



CITY OF HOLLYWOOD, FLORIDA

OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

**Department/Office
Contract Renewal Evaluation Form**

Date: 2/27/2025	
Department/Office: Public Works	Division/Area: Fleet Maintenance
Contact Person: Alex Alfonso	Title: Chief Mechanic
Contact Phone Number: 954-967-4555	Contact Email: aalfonso@hollywoodfl.org
Purchase Order/Blanket Purchase Order #: PA600420	
Contract Expiration Date: 5/19/2026	
Vendor: Genuine Parts Company dpa Napa Auto Parts	Contact Person: David Schnoerr
Contact Phone Number: 786-726-0140	Contact Email: David.schnoerr@napasalesteam.com
Good/Service: Vehicles Parts and Supplies	Solicitation #:

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
Overall Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to request(s)	<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:

Department/Office Director's Name: Joseph S KROLL

Department/Office Director's Signature: _____

