



## CITY OF HOLLYWOOD, FLORIDA

### PROCUREMENT OFFICE

#### Department/Office Contract Renewal Evaluation Form

<b>Date:</b> 03/21/2024	
<b>Department/Office:</b> Public Utilities	<b>Division/Area:</b> 4011
<b>Contact Person:</b> Luis Montoya	<b>Title:</b> Public Utilities Manager WTP
<b>Contact Phone Number:</b> 954.967.4230 Ext. 5405	<b>Contact Email:</b> lmontoya@hollywoodfl.org
<b>Purchase Order/Blanket Purchase Order #:</b> BPA PA600729	
<b>Contract Expiration Date:</b> 4.18.2024	
<b>Vendor:</b> Univar Solutions USA Inc	<b>Contact Person:</b> Stacy Ziegler
<b>Contact Phone Number:</b> 253.872.5023	<b>Contact Email:</b> stacy.ziegler@UnivarSolutions.com
<b>Good/Service:</b> Sodium Hydroxide 50%	<b>Solicitation #:</b> Co-op Bid #2023-006 City of Margate

1. How would you rate the quality of goods/services?

☒ Excellent      ☐ Good      ☐ Satisfactory      ☐ Poor

2. How would you rate the courteousness of the vendor's personnel?

☒ Excellent      ☐ Good      ☐ Satisfactory      ☐ Poor

3. With regards to the goods or services provided, how satisfied are you with the following items?  
(Please check one per category)

	Excellent	Good	Satisfactory	Poor
<b>Overall Quality</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Value</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frequency of Contact</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Responsiveness to request(s)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are all goods/services on the contract being performed at the agreed upon price, time and terms?

☒ Yes    ☐ No

If no, please explain?

---



---

5. If you contacted the vendor, were all your questions and/or issues resolved to your complete satisfaction?

☐ Yes    ☐ No    ☒ Did not need to contact the vendor



## CITY OF HOLLYWOOD, FLORIDA

### PROCUREMENT OFFICE

#### Department/Office Contract Renewal Evaluation Form

If no, please explain?

6. Has invoicing been timely, accurate and in accordance with the contract?

☒ Yes ☐ No

If no, please explain?

7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

☒ Yes ☐ No

If no, please explain?

8. Please state any additional comments about your experience with this vendor and the goods/services provided:

Department/Office Director's Name: Vincent Morello

Department/Office Director's Signature:

DocuSigned by:

Vincent Morello

6385CE2A0EB545E...



## CITY OF HOLLYWOOD, FLORIDA

### OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

#### Department/Office Contract Renewal Evaluation Form

<b>Date:</b> 4/10/2024	
<b>Department/Office:</b> Public Utilities	<b>Division/Area:</b> Wastewater Plant Operations – 400601
<b>Contact Person:</b> Joel Blanco	<b>Title:</b> Plant Superintendent WWTP
<b>Contact Phone Number:</b> 954.258.3886	<b>Contact Email:</b> Jblanco@hollywoodfl.org
<b>Purchase Order/Blanket Purchase Order #:</b> BPA PA600729	
<b>Contract Expiration Date:</b> 4.18.2024	
<b>Vendor:</b> Univar solution	<b>Contact Person:</b> Stacy Ziegler
<b>Contact Phone Number:</b> 253.872.5023	<b>Contact Email:</b> stacy.ziegler@UnivarSolutions.com
<b>Good/Service:</b> Sodium hydroxide 50%	<b>Solicitation #:</b> Co -op Bid #2023-006 City of Margate

1. How would you rate the quality of goods/services?

☒ Excellent      ☐ Good      ☐ Satisfactory      ☐ Poor

2. How would you rate the courteousness of the vendor's personnel?

☒ Excellent      ☐ Good      ☐ Satisfactory      ☐ Poor

3. With regards to the goods or services provided, how satisfied are you with the following items?

**(Please check one per category)**

	Excellent	Good	Satisfactory	Poor
<b>Overall Quality</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Value</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frequency of Contact</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Responsiveness to request(s)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are all goods/services on the contract being performed at the agreed upon price, time and terms?

☒ Yes    ☐ No

If no, please explain?

---



---

5. If you contacted the vendor, were all your questions and/or issues resolved to your complete satisfaction?

☐ Yes    ☐ No    ☒ Did not need to contact the vendor

If no, please explain?

---

---

6. Has invoicing been timely, accurate and in accordance with the contract?

☒ Yes ☐ No

If no, please explain?

---

---

7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

☒ Yes ☐ No

If no, please explain?

---

---

8. Please state any additional comments about your experience with this vendor and the goods/services provided:

---

---

---

---

DS  
JB

Department/Office Director's Name: Vincent Morello

DS  
RS

Department/Office Director's Signature: \_\_\_\_\_

DocuSigned by:

*Vincent Morello*

6385CE2A8EB545E...