



TO: Shamar Brissett, Purchasing Agent
Purchasing Division
FROM: Alan Garcia, Director
Water and Wastewater Services
SUBJECT: Solicitation No.: OPN2128645Q1
Brooks Ammonia Gas Feed System, Equipment

Recommended Vendor: Cross Company
Recommended Group(s)/Line Item(s): Lines 1-5
Initial Award Amount: \$ 137,796.00 Potential Total Amount: \$ 688,980.00
Initial Contract Term: One Year Contract Term, including Renewals: Five 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 ≥ 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 ≤ 2.59 on an evaluation(s). Refer to additional information.
 Vendor received a score of ≤ 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: Construction Project Management Supervisor
(Individual authorized to administer the contract.)

SIGNATURE: Carlos Garcia Digitally signed by Carlos Garcia Date: 2024.09.24 10:11:22 -04'00' DATE: 9/24/24

TYPED NAME OF SIGNER: Mark Darmanin TITLE: Director, Water and Wastewater Operati

SIGNATURE: **Mark Darmanin** Digitally signed by Mark Darmanin
Date: 2024.09.24 15:12:00 -04'00' DATE: _____

TYPED NAME OF SIGNER: Alan W. Garcia, P.E. TITLE: Director, Water and Wastewater Service
(Individual authorized to administer the contract.)

SIGNATURE: **Alan Garcia** Digitally signed by Alan Garcia
Date: 2024.09.25 10:02:33 -04'00' DATE: 09/25/24



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128645Q1-Brooks Ammonia Gas Feed Syst, Equip, Maint& Rep Svcs

Reference for (Name of Firm): Cross Company

Organization/Firm Name providing reference: Davidson College

Contact Name: Kevin Anderson Title: Dir of Maintenance and Operations

Contact Email: keanderson@davidson.edu Contact Phone: (704) 894-2000

Name of Referenced Project: Steam Plant Instrumentation Upgrade

Contract No. Contract Amount: 16,203.00

Date Services Provided: 7-31-2023 to 11-30-2023

(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:

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 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 checked="" type="checkbox"/>	<input 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: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: WWS Operations Division

Date of Verification: 09/17/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128645Q1-Brooks Ammonia Gas Feed Syst, Equip, Maint& Rep Svcs

Reference for (Name of Firm): Cross Company

Organization/Firm Name providing reference: Ulliman Schutte Construction

Contact Name: Nick Hedrick Title: Project Executive

Contact Email: nhedrick@ullimanschutte.com Contact Phone: (919) 413-1936

Name of Referenced Project: Egg Shaped Digester Rehabilitation Improvements at Back River WWTP

Contract No. SC-992R Contract Amount: 8,000,000.00

Date Services Provided: 8-1-23 to current

(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:

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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: WWS Operations Division

Date of Verification: 09/23/2024



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: OPN2128645Q1-Brooks Ammonia Gas Feed Syst, Equip, Maint& Rep Svcs

Reference for (Name of Firm): Cross Company

Organization/Firm Name providing reference: University of Virginia

Contact Name: David S Perry

Title: Metering Supervisor

Contact Email: DSP2N@VIRGINIA.EDU

Contact Phone: (434) 566-7193

Name of Referenced Project: UVA - Fontaine Chiller Plant flow meters

Contract No. PO-0231426

Contract Amount: 44,323.00

Date Services Provided: 8-8-24 to 9-6-24

(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:

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"/>
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Additional Comments: (provide on additional sheet if needed)

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Name: Yolanda McGee

Title: Contract/Grant Administrator

Division/Department: WWS Operations Division

Date of Verification: 09/24/2024