



CITY OF HOLLYWOOD, FLORIDA

OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE

**Department/Office
Contract Renewal Evaluation Form**

Date: 9/18/23	
Department/Office: Public Works	Division/Area: Grounds Maintenance
Contact Person: Joshua Collazo	Title: Public Works Superintendent
Contact Phone Number: 954-830-0385	Contact Email: Jcollazo@hollywoodfl.org
Purchase Order/Blanket Purchase Order #: PA 600406	
Contract Expiration Date: 10/28/23	
Vendor: A Perfect Edge INC	Contact Person: Kevin Osteen
Contact Phone Number: 954-214-8300	Contact Email: aperfecctedge@aol.com
Good/Service: Lawn Maintenance	Solicitation #: C-23-121

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input checked="" type="checkbox"/>	<input 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:  _____

Department/Office Director's Signature:  _____