

Vendor Performance Evaluation Requirements

The awarded vendor should note that the Contract Administrator will document the contractor's performance by completing a Vendor Performance Evaluation based upon the following:

- For any fixed construction or services contract valued at \$30,000 or more upon completion of the contract.
- For any hardware or software implementation contracts valued at \$20,000 or more as part of the final acceptance
- For any fixed commodities contract valued at \$250,000 or more upon complete delivery of the commodities
- For Master (open-end) Agreements and other continuing contracts by each using agency whose cumulative annual usage of the agreement exceeds \$30,000.
- For Work Authorizations valued at \$30,000 or more, issued under a Library of Professional Consultant Services or a Library of Environmental Consultant Services, upon project completion
- For contracts where the Office of Economic and Small Business Development (OESBD) has established goals, based on compliance with established goals and requirements.
- The Contract Administrator may also initiate an interim evaluation at any time during the contract period for any contract

The following Vendor Performance Evaluation Templates are provided for informational purposes. The templates included are:

1. Final Construction Evaluation
2. Final Consultant – Architect/Engineer Evaluation
3. Vendor Commodity/Service Evaluation
4. Vendor Service Evaluation
5. Goals Participation

**BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA
PERFORMANCE EVALUATION FORM
Final Construction Evaluation**

CONTRACT INFORMATION			
Contract/RLI/Agreement Number	Project Number/Title	Commission District(s)	
Vendor Name			Phone
Award Amount	Change Orders & Amendments	No. of	Total Cost \$0.00
Substantial Construction Completion Date		Final Construction Completion Date	
Goal Type	County Established	Vendor Committed	Attained

RECOMMENDED FOR FUTURE USE		
Recommended for future contracts: If other than Yes, provide detailed explanation as attachment.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Conditional	Numerical Score: 0.00
State Condition for Recommendation:		
Overall Rating:	<input type="radio"/> 5-Excellent (4.50 - 5.00) <input type="radio"/> 4-Good (3.20 - 4.49) <input type="radio"/> 3-Fair (2.60 - 3.19) <input type="radio"/> 2-Poor (1.81 - 2.59) <input type="radio"/> 1-Unsatisfactory (1.0 - 1.8)	Goal Evaluation Score: 0.00 Weighted Score: 0.00

COUNTY CONTACT INFORMATION	
Contract Administrator or Delegate Name	Email
Signature	Date

Project Manager Name	Email
Signature	Date

Evaluation Criteria
<p>This evaluation provides an indication of the vendors's ability to implement a practical, accurate, complete and cost conscious project. For each item, please provide a numerical score from 1 to 5, in accordance to the performance rating scale. Select N/A if the criteria does not apply to this evaluation. Reviewer comments must be entered for a rating of 1, 2 or 5. Minimum passing score is 2.60.</p> <p>The following scale is used to rank the level of contributions made by the vendor to the project.</p> <p>5 - Excellent Performance: Project had no time or cost impacts related to vendor's performance;</p> <p>4- Good Performance: Project had some minor issues which the vendor aggressively pursued to resolve and there were minor time or cost impacts related to the contractor's performance;</p> <p>3 - Fair Performance: Project had some issues which the vendor pursued to resolve and that resulted in acceptable time and/or cost impacts;</p> <p>2 - Poor Performance: Project had several issues which the vendor provided limited assistance to resolve and that resulted in significant time and cost impacts;</p> <p>1 - Unsatisfactory Performance: Project had multiple, significant issues which the vendor provided no assistance to resolve and that resulted in substantial time and cost impacts.</p>

A) Project Management		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. How effectively did the vendor communicate with the Contract Administrator and over County personnel as well as the consultant?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How well did the vendor cooperate with the Contract Administrator, other County personnel and the consultant?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How closely did vendor conform with specifications, drawings and other requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How appropriate was the staff assigned to do the work to ensure a quality product on a timely basis?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How actively did the vendor communicate with subvendors and others involved in project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How adequate and effective was the vendor's coordination and control of subvendors' work and documentation?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How proactively did the vendor participate in the resolution of disputes?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How timely were the notices of inspection requests?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
9. How well did the vendor control the project by providing recommendations, addressing issues, participating in decision making, and working with government officials and the County?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
10. How clean did the vendor keep the work site on a continuous basis?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

B) Business Practices		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. How was the vendor's compliance with the United States Occupational Safety and Health Administration (OSHA) and Broward County's Risk Management Division, Safety and Occupational Health Section requirements? Consider the vendor's established safety program, compliance with standards, safety practices, accident prevention, etc.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How well did the vendor manage business relationships with subvendors by ensuring that subvendors were fully paid for work that had been completed to specifications? (This information can be verified through subvendor complaints or liens for non payment)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor manage business relationships with subvendors by ensuring that subvendors were promptly paid?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How well did the vendor follow Broward County procedure in reporting changes of sub vendors?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

C) Cost Control		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. How actively did the vendor pursue/take aggressive action in obtaining documents such as building permits, Certificate of Occupancy and other required documents on a timely basis?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How actively did the vendor participate in overcoming problems with other vendors, building officials, and/or regulatory agencies?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How valid were the claims for extra costs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How well did the vendor comply with the prevailing wage rate policy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How well did the vendor comply with the County's Living Wage rate policy (if applicable)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

D) Timeliness		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. How well did the vendor manage delivery of necessary equipment and material for the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How timely and accurate were payment requests when submitted?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor meet the schedule of deliverables established at the beginning of the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Phase Completion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Substantial Completion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Final Completion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How effectively did the vendor communicate with the Contract Administrator and other County personnel as well as the consultant?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

E) Change Order Management		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. Did the vendor provide independent estimates of the value of changes?	<input type="radio"/> Yes		<input type="radio"/> No			<input checked="" type="radio"/> N/A
2. How accurate and timely were the preliminary estimates of the value of change orders/amendments provided by the vendor?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accurate and timely were change orders/amendments processed with the proper documentation?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How fair and timely did the vendor prepare, negotiate and make recommendations to the County regarding change orders/amendments?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How appropriate were the vendor's recommendations for time extensions based on the actual circumstances and reviewed against the contract requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

F) Quality of Work						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How accessible was the work for inspection?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How close were the equipment and materials to the specifications?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How closely were industry standard construction methods followed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How responsive and competent were superintendents, supervisors, and workers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

G) Project Closeout						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How well did the project meet specified standards when inspected?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How complete and accurate was the documentation provided at the completion of the project, including punch list, warranties, operation, appropriate manuals and Certificate of Occupancy from the appropriate jurisdiction?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How clean did the vendor leave the worksite by completely disposing of debris in a legal manner?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How accurate and timely were the vendor's final project accounting documents sent to Broward County?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

RATING OFFICIAL INFORMATION	
Name and Title	Office

**BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA
PERFORMANCE EVALUATION FORM
Final Consultant - Architect/Engineer Evaluation**

CONTRACT INFORMATION			
Contract/RLI/Agreement Number	Project Number/Title	Commission District(s)	
Vendor Name			Phone
Award Amount	Change Orders & Amendments	No. of	Total Cost \$0.00
Substantial Construction Completion Date		Final Construction Completion Date	
Goal Type	County Established	Vendor Committed	Attained

RECOMMENDED FOR FUTURE USE		
Recommended for future contracts: If other than Yes, provide detailed explanation as attachment.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Conditional	Goal Evaluation Score: 0.00
State Condition for Recommendation:		
Overall Rating:	<input type="radio"/> 5-Excellent (4.50 - 5.00) <input type="radio"/> 4-Good (3.20 - 4.49) <input type="radio"/> 3-Fair (2.60 - 3.19) <input type="radio"/> 2-Poor (1.81 - 2.59) <input type="radio"/> 1-Unsatisfactory (1.0 - 1.8)	Goal Evaluation Score: 0.00 Weighted Score: 0.00

COUNTY CONTACT INFORMATION	
Contract Administrator or Delegate Name	Email
Signature	Date

Project Manager Name	Email
Signature	Date

Evaluation Criteria
<p>This evaluation provides an indication of the vendors's ability to implement a practical, accurate, complete and cost conscious project. For each item, please provide a numerical score from 1 to 5, in accordance to the performance rating scale. Select N/A if the criteria does not apply to this evaluation. Reviewer comments must be entered for a rating of 1, 2 or 5. Minimum passing score is 2.60.</p> <p>The following scale is used to rank the level of contributions made by the vendor to the project.</p> <p>5 - Excellent Performance: Project had no time or cost impacts related to vendor's performance;</p> <p>4- Good Performance: Project had some minor issues which the vendor aggressively pursued to resolve and there were minor time or cost impacts related to the contractor's performance;</p> <p>3 - Fair Performance: Project had some issues which the vendor pursued to resolve and that resulted in acceptable time and/or cost impacts;</p> <p>2 - Poor Performance: Project had several issues which the vendor provided limited assistance to resolve and that resulted in significant time and cost impacts;</p> <p>1 - Unsatisfactory Performance: Project had multiple, significant issues which the vendor provided no assistance to resolve and that resulted in substantial time and cost impacts.</p>

A) Preliminary Design/Engineering Services						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How effective were the vendor's meeting with County to clarify and define the County's requirements for the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How knowledgeable was the vendor regarding the jurisdiction of various government authorities involved in the approval process?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How realistic was the schedule and budget for the project as presented by the design team?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How suitable were the design results to the site?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How well did the design meet user objectives and specific program requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the design meet cost limitations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How clear and detailed were the plans?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How accurate were the plans?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
9. How timely were the submittals of the plans?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
10. How well did the vendor anticipate and address potential construction conflicts with underground/overhead utilities?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
11. How appropriate was the level of completion of the specifications submitted with each design phase?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

B) Cost Control						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How helpful was the project duration and the necessary justification which provided by the vendor in allowing the County to evaluate for concurrence?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How actively did the vendor pursue/take aggressive action in obtaining documents such as building permits, Certificate of Occupancy and other required documents on a timely basis?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How effective was the vendor at finding ways to reduce one-time construction costs, long term maintenance, or staffing requirements by specifying alternative materials or designs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How actively did the vendor participate in overcoming problems with other vendors, building officials, and/or regulatory agencies?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How valid were the claims for extra costs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

C) Timeliness						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How well did the vendor meet the schedule of deliverables established at the beginning of the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Phase Completion?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Substantial Completion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

4. How well did the vendor conform with schedule of work progress in order to meet the planned completion dates for Final Completion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

D) Permitting						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How involved was the vendor in the effort to get permits from appropriate jurisdictions?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How complete were the plans submitted for permitting?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How complete was the initial design which was submitted to the regulatory agencies as reflected by the comments received from the regulatory agencies?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How effectively did the vendor communicate with the County regarding issues that were being resolved by regulatory agencies?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How effectively did the vendor communicate and provide the required notices to the County regarding the status of the permits?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How timely were permit applications submitted so as not to delay the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

E) Bid Documents						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How carefully did the consultant review all bidding documents for conflicts or inconsistencies between documents prepared by the County and those prepared by the design team?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How supportive was the consultant at the pre-bid meeting?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accurate and timely was the vendor's input to addenda in response to marketplace inquiries?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How complete and clear were the specifications which were distributed to the marketplace as reflected by the number of addenda needed to rectify specification issues or the extension of the bid open date?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How actively did the vendor contribute to the evaluation of selected vendors' responsibility in the areas of research, reference, credit, equipment availability and staff expertise?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How actively did the vendor contribute to the evaluation of contractor bids for realistic price and time, fairness and reasonableness?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

F) Construction Administration						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How timely were sealed shop drawings provided to the County?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How frequently did the vendor make site visits to observe the project's construction?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How proactive was the vendor to intervene as necessary if issues were observed during site visits?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How clear and concise were the instructions provided by the vendor to the contractor and how well did they facilitate a professional relationship?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

5. How timely were construction issues related to the vendor's scope of responsibility resolved?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

G) Contract Change Management (Amendments)						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. Did the vendor provide independent estimates of the value of changes?	<input type="radio"/> Yes <input type="radio"/> No					<input checked="" type="radio"/> N/A
2. How accurate and timely were the preliminary estimates of the value of change orders/amendments provided by the vendor?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accurate and timely were change orders/amendments processed with the proper documentation?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How fair and timely did the vendor prepare, negotiate and make recommendations to the County regarding change orders/amendments?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How appropriate were the vendor's recommendations for time extensions based on the actual circumstances and reviewed against the contract requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the vendor follow Broward County procedure in reporting change of sub vendors?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

H) Project Closeout						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How well did the project meet specified standards when inspected?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5					<input checked="" type="radio"/> N/A
2. How complete and accurate was the documentation provided at the completion of the project, including punch list, warranties, operation, appropriate manuals and Certificate of Occupancy from the appropriate jurisdiction?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accurate and timely were the vendor's final project accounting documents sent to Broward County?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

RATING OFFICIAL INFORMATION	
Name and Title	Office

**BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA
PERFORMANCE EVALUATION FORM
Vendor Commodity/Service Evaluation**

CONTRACT INFORMATION			
Contract/RI/Agreement Number	Project Number/Title		Evaluation Period From: To:
Vendor Name		Contract Period From: To:	
Project Description/Phases		Contract Type <input type="radio"/> Commodity <input type="radio"/> Commodity/Service	
Award Amount	Change Orders & Amendments	No. of	Revised Contract Amount \$0.00
FOR SOFTWARE PURCHASES MORE THAN \$20,000	Final Acceptance Date	<input type="checkbox"/> Installation & Setup <input type="checkbox"/> Warranty Period <input type="checkbox"/> Maintenance Period	
Claims <input type="checkbox"/> No Claims	Claims in Process	From Vendor	Against Vendor
	Finalized Claims	From Vendor	Against Vendor
		Date	Date
Goal Type	County Established	Vendor Committed	Attained
RECOMMENDED FOR FUTURE USE			
Recommended for future contracts: If other than Yes, provide detailed explanation as attachment.		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Conditional	Numerical Score: 0.00
State Condition for Recommendation:			
Overall Rating:		<input type="radio"/> 5-Excellent (4.50 - 5.00) <input type="radio"/> 4-Good (3.20 - 4.49) <input type="radio"/> 3-Fair (2.60 - 3.19) <input type="radio"/> 2-Poor (1.81 - 2.59) <input type="radio"/> 1-Unsatisfactory (1.0 - 1.8)	Goal Evaluation Score: 0.00 Weighted Score: 0.00
Requesting Agency Representative Name and Title		Email	
Signature		Date	

Purchasing Unit Representative Name and Title	Email
Signature	Date

This evaluation provides an indication of the vendors's ability to implement a practical, accurate, complete and cost conscious project. For each item, please provide a numerical score from 1 to 5, in accordance to the performance rating scale. Select N/A if the criteria does not apply to this evaluation. Reviewer comments must be entered for a rating of 1, 2 or 5. Minimum passing score is 2.60.

The following scale is used to rank the level of contributions made by the vendor to the project.

5 - Excellent Performance: Project had no time or cost impacts related to vendor's performance;

4- Good Performance: Project had some minor issues which the vendor aggressively pursued to resolve and there were minor time or cost impacts related to the contractor's performance;

3 - Fair Performance: Project had some issues which the vendor pursued to resolve and that resulted in acceptable time and/or cost impacts;

2 - Poor Performance: Project had several issues which the vendor provided limited assistance to resolve and that resulted in significant time and cost impacts;

1 - Unsatisfactory Performance: Project had multiple, significant issues which the vendor provided no assistance to resolve and that resulted in substantial time and cost impacts.

A) Quality						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How responsive was the vendor to notification of an unauthorized substitution?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How close did the delivered product(s) or software perform to expectations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accurate and timely were any necessary repairs or reconfigurations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How timely were necessary parts or software made available?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How appropriate were any vendor recommended repairs or upgrades?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How efficient and timely were product/software installations and training completed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How complete and timely did the vendor submit warranties, manuals, etc.?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How well did the vendor performance meet agreement expectations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

B) Quantity						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How well did the amount of product shipped match the amount ordered?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How fast were partial deliveries or non-deliveries satisfied?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. If there were backorders, how accurate were estimates of delivery times?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How accurate was the weight of the item received as compared to the weight listed on the invoice?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How accurate was the paperwork in the shipment?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How accurate were the licensing estimates for the software installation(s)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

Evaluation Question	Unsatisfactory					Excellent
1. How timely was the complete order received, based on industry standards?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How well was the shipment protected against damage or loss?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How responsive was the vendor to notice of damaged goods?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How proactive was the vendor response to replacing damaged goods?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How cooperative was the vendor in making the delivery at a satisfactory time?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How accurate were the prices quoted to the invoiced price?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How accurate were the documents provided at closeout, e.g. packing slips, invoices, technical manuals, etc. regarding the correct material codes and purchase order numbers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How accurate was the method of delivery?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
9. How correct was the delivery location?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
10. How visible were the required inspection stamps?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

11. How well did the vendor manage delivery of the product and/or service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
12. How accurately were close-out procedures followed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

D) Customer Service						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How knowledgeable was the vendor regarding the requested product and/or service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How timely were requests for information, proposals and quotes answered?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How prompt were County staff communications returned or responded to?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How proactive was the vendor in addressing County staff problems or concerns regarding the product or service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How courteous/professional was the vendor in dealing with the County, Sub-vendors, County Tenants/Customers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How sensitive/responsive was the vendor to working around County operational needs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How consistent and clear were the vendor communications with County staff?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

E) Support						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How close was the level of vendor technical expertise to what was needed to support the product or service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How appropriate was the contact information provided by the vendor for questions?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor respond to additional questions regarding the product or service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How timely was the vendor response compared to the contract requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How clear was the vendor information regarding the warranty or replacement policy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the vendor respond to warranty service requests?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How timely were repairs completed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How well did the vendor coordinate any sub vendors?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
9. How responsive and competent were vendor representatives?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

F) Emergency Procurement						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How responsive was the vendor to providing afterhours contact information?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How clear was the vendor regarding the local warehousing and availability of products in the event of an emergency?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How proactive was the vendor in providing emergency support for repair or replacement of a failed or unusable commodity?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How accessible was the vendor before, during and after the emergency?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

5. How willing was the vendor to provide support services ?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How cooperative was the vendor in demonstrating extra effort to meet County staff requirements in the emergency?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:		

RATING OFFICIAL INFORMATION	
Name and Title	Office

**BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA
PERFORMANCE EVALUATION FORM
Vendor Service Evaluation**

CONTRACT INFORMATION			
Contract/RLI/Agreement Number	Project Number/Title		Evaluation Period From: To:
Vendor Name			Contract Period From: To:
Service Description			
Award Amount	Change Orders & Amendments	No. of	Revised Contract Amount \$0.00
Claims <input type="checkbox"/> No Claims	Claims in Process	From Vendor	Against Vendor
	Finalized Claims	From Vendor Date	Against Vendor Date
Goal Type	County Established	Vendor Committed	Attained

RECOMMENDED FOR FUTURE USE		
Recommended for future contracts: If other than Yes, provide detailed explanation as attachment.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Conditional	Numerical Score: 0.00
State Condition for Recommendation:		
Overall Rating:	<input type="radio"/> 5-Excellent (4.50 - 5.00) <input type="radio"/> 4-Good (3.20 - 4.49) <input type="radio"/> 3-Fair (2.60 - 3.19) <input type="radio"/> 2-Poor (1.81 - 2.59) <input type="radio"/> 1-Unsatisfactory (1.0 - 1.8)	Goal Evaluation Score: 0.00 Weighted Score: 0.00

COUNTY CONTACT INFORMATION	
Requesting Agency Representative Name and Title	Email
Signature	Date

Purchasing Unit Representative Name and Title	Email
Signature	Date

Evaluation Criteria
<p>This evaluation provides an indication of the vendors's ability to implement a practical, accurate, complete and cost conscious project. For each item, please provide a numerical score from 1 to 5, in accordance to the performance rating scale. Select N/A if the criteria does not apply to this evaluation. Reviewer comments must be entered for a rating of 1, 2 or 5. Minimum passing score is 2.60.</p> <p>The following scale is used to rank the level of contributions made by the vendor to the project.</p> <p>5 - Excellent Performance: Project had no time or cost impacts related to vendor's performance;</p> <p>4- Good Performance: Project had some minor issues which the vendor aggressively pursued to resolve and there were minor time or cost impacts related to the contractor's performance;</p> <p>3 - Fair Performance: Project had some issues which the vendor pursued to resolve and that resulted in acceptable time and/or cost impacts;</p> <p>2 - Poor Performance: Project had several issues which the vendor provided limited assistance to resolve and that resulted in significant time and cost impacts;</p> <p>1 - Unsatisfactory Performance: Project had multiple, significant issues which the vendor provided no assistance to resolve and that resulted in substantial time and cost impacts.</p>

A) Quality						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How close did the vendor conform with specifications, drawings and other requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How accurate and timely were any necessary repairs or reconfigurations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How appropriate were any vendor recommended repairs or upgrades?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How efficient and timely was the applicable training completed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How complete and timely did the vendor submit warranties, manuals, etc.?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the vendor performance meet agreement expectations?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

B) Quantity						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How accurate were the estimated service hours to the actual hours of service provided?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How accurate were estimated services to those actually needed to complete the project?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

C) Delivery						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How timely was the service completed, based on industry standards?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How proactive was the vendor response to replacing damaged goods?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How cooperative was the vendor in appearing at a satisfactory time?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How accurate were the prices quoted to the invoiced price?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How well did the vendor manage delivery of the service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How accurate were the documents provide at closeout, e.g. packing slips, invoices, technical manuals, etc. regarding the correct material codes and purchase order numbers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How accurately were close-out procedures followed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

D) Customer Service						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How knowledgeable was the vendor regarding the requested service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How timely were requests for information, proposals and quotes answered?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How prompt were County staff communications returned or responded to?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How proactive was the vendor in addressing County staff problems or concerns regarding the service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

5. How courteous/professional was the vendor in dealing with the County, Sub-vendors, County Tenants/Customers?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How sensitive/responsive was the vendor to working around County operational needs?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How consistent and clear were the vendor communications with County staff?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

E) Support						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How close was the level of vendor technical expertise to what was needed to support the service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How appropriate was the contact information provided by the vendor for questions?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor respond to additional questions regarding the service?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How timely was the vendor response compared to the contract requirements?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How clear was the vendor information regarding the warranty or replacement policy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How well did the vendor respond to warranty service requests?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. How timely were repairs completed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
8. How well did the vendor coordinate any sub vendors?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
9. How responsive and competent were vendor representatives?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

F) Emergency Procurement						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How responsive was the vendor to providing afterhours contact information?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How clear was the vendor regarding the local services available in the event of an emergency?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How accessible was the vendor before, during and after the emergency?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How willing was the vendor to provide support services ?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How cooperative was the vendor in demonstrating extra effort to meet County staff requirements in the emergency?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

G) Living Wage Compliance						Section Score: 0.00
Evaluation Question	Unsatisfactory					Excellent
1. How prominent was the Living Wage rate provision poster displayed in workplace?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How timely was the vendor in providing the three language statement with each covered employee in the first paycheck or direct deposit slip and every six months hereafter in accordance with the Living Wage Ordinance?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How complete overall were the vendor's payroll records of the covered employees over the required three year period?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How timely and complete were the required compliance payroll reports submitted?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. How proactive was the vendor regarding inserting into any subcontracts the applicable clauses as required by the Living Wage Ordinance?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A

6. How proactive was the vendor in ensuring the compliance by any subcontractor with the Living Wage Ordinance as it applies to the subcontract?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="radio"/> N/A
7. If applicable, how cooperative was the vendor in responding to and resolving any employee complaints regarding alleged violations of Living Wage contract requirements?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:		

RATING OFFICIAL INFORMATION	
Name and Title	Office

**BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA
PERFORMANCE EVALUATION FORM
Goals Participation**

CONTRACT INFORMATION			
Contract/RLI/Agreement Number Enter this information on the Construction Evaluation Tab	Project Number/Title	Evaluation Period From: To:	
Vendor Name		Contract Period From: To:	
Service Description			
Award Amount	Change Orders & Amendments	No. of	Revised Contract Amount
Claims <input type="checkbox"/> No Claims	Claims in Process	From Vendor	Against Vendor
	Finalized Claims	From Vendor Date	Against Vendor Date
Goal Type	County Established	Vendor Committed	Attained
RECOMMENDED FOR FUTURE USE			
Recommended for future contracts: If other than Yes, provide detailed explanation as attachment.		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Conditional	Numerical Score: 0.00
State Condition for Recommendation:			
Overall Rating:		<input type="radio"/> 5-Excellent (4.50 - 5.00) <input type="radio"/> 4-Good (3.20 - 4.49) <input type="radio"/> 3-Fair (2.60 - 3.19) <input type="radio"/> 2-Poor (1.81 - 2.59) <input type="radio"/> 1-Unsatisfactory (1.0 - 1.8)	
COUNTY CONTACT INFORMATION			
Contract Administrator or Delegate Name			Email
Signature			Date

OESBD Representative Name	Email
Signature	Date

Evaluation Criteria
<p>This evaluation provides an indication of the vendors's ability to implement a practical, accurate, complete and cost conscious project. For each item, please provide a numerical score from 1 to 5, in accordance to the performance rating scale. Select N/A if the criteria does not apply to this evaluation. Reviewer comments must be entered for a rating of 1, 2 or 5. Minimum passing score is 2.60.</p> <p>The following scale is used to rank the level of contributions made by the vendor to the project.</p> <p>5 - Excellent Performance: Project had no time or cost impacts related to vendor's performance;</p> <p>4- Good Performance: Project had some minor issues which the vendor aggressively pursued to resolve and there were minor time or cost impacts related to the contractor's performance;</p> <p>3 - Fair Performance: Project had some issues which the vendor pursued to resolve and that resulted in acceptable time and/or cost impacts;</p> <p>2 - Poor Performance: Project had several issues which the vendor provided limited assistance to resolve and that resulted in significant time and cost impacts;</p> <p>1 - Unsatisfactory Performance: Project had multiple, significant issues which the vendor provided no assistance to resolve and that resulted in substantial time and cost impacts.</p>

A) Contract Goals Evaluation		Section Score: 0.00				
Evaluation Question	Unsatisfactory					Excellent
1. How well did the vendor comply with the County's participation goals?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
2. How timely did the vendor submit the Monthly Performance reports?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
3. How well did the vendor manage business relationships with sub-vendors by ensuring that sub-vendors were fully and promptly paid for work that had been completed to specifications?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
4. How well did the vendor adhere to its participation plan?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
5. If goals were not met, how actively did the vendor pursue options needed to meet the goals?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
6. How actively did the vendor pursue other opportunities to include Broward County certified small businesses?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input checked="" type="radio"/> N/A
COMMENTS:						

RATING OFFICIAL INFORMATION	
Name and Title	Office