# SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of 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 form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: <a href="mailto:charles.high@browardschools.com">charles.high@browardschools.com</a>

# **SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name:	MetLife & MetLife/Sa	feguard					
Supplier Contact: Contact Telephone:	Michael Prince 770-407-2414						
Contact releptione.	110-401-2414						
Bid No.:	Purchase Order No.	:		-			
What was the product / service	9? Group Dental & Gro	oup Vision		-			
1. How do you rate the supplie	er in the following areas	s?			_		
		Poor	2 Fair	3 Good	4 Very Good	5 Excellent	
Overall Customer Service Delivery as Scheduled or P	romised			<b>Z</b> X			
2. How satisfied are you with t			_				
Not Satisfied	2 Somewhat Satisfied		3 Satisfied ⊠		4 Very Satisfied □		
3. Will you use them again?	ain? Yes No No						
SECTION 2 - PRODUCT / SERVICE EVALUATION							
4. How do you rate their produ	ct / service?						
		1	2	3	4	5	
P Compliance with Specifications Quality as Compared to Similar Products/Services Price as Compared to Similar Products/Services		Poor	Fair	Good	Very Good 汉 又	Excellent	
5. Would you purchase this pr		or again?			•		
Very Unlikely 🗌	2 Unlikely 🗌		3 Probably ⊠		4 Definitely ☐		
*If not, please explain why in co	mments.						
	SECTION	3 - END-US	ER INPUT				
lease share any additional info erformance is unsatisfactory, p	ormation regarding th	is supplier o	r the produc	t / service sheet if nec	provided. If thessary.	is supplier's	
*Comments:					•		
Name / Title: <u>Dr. Dil</u> e	Evaluation Bra Martin-Ogburn, Din	n Form Comp ector. Benefit	leted By: s & Employm	ent Service	De		
School / Department: <u>Benefit</u>	ts Department						
Contact Telephone: <u>754-32</u> Participant's Signature:	1-3108			D-4	71110	,	
	Kront	<del>\</del>		Date: _	-1117		
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#### SUPPLIER / PRODUCT EVALUATION FORM

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#### **SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name: Supplier Contact: Contact Telephone: Bid No.: What was the product / service  1. How do you rate the supplie		:  oup Vision				
Bid No.:	Purchase Order No.	oup Vision				
What was the product / service	? Group Dental & Gro	oup Vision				
1. How do you rate the supplie	r in the following area	s?				
			_	_		
		1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall Customer Service Delivery as Scheduled or Pr	omised			<b>2</b> 4		
2. How satisfied are you with the						
1 Not Satisfied ☐	2 Somewhat Satisfied		3 Satisfied		4 Very Satisfied ☐	
3. Will you use them again?	Yes,∕∰ No 🗌					
	SECTION 2 - PRO	DDUCT / SE	RVICE EV	ALUATION		
4. How do you rate their produc	ct / service?					
		1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with Specification  Quality as Compared to Simi  Price as Compared to Simila	lar Products/Services	П			Very Good	
5. Would you purchase this pro		or again?	•			
•	2 Unlikely 🔲		Probably X		Definitely	
*If not, please explain why in co	mments.	•				
	SECTION	I 3 – END-L	JSER INPU	<u>T</u>		
Please share any additional info	ormation regarding th	is supplier	or the pro	duct / service	provided. If the	nis supplier's
performance is unsatisfactory, pl		may attach	an addition	al sheet if ned	essary.	
*Comments:						
Name / Title: Dr. Dilo	Evaluatio <u>ira Martin-Ogburn, Dir</u>	n Form Con ector. Bene		ovment Servic	:es	
School / Department: Benefit	s Department					
Participant's Signature:	1711/1/A			Date:	71111	f
	JPPLIER EVALUATION F	$\overline{}$		Daw		

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of 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 form to:

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## **SECTION 1 – SUPPLIER EVALUATION**

Supplier Company Name:	Solstice Benefits, Inc	<b>)</b> .				
Supplier Contact:	Nori Pino					
Contact Telephone:	954-370-1736					
Bid No.:	Purchase Order No.:			Windowskie		
What was the product / service	? Group Vision					
1. How do you rate the supplie	or in the following areas	s? 1	2	•	4	
Overall Customer Service Delivery as Scheduled or Pe	romised	Poor	Fair	3 Good X	Very Good	5 Excellent
2. How satisfied are you with t	• •					
Not Satisfied		2 3 Somewhat Satisfied  Satisfied		<b>X</b>	4 Very Satisfied ☐	
3. Will you use them again?	Yes No No	•				
	SECTION 2 - PRO	DUCT / SER	VICE EVAL	<u>UATION</u>		
4. How do you rate their produ	ct / service?					
Compliance with Specification Quality as Compared to Similarice as Compared to Similarice	lar Products/Services	1 Poor	2 Fair	3 Good X	4 Very Good	5 Excellent
5. Would you purchase this pr	oduct or use this vendo	or again?	9		4	
Very Unlikely 🗌	Unlikely 🔲	Unlikely ☐ Probably ☐		Definitely 🔲		
*If not, please explain why in co	mments.		·			
• • • • • • • • • • • • • • • • • • • •	SECTION	3 - END-US	ER INPUT			
lease share any additional info erformance is unsatisfactory, p	ormation regarding thi	s supplier o	r the produc	ct / service sheet if nece	provided. If the	is supplier's
*Comments:						
Name / Title: <u>Dr. Dild</u> School / Department: <u>Beneff</u>	Evaluation ira Martin-Ogburn, Din a Department	Form Comp ector, Benefit	leted By: s & Employn	nent Service	98	
Contact Telephone: 754-32						
Participant's Signature:	MA	_		Date: _	7/1/14	
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