

For the Month of
December, 2025 (December 11, 2025)

Original Terms: Initial term of two (2) year with two (2), additional, two (2) year terms thereafter.

Contract Performance Report Card

Vendor Name:

All Staff Health Services, Inc.

Contract Purpose:

RFQ # CS-23-02 Home Healthcare Services -
Personal Care, Homemaker & Respite Services

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	24
2. Quality of Service(s)	30	28
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>97</u>


A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☐ Yes

Department Comments:

The SWFP wishes to renew our contract with All Staff as they have provided great service to our seniors that are in need of assistance in the home.

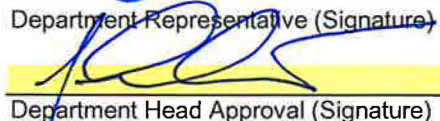


Department Representative (Signature)

Silvia Aguilar Assistant Director 10/13/2025

Name & Title

Date



Department Head Approval (Signature)

Jay Shechter Director 10/13/2025

Name & Title

Date

Contract Performance Report Card

Vendor Name:

CSI Catalano's Nurses Registry, Inc.

Contract Purpose:

RFQ # CS-23-02 Home Healthcare Services -
Personal Care, Homemaker & Respite Services

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	24
2. Quality of Service(s)	30	28
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>97</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☐ Yes

Department Comments:

The SWFP wishes to renew our contract with CSI Catalano's Nurses Registry, Inc. as they have provided great service to our seniors that are in need of assistance in the home.

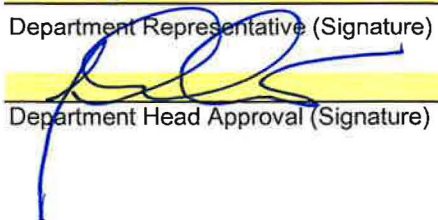


Department Representative (Signature)

/ Silvia Aguilar Assistant Director 10/13/2025

Name & Title

Date



Department Head Approval (Signature)

/ Jay Shechter Director 10/13/2025

Name & Title

Date

Contract Performance Report Card

Vendor Name:

Dovinity-J15:12, Inc. dba Homewatch Caregivers of Southwest Broward

Contract Purpose:

**RFQ # CS-23-02 Home Helathcare Services -
Personal Care, Homemaker & Respite Services**

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	24
2. Quality of Service(s)	30	28
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>97</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☐ Yes

Department Comments:

The SWFP wishes to renew our contract with Dovinity-J15:12, Inc. dba Homewatch Caregivers of Southwest Broward as they have provided great service to our seniors that are in need of assistance in the home.

Department Representative (Signature)

Silvia Aguilar	Assistant Director	10/13/2025
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Name & Title

Date _____

Department Head Approval (Signature)

Jay Shechter Director 10/13/2025

Name & Title

Date _____

Contract Performance Report Card

Vendor Name:

Trinity Health Care Services, LLC.

Contract Purpose:

RFQ # CS-23-02 Home Healthcare Services -
Personal Care, Homemaker & Respite Services

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	24
2. Quality of Service(s)	30	28
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>97</u>

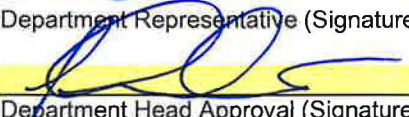
A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☐ Yes

Department Comments:

The SWFP wishes to renew our contract with Trinity Health Care Services, LLC. As they have provided great service to our seniors that are in need of assistance in the home.

	/	Silvia Aguilar	Assistant Director	10/13/2025
Department Representative (Signature)		Name & Title		Date
	/	Jay Shechter	Director	10/13/2025
Department Head Approval (Signature)		Name & Title		Date

Contract Performance Report Card

Vendor Name:

Ceres Environmental Services, Inc.

Contract Purpose:

AD-21-02 Disaster Debris Management

Rating Categories

	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

Department Representative (Signature)

Jim Mulvaney Division Director 10/16/25

Name & Title

Date

Department Head Approval (Signature)

Giraldo Hernandez PS Director 10/16/25

Name & Title

Date

Contract Performance Report Card

Vendor Name:

Crowder Gulf Joint Venture, Inc.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

Rating Categories

	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

Department Representative (Signature)

Name & Title

Date

Department Head Approval (Signature)

Name & Title

Date

Jim Mulvaney Division Director 10/16/25

Giraldo Hernandez PS Director 10/16/25

Contract Performance Report Card

Vendor Name:

D&J Enterprises, Inc.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

Rating Categories

	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

 Department Representative (Signature)

Name & Title

Jim Mulvaney Division Director 10/16/25

Date

Department Head Approval (Signature)

Name & Title

Giraldo Hernandez PS Director 10/16/25

Date

Contract Performance Report Card

Vendor Name:

Eastern Waste System, Inc.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

 Department Representative (Signature)

Jim Mulvaney Division Director 10/16/25
Name & Title Date

Department Head Approval (Signature)

Giraldo Hernandez PS Director 10/16/25
Name & Title Date

Contract Performance Report Card

Vendor Name:

KDF Enterprises, LLC.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

Rating Categories

	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	25
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	25
	100	100

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

Department Representative (Signature)

/ Jim Mulvaney Division Director 10/16/25
Name & Title Date

Department Head Approval (Signature)

/ Giraldo Hernandez PS Director 10/16/25
Name & Title Date

Contract Performance Report Card

Vendor Name:

Southern Disaster Recovery, LLC.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

<u>Rating Categories</u>	<u>Maximum Points</u>	<u>Department Head Rating</u>
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
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D =	69 - 60
F =	59 - 0

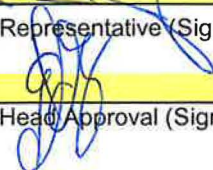
Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:


Department Representative (Signature)

Jim Mulvaney Division Director 10/16/25
Name & Title Date


Department Head Approval (Signature)

Giraldo Hernandez PS Director 10/16/25
Name & Title Date

Contract Performance Report Card

Vendor Name:

Tetra Tech, Inc.

Contract Purpose:

AD-21-03 Disaster Recovery Monitoring and Reimbursement Assistance

Rating Categories

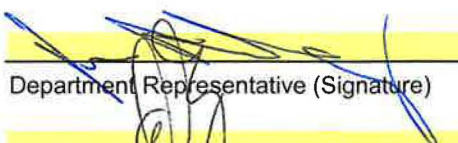
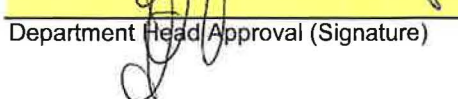
	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

	/	Jim Mulvaney Division Director	11/17/25
Department Representative (Signature)		Name & Title	Date
	/	Giraldo Hernandez PS Director	11/17/25
Department Head Approval (Signature)		Name & Title	Date

Contract Performance Report Card

Vendor Name:

TFR Enterprises, Inc.

Contract Purpose:

AD-21-02 Disaster Debris Management Services

Rating Categories

	Maximum Points	Department Head Rating
1. Service(s) Completed on time	25	25
2. Quality of Service(s)	30	30
3. Are all requirements of the contract being met	25	25
4. Department overall satisfaction	20	20
	<u>100</u>	<u>100</u>

A =	100 - 90
B =	89 - 80
C =	79 - 70
D =	69 - 60
F =	59 - 0

Recommend Renewal?

☒ Yes / ☐ No / ☐ Not Applicable

Department Comments:

Department Representative (Signature)

Jim Mulvaney Division Director 10/16/25

Name & Title

Date

Department Head Approval (Signature)

Giraldo Hernandez PS Director 10/16/25

Name & Title

Date