



TO: Victoria Hernandez, Purchasing Agent
Purchasing Division
FROM: Scott Campbell, Director
Facilities Management Division
SUBJECT: Solicitation No.: S2114735B1
Propane Gas and Tanks

Recommended Vendor: Amerigas Propane, L.P.
Recommended Group(s)/Line Item(s): Line Item 1
Initial Award Amount: \$136,198.50 Potential Total Amount: \$408,595.50
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. 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 - Current Vendor

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 Contracts Central 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 Contracts Central.

AND

- Reference Verification Forms are attached.

OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 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.

TYPED NAME OF SIGNER: Scott Campbell TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE: DATE: 8/29/17



Vendor Reference Verification Form

Broward County Solicitation No. and Title: S2114735B1 Propane Gas and Tanks
 Reference for: (Name of Firm) Amerigas Propane, L.P.
 Organization/Firm Name providing reference: The School Board of Miami-Dade County
 Contact Name/Title: Sharri Neal
 Contact E-mail: sneal@dadeschools.net
 Contact Phone: 305-278-5089
 Name of Referenced Project: Propane Gas
 Contract No. 030-NN04
 Contract Amount: \$2,061,000
 Date Services Provided: April 17, 2013 to Current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Propane and Gas Delivery.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:				
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: Candace Jensen Title: Contract Grant Administrator Senior
 Division/Department: Facilities Management Division Date of Verification: August 23, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: S2114735B1 Propane Gas and Tanks

Reference for: (Name of Firm) Amerigas Propane, L.P.

Organization/Firm Name providing reference: Broward County Board of County Commissioners (FMD)

Contact Name/Title: Marlon Jerome/ Building Manager

Contact E-mail: mjerome@broward.org

Contact Phone: 954-235-3555

Name of Referenced Project: Propane Gas and Tanks

Contract No. C1228801B3

Contract Amount: \$486,372

Date Services Provided: October 9, 2014 to Current

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

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

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

Description of services provided by Vendor:

Provide propane to storage tank - Always on time and professional.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

[Empty box for additional comments]

References Checked By

Name: Candace Jensen

Title: Contract Grant Administrator Senior

Division/Department: Facilities Management Division

Date of Verification: August 23, 2017



Vendor Reference Verification Form

Broward County Solicitation No. and Title: S2114735B1 Propane Gas and Tanks
 Reference for: (Name of Firm) Amerigas Propane, L.P.
 Organization/Firm Name providing reference: The School Board of Broward County
 Contact Name/Title: Becky Edwards, Accounts Payable Specialist
 Contact E-mail: becky.edwards@browardschools.com
 Contact Phone: 754-321-4220
 Name of Referenced Project: Propane Gas
 Contract No. 54-051R
 Contract Amount: \$4,509,133
 Date Services Provided: January 23, 2014 to Current
 (list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor
 Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:
 Amerigas provides service and delivery of propane to all applicable sites throughout the District.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
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				
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 type="checkbox"/>
3. Timeliness of:				
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: Candace Jensen Title: Contract Grant Administrator Senior
 Division/Department: Facilities Management Division Date of Verification: August 17, 2017