



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: IND2125134B1  
Liquid Carbon Dioxide

Recommended Vendor: Matheson Tri-Gas, Inc.  
Recommended Group(s)/Line Item(s): Item 1  
Initial Award Amount: \$ 357,500 Potential Total Amount: \$ 1,072,500  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

I am satisfied with the Vendor's financial background and/or rating and payment performance.  
 Not applicable Provide explanation if choosing this option

**LITIGATION HISTORY: (check one)**

I have reviewed the Litigation History Form and there is no issue of concern.  
 Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
 No evaluations within the past three years contained any items rated a score of 2 or less.  
 Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
 Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
 Past evaluations are not relevant to the scope of this contract.  
 No past Performance Evaluations exist in ContractsCentral.

**AND**

Reference Verification Forms are attached.

**OR**

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Carlos Garcia TITLE: Expansion Project Administrator  
(Individual authorized to administer the contract.)

SIGNATURE: Carlos A. Garcia Digitally signed by Carlos A. Garcia Date: 2022.09.02 16:18:43 -04'00' DATE: 9/2/22

TYPED NAME OF SIGNER: Mark Darmanin

TITLE: Director, WWOD

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MARK M.  
SIGNATURE: DARMANIN

Digitally signed by MARK  
M. DARMANIN  
Date: 2022.09.06  
13:19:36 -04'00'

DATE:

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TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director, WWED

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Alan Garcia  
SIGNATURE:

Digitally signed by Alan  
Garcia  
Date: 2022.09.06  
14:30:40 -04'00'

DATE: 9/6/22

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**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: IND2125134B1, Liquid Carbon Dioxide

Reference for (Name of Firm): Matheson Tri-Gas, Inc

Organization/Firm Name providing reference: City of Fort Myers, Florida

Contact Name: Meagan Bledsoe

Title: Water Treatment Plant Supervisor

Contact Email: mbledsoe@cityftmyers.com

Contact Phone: (239) 321-7659

Name of Referenced Project: Bulk supply Carbon Dioxide

Contract No. B200403DWJ

Contract Amount: 90,000.00

Date Services Provided: Ongoing

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:** Carbon Dioxide supply services

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**

We are fully satisfied with Matheson Tri-Gas as our Co2 vendor.

**References Checked By**

Name: Carlos Garcia, PE

Title: Expansion Project Administrator

Division/Department: Water and Wastewater Services

Date of Verification: 08/23/2022

### Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: IND2125134B1, Liquid Carbon Dioxide

Reference for (Name of Firm): Matheson Tri-Gas, Inc

Organization/Firm Name providing reference: City of Tampa, Florida

Contact Name: Leslie Hanley

Title:

Contact Email: leslie.hanley@tampa.gov.net

Contact Phone: (813) 231-1301

Name of Referenced Project: Bulk supply Carbon Dioxide

Contract No. NA

Contract Amount: 7,100.00

Date Services Provided: 2019 - Present

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:** Carbon Dioxide supply services

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments: (provide on additional sheet if needed)**

References Checked By

Name: Carlos Garcia, PE

Title: Expansion Project Administrator

Division/Department: Water and Wastewater Services

Date of Verification: 08/22/2022



**Vendor Reference Verification Form for Bids and Quotes**

Broward County Solicitation No. and Title: IND2125134B1, Liquid Carbon Dioxide

Reference for (Name of Firm): Matheson Tri-Gas, Inc

Organization/Firm Name providing reference: Palm Beach County, Florida

Contact Name: Staci Machado

Title: Buyer

Contact Email: smachado@pbcgov.org

Contact Phone: (561) 616-6835

Name of Referenced Project: Bulk supply Carbon Dioxide, *Food Grade*

Contract No. NA

Contract Amount: ~~50,000.00~~ *\$208,000*

Date Services Provided: Ongoing

(list date range or date services began until "current")

Vendor's role in Project:  Prime Vendor  Subconsultant/Subcontractor

Would you use this vendor again?  Yes  No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:** Carbon Dioxide supply services

**Please rate your experience with the referenced Vendor:**

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Carlos Garcia, PE

Title: Expansion Project Administrator

Division/Department: Water and Wastewater Services

Date of Verification: 08/23/2022