



**CITY OF HOLLYWOOD, FLORIDA**

**OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE**

**Department/Office  
Contract Renewal Evaluation Form**

<b>Date: 7/3/2025</b>	
<b>Department/Office: Public Works</b>	<b>Division/Area: Ground Maintenance</b>
<b>Contact Person: Joshua Collazo</b>	<b>Title: Operations Manager</b>
<b>Contact Phone Number: Ext 3043</b>	<b>Contact Email jcollazo@hollywoodfl.org</b>
<b>Purchase Order/Blanket Purchase Order #: PA600406</b>	
<b>Contract Expiration Date: 10/28/2025</b>	
<b>Vendor: A Perfect Edge, Inc.</b>	<b>Contact Person: Kevin Osteen</b>
<b>Contact Phone Number:</b>	<b>Contact Email: aperfectedge@aol.com</b>
<b>Good/Service: Citywide grounds maintenance services</b>	<b>Solicitation #:</b>

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?

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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?

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

☒ Yes ☐ No

If no, please explain?

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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?

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

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Department/Office Director's Name:

*Dr.*

*Joseph Sileo*

Department/Office Director's Signature:

*Joseph Sileo*