



**CITY OF HOLLYWOOD, FLORIDA**

**OFFICE OF PROCUREMENT AND CONTRACT COMPLIANCE**

**Department/Office  
Contract Renewal Evaluation Form**

<b>Date:</b> 7/14/2025	
<b>Department/Office:</b> Public Works	<b>Division/Area:</b> Ground Maintenance
<b>Contact Person:</b> Joshua Collazo	<b>Title:</b> Operations Manager
<b>Contact Phone Number:</b> Ext 3043	<b>Contact Email:</b> jcollazo@hollywoodfl.org
<b>Purchase Order/Blanket Purchase Order #:</b> PA600558	
<b>Contract Expiration Date:</b> 9/30/2025	
<b>Vendor:</b> A Perfect Edge, Inc.	<b>Contact Person:</b> Kevin Osteen
<b>Contact Phone Number:</b>	<b>Contact Email:</b> aperfectedge@aol.com
<b>Good/Service:</b> Comprehensive Landscape Maintenance Services (441)	<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
<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?

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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:

*Joseph S Kroll*

Department/Office Director's Signature:

*Joseph S Kroll*