Bid Title:</b> Miscellaneous Environmental Consulting Services
<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Gallagher Bassett Services, 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 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"/>

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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:

<b>Name:</b> Carol Gagnon	<b>Title:</b> Project Manager	<b>Contact Phone #:</b> (954) 695 - 3432
<b>School/Department:</b> Environmental Health and Safety		
<b>Participant's Signature:</b>		<b>Date:</b> 08/17/2020



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**GENERAL INFORMATION**

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<b>Purchase Order #:</b>	<b>Product/Service Provided:</b>
<b>Supplier (Company) Name:</b> Partner Assessment Corporation dba Eco Advisors, LLC	
<b>Contact Name:</b>	<b>Contact Phone #:</b> ( ) -

**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 type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
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5.) Would you purchase this product/service again?

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

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**EVALUATION FORM COMPLETED BY:**

<b>Name:</b> Carol Gagnon	<b>Title:</b> Project Manager	<b>Contact Phone #:</b> (954) 695 - 3432
<b>School/Department:</b> Environmental Health and Safety		
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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 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

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## EVALUATION FORM COMPLETED BY:

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



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<b>Name:</b> William Wiley	<b>Title:</b> Project Manager	<b>Contact Phone #:</b> (754) 332 -4204
<b>School/Department:</b> Environmental Health & Safety		
<b>Participant's Signature:</b> <i>William Wiley</i>		<b>Date:</b> 08/17/2020



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### EVALUATION FORM COMPLETED BY:

<b>Name:</b> Alison Witoshynsky	<b>Title:</b> Coordinator, Envir Compliance	<b>Contact Phone #:</b> (754) 321 - 4200
<b>School/Department:</b> Environmental Health & Safety		
<b>Participant's Signature:</b> <i>Alison Witoshynsky</i>		<b>Date:</b> 06/18/2020



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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 checked="" type="checkbox"/>	<input type="checkbox"/>
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	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
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<b>Name:</b> Alison Witoshynsky	<b>Title:</b> Coordinator, Envir. Compliance	<b>Contact Phone #:</b> (754) 321 - 4200
<b>School/Department:</b> Environmental Health & Safety		
<b>Participant's Signature:</b>	<b>Date:</b> 06/18/2020	



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6/8/2020

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Subject: Renewal of RFP

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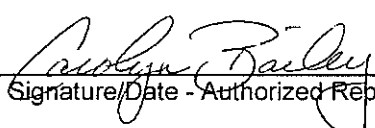
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Thank you for your prompt attention to this matter.

Sincerely,

*Edgar Lugo*

Edgar Lugo  
Purchasing Agent

<b>VENDOR RESPONSE</b>
Vendor Name <u>Gallagher Bassett Services, Inc.</u>
 Signature/Date - Authorized Representative
Carolyn Bailey, Florida Regional Manager
Printed Name - Authorized Representative