

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

Bid #: FY21-120 Bid Title: Paper and Plastic Ite	ems for Cafete	rias			
Purchase Order #:	Produ	ct/Service P	rovided:		
Supplier (Company) Name: Southeastern Paper Gr	7.0				
Contact Name: Chris Borocz	Cont	act Phone #	(336)375	5 - 8002	
.) How would you rate the supplier in the follo	owing areas?				
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excelle
Overall customer service	님	님	님		님
Delivery as scheduled or promised		Ц			Ш
	1	2 Somewh	-	3	4
	Not Satisfied	Satisfie	Sat	isfied Ve	ry Satisfie
.) How satisfied are you with the supplier?				7	П
s.) Will you use this supplier again?	✓ Yes				
.) Based on the areas below, how would you r	1 Poor	2 Fair	3 Good	4 Very Good	5 Excelle
Compliance with specifications					~
Quality as compared to similar products/service	es				~
Prices as compared to similar products/services					~
	luu.	1	2	3	4
1 Manual very procedure this product /comics or		ry Unlikely	Unlikely	Probably	Definite
.) Would you purchase this product/service ag	gaint				V
Please share any additional information regarding	this supplier o	r the product	s / services p	rovided. <u>If this</u>	supplier's
performance is unsatisfactory, please tell	us why. You n	nay attach an	additional sl	heet if necessar	у.
		Equipment	Contact Ph	one #: (954)	803 -060
Name: Lynne Wells Title: Superviso	or, Operations,	Equipment			Market Market Company



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Sunrise, Florida 33351

Did Titles Description Distinguished	for Colobar	inc			
Bid Title: Paper and Plastic Items Purchase Order #:		nas ct/Service P	rovided.		
Supplier (Company) Name: DADE PAPER & BAG, LLC D		1870	i Ovided.		
Contact Name: Vickie Scaglione		ct Phone #:	14071610	- 2221	
Contact Name. Vickle Scagnone	Conte	ict i none w	(407)013	3321	
) How would you rate the supplier in the followi	ng areas?				
, non nous you rate the supplier in the renewal	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excelle
Overall customer service					~
Delivery as scheduled or promised	H		Ħ		
Selivery as scrieduled of profitised	1				
	Not	Somewh	at _	3	4
	Satisfied	Satisfie	d	isfied Ve	y Satisfie
2.) How satisfied are you with the supplier?	П		Г		V
B.) Will you use this supplier again?	Yes	П			Resourced
SECTION 2 PRODU					
I.) Based on the areas below, how would you rate	the produ	ucts/service	s provided	with this Bid?	
	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excelle
Compliance with specifications	Ц	Ш			
Quality as compared to similar products/services					V
Prices as compared to similar products/services					V
		1	2	3	4
		y Unlikely	Unlikely	Probably	Definite
5.) Would you purchase this product/service again	1?				V
		. Al	- / m d m	manidad <b>Ifabi</b> a	mmliar'ı
Please share any additional information regarding this performance is unsatisfactory, please tell us					
performance is unsatisfactory, prease ten us	wily. Tou ii	iay actaon an	additional 5		,.
			Courte et Dh	one #: (954)	002 -UE
Name: Lynne Wells Title: Supervisor, C	perations.	Equipment	Contact Pn	one #: 1954)	002 00



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(754) 321-0505 or CLICK HERE to send us an email (include	e the wo	rds <b>Supplier</b> /	Product Eva	aluation Form ir	n the subjec
Bid #: FY21-120 Bid Title: Paper and Plastic Items for (	Cafeteri	as			
Purchase Order #:	Produc	t/Service P	rovided:		
Supplier (Company) Name: EDWARD DON & COMPANY, LL					
Contact Name: Jennifer Valencia	Conta	ct Phone #:	(954)529	9 - 3468	
) How would you rate the supplier in the following a	reas?				
	1	2	3	4	5
P	oor	Fair	Good	<b>Very Good</b>	Exceller
Overall customer service					V
Delivery as scheduled or promised					V
	1	2		3	4
	ot	Somewha	Sat	_	ry Satisfie
	sfied	Satisfied	,		,
.) How satisfied are you with the supplier?		凵			
3.) Will you use this supplier again?	Yes	No			
Compliance with specifications  Quality as compared to similar products/services  Prices as compared to similar products/services  5.) Would you purchase this product/service again?	Poor	Fair  Fair  I  Unlikely	Good  Cood  Cood	Very Good  3 Probably	Excelle  4  Definite
SECTION SYEND O					
performance is unsatisfactory, please tell us why.	<u>. Y</u> ou ma	ay attach an	additional si	heet if necessar	<b>y.</b>
			C44 Db	one #: (954)	003 -0E
Name: Lynne Wells Title: Supervisor, Oper	ations, l	Equipment (	Contact Pn	one #. 954)	003 000

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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(754) 321-0505 or <u>CLICK HERE</u> to send us an email (included the control of the c					
Bid #: FY21-120 Bid Title: Paper and Plastic Items for Purchase Order #:	Produc	t/Service Pr	ovided:		
Supplier (Company) Name: INTERBORO PACKAGING COR Contact Name: Mayer Jeremias		N ct Phone #:	(845) 782	- 6800	
SECTION 1: SUPP					
1.) How would you rate the supplier in the following	areas?				
Overall customer service  Delivery as scheduled or promised	Poor  1 1	2 Fair  2 Somewha	+	Very Good	5 Excellent
	isfied Yes	Satisfied  No	Sati	sfied Ver	y Satisfied
4.) Based on the areas below, how would you rate th	e produ	cts/services	provided v	with this Bid?	
Compliance with specifications  Quality as compared to similar products/services  Prices as compared to similar products/services	1 Poor	2 Fair  1 1 Unlikely	3 Good 	4 Very Good  3 Probably	5 Excellent
5.) Would you purchase this product/service again?	very				
Please share any additional information regarding this su performance is unsatisfactory, please tell us wh					
Name: Lynne Wells Title: Supervisor, Ope	rations, E	Equipment C	Contact Pho	one #: (954) ;	803 - 0609
School/Department: Food and Nutrition Services					
Participant's Signature: Lynn Wel	lo	D	<b>ate:</b> 08/13,	/2020	



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Bid Title: Paper and Plastic Iter	ns for Cafete	rias			
Purchase Order #:	Produ	ct/Service P	rovided:		
Supplier (Company) Name: All Florida Paper			/205 \ c.		
Contact Name: Mario Vale	Cont	act Phone #:	(305)815	- 5366	
.) How would you rate the supplier in the follow	ving areas?				
) How would you rate the supplier in the follow	wing areas:	2	3	4	5
	Poor	Fair	Good	Very Good	Exceller
Overall customer service					V
Delivery as scheduled or promised	Ħ			П	V
	1	2	Resourced	3	1
	Not	Somewh	Sat	_	y Satisfie
	Satisfied	Satisfie	d F		
2.) How satisfied are you with the supplier?	Ц	$ \square$	L		
3.) Will you use this supplier again?	Yes	☐ No			
Compliance with specifications	Poor	2 Fair	3 Good	4 Very Good	5 Exceller
Quality as compared to similar products/services	; <u> </u>				
Prices as compared to similar products/services			Ш	Ц	
	Ve	1 ry Unlikely	2 Unlikely	3 Probably	4 Definite
5.) Would you purchase this product/service aga					
					كا
SECTION IC	3 (18 (US)31) (6 •			id-d <b>16 Abi</b> o	
Please share any additional information regarding the performance is unsatisfactory, please tell unsatisfactory.					
p					
ACHTATUR VA					
Name: Lynne Wells Title: Supervisor		Equipment	Contact Ph	one #: (954)	803 <b>-</b> 060
	. UNCI GLIUIIS	Lyuipiliciit		00 14	



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Sunrise, Florida 33351

For assistance with (754) 321-0505 or CLICK HERE to send us an email (inclu				luation Form ir	the subject)
GENERAL)	1120111101				
Bid #: FY21-120 Bid Title: Paper and Plastic Items for Purchase Order #: Supplier (Company) Name: SERV-PAK PRODUCTS, INC. Contact Name: Richard Katz	Produc	ias ct/Service Pr act Phone #:		- 0840	
<ol> <li>How would you rate the supplier in the following</li> </ol>	g areas?				
Overall customer service Delivery as scheduled or promised	Poor	Fair	Good	Very Good	Excellent
Sa 2.) How satisfied are you with the supplier? 3.) Will you use this supplier again?	Not atisfied  Yes	Somewhat Satisfied No	Sati	_	ry Satisfied
I.) Based on the areas below, how would you rate t	he produ	icts/services	s provided v	with this Bid?	
Compliance with specifications  Quality as compared to similar products/services  Prices as compared to similar products/services	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
5.) Would you purchase this product/service again?		y Unlikely	Unlikely	Probably	Definitely
Please share any additional information regarding this s  performance is unsatisfactory, please tell us w					
Name: Lynne Wells Title: Supervisor, Op	erations,	Equipment (	Contact Pho	one #: (954)	803 -0609
School/Department: Food and Nutrition Services					
Participant's Signature: Lynne We	els	D	ate: 08/13/	2020	



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For assistance with this form contact us at

Bid #: FY21-120	Bid Title: Paper and Plastic Items					
Purchase Order #:		Produc	t/Service P	rovided:		
	y) Name: DAXWELL DISTRIBUTION	_		1004 1		
Contact Name: Ma	xwell Robinson	Conta	ct Phone #:	(281)669	- 0622	
) How would yo	ou rate the supplier in the following	ng areas?				
		1	2	3	4	5 Excellent
S		Poor	Fair	Good	Very Good	Excellent
Overall customer		님	H	님	H	
elivery as schedu	uled or promised		Ц			
		1 Not	2 Somewh	nt.	3	4
	5	Satisfied	Satisfie	Sati	sfied Ver	y Satisfied
.) How satisfied	are you with the supplier?	П	П	le le		
**	his supplier again?	Yes	□ No	-	percenti	
	specifications red to similar products/services d to similar products/services	Poor	Fair	Good	Very Good  3 Probably	Excellent  4  Definitely

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# **Supplier/Product Evaluation Form**

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(754) 321-0505 or <u>CLICK HERE</u> to	send us an email (include the words <b>Supp</b> l	ier/Product Evaluation Form in the subject)					
	GENERAL INFORMATION						
Bid #: FY21-120 Bid Title: Pa	per and Plastic Items for Cafeterias						
Purchase Order #:	Product/Service	e Provided:					
Supplier (Company) Name: SERV-	PAK PRODUCTS, INC.						
Contact Name: Richard Katz	Contact Phone	:#: <b>(</b> 954 <b>)</b> 962 - 0840					
	SECTION 1: SUPPLIER EVALUATION	N					
1.) How would you rate the sup	plier in the following areas?						
	1 2	3 4 5					
	Poor Fair	Good Very Good Excellent					
Overall customer service							
Delivery as scheduled or promise	ed $\square$						
	Not Some	what 3 4					
_	Satisfied Satisf	fied Satisfied Very Satisfied					
2.) How satisfied are you with th	he supplier?						
3.) Will you use this supplier aga	ain? Yes No						
S	SECTION 2: PRODUCT / SERVICE EVALU						
4.) Based on the areas below, how would you rate the products/services provided with this Bid?							
4.) Based on the areas below, no	5426	The state of the s					
	1 2 Poor Fair	3 4 5 Good Very Good Excellent					
Compliance with an edifications							
Compliance with specifications							
Quality as compared to similar p	oroducts/services						
Prices as compared to similar pro	oducts/services						
	1	2 3 4					
	Very Unlikel	y Un <u>like</u> ly Pro <u>ba</u> bly Def <u>init</u> ely					
5.) Would you purchase this pro	oduct/service again?						
	SECTION 3: END USER COMMENT	rs and a second					
Please share any additional inform	mation regarding this supplier or the produ						
	ctory, please tell us why. You may attach						
	EVALUATION FORM COMPLETED						
Name: Deryck Clarke	Title: Specialists Equipment & Supplies	Contact Phone #: (954) 774 - 6370					
School/Department: Food & Nutri	ition Services						
Participant's Signature: Deru	yck Clarke	Date: 08/20/2020					

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(754) 321-0505 or <u>CLICK HERE</u> to	send us an email (include	tne words <b>Suppli</b> e	er/Product Evaluation	Form in the subject)			
	GENERAL INFO	DRMATION					
Bid #: FY21-120 Bid Title: Pa	oer and Plastic Items for C	afeterias					
Purchase Order #:	P	roduct/Service	Provided:				
Supplier (Company) Name: South	eastern Paper Group of Fl	orida .					
Contact Name: Chris Borocz		Contact Phone #	#: <mark>(336)375 - 80</mark> 0	)2			
	SECTION 1: SUPPLI	ER EVALUATION	J.				
1.) How would you rate the sup	olier in the following ar	eas?					
		1 2	3 4	5			
	Po	oor Fair	Good Very	Good Excellent			
Overall customer service			V	$\Box$			
Delivery as scheduled or promise	ed [	7 7		7 F			
,							
	No	_	hat 3	4			
_	Satis	fied Satisfic	Satisfied ed	Very Satisfied			
2.) How satisfied are you with the	ne supplier?						
3.) Will you use this supplier aga	in?	Yes No					
c	ECTION 2: BRODUCT /		TION				
SECTION 2: PRODUCT / SERVICE EVALUATION  4.) Based on the areas below, how would you rate the products/services provided with this Bid?							
4.) Based on the areas below, no	ow would you rate the	900					
	D.	1 2 oor Fair	3 4	5			
Canadian a sulub an adecadan	A PC	oor Fair	Good Very	Good Excellent			
Compliance with specifications	A - A = A						
Quality as compared to similar p	roducts/services			<b>4</b>			
Prices as compared to similar pro	oducts/services						
		1	2	3 4			
TOTAL NAMED AS AS ASS DOCUMENTS		Very Unlikely	Unlikely Prob	ably Definitely			
5.) Would you purchase this pro	duct/service again?			$\checkmark$			
	SECTION 3: END US	ED COMMENTS					
Please share any additional inforr	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		<u> 12</u>	If this sunnliar's			
performance is unsatisfa							
		t til til til til vikk til		Casterburg Charles and Page 1			
	11/A-24/2017-11/18/2017-11/18/2017-11/18/2017-11/18/2017-11/18/2017-11/18/2017-11/18/2017-11/18/2017-11/18/20						
	EVALUATION FORM						
Name: Deryck Clarke	Title: Specialists Equipm	ent & Supplies	Contact Phone #:	<b>(</b> 954 <b>)</b> 774 - 6370			
School/Department: Food & Nutri	tion Services	-!					
	ick Clarks		Date: 08/20/2020				
randopant songitudio.	co Caure		00/20/2020				

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(754) 321-0505 or CLICK				aluation Form in	the subject)
	GENER	AL INFORMATION	Í.		
Bid #: FY21-120 Bid	Title: Paper and Plastic Iter	ms for Cafeterias			
Purchase Order #:		Product/Ser	vice Provided:		
Supplier (Company) Nan	ne: INTERBORO PACKAGINO	CORPORATION			
Contact Name: Mayer Jer	emias	Contact Ph	one #: ( 845 ) 782	2 - 6800	
	SECTION 1:	SUPPLIER EVALUA	TION		
1.) How would you rate	the supplier in the follow	wing areas?			
		1	2 3	4	5
		Poor Fa	air Good	Very Good	Excellent
Overall customer service	1			$\checkmark$	
Delivery as scheduled or	promised				
· Y		1			
		Not So	mewhat Cat	3 isfied Ver	4 y Satisfied
		Satisfied Sa	atisfied Sat	isileu ver	y sausiieu
2.) How satisfied are yo	u with the supplier?			abla	
3.) Will you use this sup	plier again?	√ Yes	No		
	SECTION 2: PROD	UCT / SERVICE EV	ALHATION		
4.) Based on the areas b	TO SEE THE PROPERTY OF THE PRO		ON THE CONTRACTOR OF THE CONTRACTOR	with this Rid?	
4.) Daseu on the areas t	reiow, now would you ra	te trie products/s	ei vices pi ovided	with this bid:	5
		Poor Fa	z 5 air Good	Very Good	5 Excellent
Compliance with specific	rations		J	721	
			= =		
Quality as compared to	similar products/services	` <u> </u>		<u>~</u>	닏
Prices as compared to si	milar products/services				
		1	2	3	4
		Very Unli	ikely Unlikely	Probably	Definitely
5.) Would you purchase	e this product/service aga	ain?	/		$\checkmark$
	SECTION 3:	END USER COMM	ENTS		
Please share any additio	nal information regarding t			rovided <b>If this s</b>	upplier's
	unsatisfactory, please tell u		[	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Antique et en travel en tr					
	2000 VIII	I FORM COMPLET	A	(100 IE 800)	
Name: Deryck Clarke		Equipment & Suppl	ies   Contact Pho	one #: <b>(</b> 954 <b>)</b> 7	774 - 6370
School/Department: Foo	d & Nutrition Services				
	Deryck Clarke	<u> </u>	Date: 08/20	/2020	
c.c.panic o o.B.nacai o.	i egge cuite		22101 00/20	12320	

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	GENERAL II	IFORMATION			
Bid #: FY21-120 Bid Title: Pa	per and Plastic Items fo	r Cafeterias			
Purchase Order #:		Product/Service	Provided:		
Supplier (Company) Name: DADE	PAPER & BAG, LLC DBA	IMPERIAL DADE			
Contact Name: Vickie Scaglione		Contact Phone	#:(407)619	- 3321	
	SECTION 1: SUPI	PLIER EVALUATIO	V		
1.) How would you rate the sup	olier in the following	areas?			
		1 2	3	4	5
		Poor Fair	Good	Very Good	Excellent
Overall customer service					abla
Delivery as scheduled or promise	ed .	A A			[7]
bentery as senedated of profiles					IY.
		Not Somew	hat 3	3	4
_ A -		tisfied Satisfi	Satio	sfied Ver	y Satisfied
2.) How satisfied are you with the				7	7
3.) Will you use this supplier aga	17 N	√Yes □ No		_	<b>Y</b>
	3				
S	ECTION 2: PRODUCT	/ SERVICE EVALU	ATION		
4.) Based on the areas below, he	ow would you rate th	ne products/servic	es provided v	vith this Bid?	
		1 2	3	4	5
		Poor Fair	Good	Very Good	Excellent
Compliance with specifications				$\checkmark$	
Quality as compared to similar p	roducts/services			$\square$	
Prices as compared to similar pro	nducts/services	8 8	一词	Ħ	a
Tricos as comparoa to similar pri			2	<b>_</b>	4
		Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this pro	duct/service again?	, , , , , , , , , , , , , , , , , , ,			7
					IX
	SECTION 3: END	USER COMMENTS	S		
Please share any additional inforr	nation regarding this su	pplier or the produc	cts / services pr	ovided. <u>I<b>f this s</b></u>	upplier's
performance is unsatisfa	ctory, please tell us wh	ı <u>v.</u> You may attach a	n additional sh	eet if necessary	
	EVALUATION FOL	DAM COMMUNICATION			
Name	200 May 177 M.	RM COMPLETED B		4- ( 4) -	
Name: Deryck Clarke	Title: Specialists Equi	pment & Supplies	Contact Pho	ne#: <b>(</b> 954 <b>)</b> 7	//4 -6370
School/Department: Food & Nutri	tion Services				
Participant's Signature: 7200	yck Clarke		Date: 08/20/3	2020	
	yer cuire		55, 25,		

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	GENERAL INF	ORMATION		
Bid #: FY21-120 Bid Title: Pa	oer and Plastic Items for (	Cafeterias		
Purchase Order #:		Product/Service	Provided:	
Supplier (Company) Name: EDWA	RD DON & COMPANY, LL	C		
Contact Name: Jennifer Valencia		<b>Contact Phone</b>	#: <b>(</b> 954 <b>)</b> 529 - 3	468
	SECTION 1: SUPPL	IER EVALUATIOI	1	
1.) How would you rate the sup	olier in the following a	reas?		
		1 2	3	4 5
	P	oor Fair		ry Good Excellent
Overall customer service			*	
Delivery as scheduled or promise	5d	<b>=</b> =		
Delivery as scheduled of profilis				
	Ne	l 2 ot Somew	that 3	4
A -	Satis		Satistied	Very Satisfied
2.) How satisfied are you with the	02 0209			.7
3.) Will you use this supplier aga	14 A			L¥-1
	LY	Yes No		
S	ECTION 2: PRODUCT /	SERVICE EVALU	ATION	
4.) Based on the areas below, he	ow would you rate the	products/service	es provided with	this Bid?
		1 2	3	4 5
	P	oor Fair	Good Ver	y Good Excellent
Compliance with specifications				$\square$
Quality as compared to similar p	roducts/services			
Prices as compared to similar pro	5232	<b>=</b> =	- H	
Frices as compared to similar pro	oducts/ services		N N N	<b>3</b> 4
		Very Unlikely	Unlikely Pr	obably Definitely
5.) Would you purchase this pro	duct/service again?	Very Officery		
5.7 Would you parenase ans pro	aacy service again.		<u> </u>	
	SECTION 3: END U	SER COMMENTS	5	
Please share any additional inforr	nation regarding this sup	plier or the produc	cts / services provide	ed. <u>If this supplier's</u>
performance is unsatisfa				
	EVALUATION FORM			
Name: Deryck Clarke	Title: Specialists Equipm	nent & Supplies	Contact Phone #	<b>(</b> 954 <b>)</b> 774 - 6370
School/Department: Food & Nutri	tion Services			
	ick Clarks		Date: 08/20/2020	8
ratacipant 3 signature.	ca cuire		Date: 08/20/2020	38

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

Section 2: PRODUCT / Service Provided with this Bid?   1	(754) 321-0505 or <u>CLICK HERE</u> to	•		r/Product Eval	uauon Form in	the subject)
Purchase Order #: Supplier (Company) Name: DAXWELL DISTRIBUTION  Contact Name: Maxwell Robinson  SECTION 1: SUPPLIER EVALUATION  1.) How would you rate the supplier in the following areas?  1		GENERAL INFOR	MATION			
Contact Name: Maxwell Robinson   Contact Phone #: {281 }669 - 0622	Bid #: FY21-120 Bid Title: Pa	per and Plastic Items for Cafe	terias			
Contact Phone #: {281} 669 - 0622	Purchase Order #:	Pro	luct/Service	Provided:		
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 Delivery as scheduled or promised  1 2 3 3 4 5 Delivery as scheduled or promised  1 2 3 3 4 5 Satisfied Satisfied Satisfied Satisfied 2.) How satisfied are you with the supplier? 3.) Will you use this supplier again?  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 Quality as compared to similar products/services Prices as compared to similar products/ser	Supplier (Company) Name: DAXW	ELL DISTRIBUTION				
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Overall customer service  Delivery as scheduled or promised  \[ \begin{array}{c c c c c c c c c c c c c c c c c c c		SECTION 1: SUPPLIER	EVALUATION			
Poor Fair Good Very Good Excellent Overall customer service Delivery as scheduled or promised  Not Somewhat Satisfied Satisfie	1.) How would you rate the supp	olier in the following area	?			
Overall customer service  Delivery as scheduled or promised  1 2 3 Satisfied  Not Somewhat Satisfied Satisfied  2.) How satisfied are you with the supplier? 3.) Will you use this supplier again?  Yes No SECTION 2: PRODUCT / SERVICE EVALUATION  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 Quality as compared to similar products/services Prices as compared to similar products/services Prices as compared to similar products/services  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.  Name: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phore #: (954) 774 - 6370  School/Department: Food & Nutrition Services		1	2	3	4	5
Delivery as scheduled or promised  1 2 Not Somewhat Satisfied Very Satisfied  2.) How satisfied are you with the supplier? 3.) Will you use this supplier again?  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 Quality as compared to similar products/services Prices as compared to similar products/services Prices as compared to similar products/services  1 2 3 4 5 Poor Fair Good Very Good Excellent  Compliance with specifications Quality as compared to similar products/services  Prices as compared to similar products/services  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.  Section 1: Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services		Poor	Fair	Good	Very Good	Excellent
1   2   3   3   4   Very Satisfied   Sat	Overall customer service					
1   2   3   Satisfied   Sati	Delivery as scheduled or promise	ed 🗖	П	<u> </u>	a	
Not Somewhat Satisfied Very Satisfied  2.) How satisfied are you with the supplier?  3.) Will you use this supplier again?				<b>4</b>		
Satisfied Satisfied 2.) How satisfied are you with the supplier? 3.) Will you use this supplier again?    Yes		Not	_	hat su	3	4
3.) Will you use this supplier again?	_	Satisfie	l Satisfie	ed Satis	stied Ver	y Satisfied
3.) Will you use this supplier again?	2.) How satisfied are you with the	ne supplier?	abla		7	П
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 Quality as compared to similar products/services Prices as compared to similar products/services Prices as compared to similar products/services Very Unlikely 1 2 3 4  Very Unlikely Very Unlikely Probably Definitely  5.) Would you purchase this product/service again?  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.  Name: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370 School/Department: Food & Nutrition Services			25			
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 Quality as compared to similar products/services Prices as compared to similar products/services Prices as compared to similar products/services 1 2 3 4  Very Unlikely Unlikely Probably Definitely  5.) Would you purchase this product/service again?  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.  School/Department: Food & Nutrition Services  1 2 3 4  Very Unlikely Very Unlikely Probably Probably Definitely Services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  School/Department: Food & Nutrition Services		<b>Y</b>		TION		
1		The second secon	CONTRACTOR OF THE PROPERTY OF	- AND SECTION ASSESSMENT		
Poor Fair Good Very Good Excellent Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services  Prices as compared to similar products/services  Prices as compared to similar products/services  Very Unlikely Unlikely Probably Definitely 5.) Would you purchase this product/service again?  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: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370 School/Department: Food & Nutrition Services	4.) Based on the areas below, he	ow would you rate the pro	ducts/service	es provided w	ith this Bid?	
Compliance with specifications Quality as compared to similar products/services Prices as compared to similar products/services Prices as compared to similar products/services  Very Unlikely 5.) Would you purchase this product/service again?  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: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services		1	2	3	4	V-200
Quality as compared to similar products/services  Prices as compared to similar products/services  Very Unlikely  Very Unlikely  Unlikely  Probably  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: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services		Poor	Fair	Good	Very Good	Excellent
Prices as compared to similar products/services    1	Compliance with specifications				<u>~</u>	
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.	Quality as compared to similar p	roducts/services			$\checkmark$	
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: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services	Prices as compared to similar pro	oducts/services			П	
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: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services			1	2	3	4
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: Deryck Clarke  Title: Specialists Equipment & Supplies  Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services		-//	ery Unlikely	Unlikely	Probably	Definitely
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:	5.) Would you purchase this pro	duct/service again?			$\square$	
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:					# T	,
Performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  EVALUATION FORM COMPLETED BY:  Name: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370  School/Department: Food & Nutrition Services						
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Name: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370 School/Department: Food & Nutrition Services	periormance is unsatisfa	ctory, please tell us wily.	тнаў астасті ат	i additional She	eet ii necessary	
Name: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370 School/Department: Food & Nutrition Services						
Name: Deryck Clarke Title: Specialists Equipment & Supplies Contact Phone #: (954) 774 - 6370 School/Department: Food & Nutrition Services						
School/Department: Food & Nutrition Services		EVALUATION FORM C	OMPLETED B	Y:		
	Name: Deryck Clarke	Title: Specialists Equipmen	& Supplies	Contact Pho	ne #: <b>(</b> 954 <b>)</b> 7	774 - 6370
	School/Department: Food & Nutrition Services					
ratucipant s signature. Verycle Clarke Date: 08/20/2020				Data: 00/20/2	2020	
	railicipant soignature.	yck carke		Date. 08/20/2	2020	

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

# **Supplier/Product Evaluation Form**

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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 <u>CLICK HERE</u> to	send us an email (includ	e tne words <b>Supp</b> ile	r/Product Evaluation Fo	rm in the subject)
	GENERAL IN	FORMATION		
Bid #: FY21-120 Bid Title: Pa	oer and Plastic Items for	Cafeterias		
Purchase Order #:		Product/Service	Provided:	
Supplier (Company) Name: All Flo	rida Paper			
Contact Name: Mario Vale		Contact Phone #	#:(305)815 - 5366	
	SECTION 1: SUPP	LIER EVALUATION		
1.) How would you rate the sup	olier in the following	areas?		
		1 2	3 4	5
		Poor Fair	Good Very Go	ood Excellent
Overall customer service				
Delivery as scheduled or promise	ed			
,				k <b>I—</b> → <b>I</b> (1
	n	lot Somew	hat 3	4
_	Sati	sfied Satisfic	Satisfied	Very Satisfied
2.) How satisfied are you with the	e supplier?	$\neg  [                                  $		
3.) Will you use this supplier aga	in?	Yes No	_	
· · · · · · · · · · · · · · · · · · ·	ECTION 2: PRODUCT		TION	
	The second secon	A STREET, AND A	0.000.00.000.000.00	p: 12
4.) Based on the areas below, he	w would you rate the	197015 32049 11	200	
		1 2 Poor Fair	3 4	5
Canadian a sulub an adecadan		Poor Fair	Good Very Go	ood Excellent
Compliance with specifications	A7. I			! ⊭
Quality as compared to similar p	roducts/services			
Prices as compared to similar pro	oducts/services			
		1	2 / 3	4
Province Nationalists to the second second		Very Unlikely	Unlikely Proba	bly Definitely
5.) Would you purchase this pro	duct/service again?			
	SECTION 2: END I	ISED COMMENTS		
SECTION 3: END USER COMMENTS  Please share any additional information regarding this supplier or the products / services provided. If this supplier's				
performance is unsatisfa				
				85/90/1907/00/04/06
			w:	
	EVALUATION FOR			
Name: Deryck Clarke	Title: Specialists Equip	ment & Supplies	Contact Phone #: (9	54 <b>)</b> 774 - 6370
School/Department: Food & Nutri	tion Services			
	4470		Date: 08/20/2020	
/ / /	yck Clarke		223. 00/20/2020	

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GENERAL II	NFORMATION		
Bid #: FY21-120 Bid Title: Paper and Plastic Items for	or Cafeterias		
Purchase Order #:	Product/Service Provided:		
Supplier (Company) Name: DADE PAPER & BAG, LLC DBA	A IMPERIAL DADE		
Contact Name: Vickie Scaglione	Contact Phone #: (407)619 - 3321		
SECTION 1: SUP	PLIER 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			
Delivery as scheduled or promised			
	Not Somewhat Suignal Work Suignal		
Sa	tisfied Satisfied Very Satisfied		
2.) How satisfied are you with the supplier?			
3.) Will you use this supplier again?	ŢYes No		
SECTION 2: DRODUCT	/ SERVICE EVALUATION		
4.) Based on the areas below, how would you rate to	90% 3 34% 5 37%		
	1 2 3 4 5 Poor Fair Good Very Good Excellent		
Commission on with an existentian			
Compliance with specifications			
Quality as compared to similar products/services			
Prices as compared to similar products/services			
	1 2 3 4		
	Very Unlikely Unlikely Probably Definitely		
5.) Would you purchase this product/service again?			
SECTION 2: END	USER COMMENTS		
100 THE ACT OF THE CONTROL OF THE CO	upplier or the products / services provided. If this supplier's		
	ny. You may attach an additional sheet if necessary.		
	COSTA ABOUTEMAN AND ANALYSIS AND		
1952 (1957)	RM COMPLETED BY:		
Name: JACQUELYN AUGUSTINE Title: CLERK IV	Contact Phone #: (754) 321 - 0224		
School/Department: FOOD AND NUTRITION SERIVCES			
Participant's Signature: Jacquelyn Augus	ustine Date: 08/12/2020		

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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GENERAL INFORMATION	
Bid #: FY21-120 Bid Title: Paper and Plastic Items for Cafeterias	
Purchase Order #: Product/Service Provided:	
Supplier (Company) Name: All Florida Paper	
Contact Name: Mario Vale Contact Phone #: (305) 815 - 5366	
SECTION 1: SUPPLIER EVALUATION	
1.) How would you rate the supplier in the following areas?  1 2 3 4	F
	5 Excellent
Overall customer service	
Delivery as scheduled or promised	
1 2 3	4
Not Somewhat Satisfied Very Satisfied Satisfied	Satisfied
80 870 85 88 88 80 10 100 Emily 1	
2.) How satisfied are you with the supplier?	ш
3.) Will you use this supplier again?	
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	3
Quality as compared to similar products/services	П
Prices as compared to similar products/services	
1 2 3	
	Definitely
5.) Would you purchase this product/service again?	
SECTION 3: END USER COMMENTS	
Please share any additional information regarding this supplier or the products / services provided. If this su	53:55 F25 11 Ed 465 2
	pplier's
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.	pplier's
	pplier's
	<u>pplier's</u>
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.	pplier's
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  EVALUATION FORM COMPLETED BY:	
Performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  EVALUATION FORM COMPLETED BY:  Name: JACQUELYN AUGUSTINE  Title: CLERK IV  Contact Phone #: (754) 32	
performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.  EVALUATION FORM COMPLETED BY:	

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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(754) 321-0505 or CLICK HERE to send us an email (inclu	ude the words <b>Supplier/Product Evaluation Form</b> in the subject)			
GENERAL I	NFORMATION			
Bid #: FY21-120 Bid Title: Paper and Plastic Items f	or Cafeterias			
Purchase Order #:	Product/Service Provided:			
Supplier (Company) Name: EDWARD DON & COMPANY	, LLC			
Contact Name: Jennifer Valencia	Contact Phone #: (954) 529 - 3468			
SECTION 1: SUP	PLIER EVALUATION			
1.) How would you rate the supplier in the following	g areas?			
	1 2 3 4 5			
	Poor Fair Good Very Good Excellent			
Overall customer service				
Delivery as scheduled or promised				
	$\frac{1}{1}$ $\frac{2}{2}$ $\frac{2}{1}$ $\frac{2}{1}$			
	Not Somewhat Satisfied Very Satisfied			
Sa	atisfied Satisfied Sudshed			
2.) How satisfied are you with the supplier?				
3.) Will you use this supplier again?	✓ Yes No			
SECTION 2: PRODUCT	/ SERVICE EVALUATION			
4.) Based on the areas below, how would you rate t				
	1 2 3 4 5			
	Poor Fair Good Very Good Excellent			
Compliance with specifications				
Quality as compared to similar products/services				
Prices as compared to similar products/services				
Prices as compared to similar products/services				
	Very Unlikely Unlikely Probably Definitely			
5.) Would you purchase this product/service again?				
SECTION 3: END USER COMMENTS				
[12]	upplier or the products / services provided. If this supplier's			
performance is unsatisfactory, please tell us w	<b>hy.</b> You may attach an additional sheet if necessary.			
EVALUATION FC	ORM COMPLETED BY:			
Name: JACQUELYN AUGUSITNE Title: CLERK IV	Contact Phone #: (754) 321 - 0224			
School/Department: FOOD AND NUTRITION SERVICES				
	Debas on to longs			
Participant's Signature: Jacquelyn Aug	gustins Date: 08/12/2020			

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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GENERAL II	VFORMATION
Bid #: FY21-120 Bid Title: Paper and Plastic Items fo	r Cafeterias
Purchase Order #:	Product/Service Provided:
Supplier (Company) Name: INTERBORO PACKAGING COR	RPORATION
Contact Name: Mayer Jeremias	Contact Phone #: (845) 782 - 6800
SECTION 1: SUP	PLIER 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	
Delivery as scheduled or promised	
	Not Somewhat 3 4
	tisfied Satisfied Very Satisfied
2.) How satisfied are you with the supplier?	
3.) Will you use this supplier again?	√ Yes □ No
	0.000.0
	/ SERVICE EVALUATION
4.) Based on the areas below, how would you rate the	2000 20
	1 2 3 4 5
	Poor Fair Good Very Good Excellent
Compliance with specifications	
Quality as compared to similar products/services	
Prices as compared to similar products/services	
	1 2 3 4
	Very Unlikely Unlikely Probably Definitely
5.) Would you purchase this product/service again?	
	0 0 0
43-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	USER COMMENTS
	pplier or the products / services provided. If this supplier's
performance is unsatisfactory, please tell us wr	y. You may attach an additional sheet if necessary.
EVALUATION FO	RM COMPLETED BY:
Name: JACQUELYN AUGUSTINE Title: CLERK IV	Contact Phone #: (754) 321 - 0224
School/Department: FOOD AND NUTRITION SERVICES	, , , , , , , , , , , , , , , , , , ,
POUD AND NUTKITION SERVICES	
Participant's Signature: Jacquelyn Augu	ustina Date: 08/12/2020

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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	GENERAL INFORMATION			
Bid #: FY21-120 Bid Title: Paper and	Plastic Items for Cafeterias			
Purchase Order #:	Product/Service Provided:			
Supplier (Company) Name: Southeastern	ı Paper Group of FLorida			
Contact Name: Chris Borocz	Contact Phone #: (336) 375 - 8002			
SE	CTION 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				
Delivery as scheduled or promised				
	Not Somewhat 3 4			
	Satisfied Satisfied Very Satisfied			
2.) How satisfied are you with the supp	plier?			
3.) Will you use this supplier again?	Yes No			
SECTION	N 2: PRODUCT / SERVICE EVALUATION			
4.) Based on the areas below, how wo	uld you rate the products/services provided with this Bid?			
	1 2 3 4 5			
	Poor Fair Good Very Good Excellent			
Compliance with specifications				
Quality as compared to similar product	:s/services			
Prices as compared to similar products,	/services			
S 555	$\frac{}{}$ $\frac{}{}$ $\frac{}{}$ $\frac{}{}$			
	Very Unlikely Unlikely Probably Definitely			
5.) Would you purchase this product/s	ervice again?			
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.				
performance is unsutisfactory, p	reade ten as write. To a may accuer an additional silect in necessary.			
EV	ALUATION FORM COMPLETED BY:			
Name: JACQEULYN AUGUSTINE Title:	CLERK IV Contact Phone #: (754) 321 - 0224			
School/Department: FOOD AND NUTRITION	ON SERVICES			
Participant's Signature: Jacque	elyn Augustine Date: 08/12/2020			

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 <u>CLICK HERE</u> to send us an email (incl	ude the words <b>Supplier/Product Evaluation Form</b> in the subject)		
GENERAL	INFORMATION		
Bid #: FY21-120 Bid Title: Paper and Plastic Items f	or Cafeterias		
Purchase Order #:	Product/Service Provided:		
Supplier (Company) Name: SERV-PAK PRODUCTS, INC.			
Contact Name: Richard Katz	Contact Phone #: (954) 962 - 0840		
SECTION 1: SUF	PPLIER EVALUATION		
1.) How would you rate the supplier in the following	g areas?		
	1 2 3 4 5		
	Poor Fair Good Very Good Excellent		
Overall customer service			
Delivery as scheduled or promised			
7 -			
	Not Somewhat Satisfied Very Satisfied		
S	atisfied Satisfied Very Satisfied		
2.) How satisfied are you with the supplier?			
3.) Will you use this supplier again?	✓ Yes No		
SECTION 2: PRODUC	T / SERVICE EVALUATION		
4.) Based on the areas below, how would you rate to			
4.) based off the alleas below, now would you rate	9005 Super S		
	1 2 3 4 5 Poor Fair Good Very Good Excellent		
Consultance with an artificial and			
Compliance with specifications			
Quality as compared to similar products/services			
Prices as compared to similar products/services			
	1 2 3 4		
	Very Unlikely Unlikely Probably Definitely		
5.) Would you purchase this product/service again?			
CECTION 2 FAI	- USER COMMENTS		
700 T F 1 M E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O USER COMMENTS		
	supplier or the products / services provided. If this supplier's hy. You may attach an additional sheet if necessary.		
EVALUATION FO	ORM COMPLETED BY:		
Name: JACQUELYN AUGUSTINE Title: CLERK IV	Contact Phone #: (754) 321 - 0224		
School/Department: FOOD AND NUTRITION SERVICES			
Participant's Signature: Jacquelyn Augus	ntine Date: 08/12/2020		
Participant Solgifature, I had and brown Kingson	17/MA Date. 08/17/070		

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	GENERA	INFORMATION			
Bid #: FY21-120	Bid Title: Paper and Plastic Iten	for Cafeterias			
Purchase Order #:		Product/Service I	Provided:		
Supplier (Company	) Name: DAXWELL DISTRIBUTION				
Contact Name: Max	well Robinson	Contact Phone #	:(281)669 - 06	22	
	SECTION 1: S	JPPLIER EVALUATION	6		
1.) How would you	rate the supplier in the follow	ng areas?			
		1 2	<del>5</del> 77	4 5	
		Poor Fair	Good Very	Good Excellent	
Overall customer se	ervice			abla	
Delivery as schedul	ed or promised				
Y		1 2			
		Not Somewl	nat Satisfied	4 Vary Satisfied	
		Satisfied Satisfie	ed	Very Satisfied	
2.) How satisfied a	re you with the supplier?				
3.) Will you use thi	is supplier again?	√Yes No			
	SECTION 2: PRODI	CT / SERVICE EVALUA	TION		
4 ) Based on the a	reas below, how would you rat		Secretaria de Companyo de Comp	vic Rid?	
4.) Daseu On the ai	eas below, now would you rai	the products/service	es provided with th	4 5	
		Poor Fair	Good Very	Good Excellent	
Compliance with sp	acifications		Occur very		
125					
Quality as compared to similar products/services					
Prices as compared to similar products/services					
		1	2 /	3 4	
CORD NAMES IN AL		Very Unlikely	Unlikely Pro	bably Definitely	
5.) Would you pure	chase this product/service aga	<sup>17</sup>		$\checkmark$	
	SECTION 3: E	ND USER COMMENTS	3		
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.					
	- Wester William	ORM COMPLETED BY			
Name: JACQUELYN A			Contact Phone #:	(754) 321 - 0224	
School/Department: FOOD AND NUTRITION SERVICES					
Participant's Signature: Jacquelyn Augustins Date: 08/12/2020					
	Jacquelyn Au	usune	,,		