

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered: 9/6/10 – 9/5/12	Contract No.: 202-10573	Master Blanket: N/A
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Awarded Vendor:

Praxair Distribution Southeast, LLC
One Main Street, Suite 202
Tequesta, FL 33469

Delivery: 1 Day
Payment Terms: Net 30

Attn: Katie Thiery katie_thiery@praxair.com
561-277-4937
Fax 561-746-0042
Email: innovat100@aol.com

Ordering Address and Phone:
1661 NW 19 Avenue
Pompan Beach, FL 33069
954-971-0116
Fax 954-971-2698
Emergency Contact: Frank Rocanello 954-971-0116

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
City Commission Approval: 8/17/10 Pur-8 CAR 10-1103
Extension Options: Yes No Years: 2, 1 yr extensions

MEDICAL GRADE OXYGEN AND NITROUS OXIDE

Medical Grade Oxygen, USP	\$ 11.00
Medical Grade Nitrous Oxide, USP	\$ 10.00
Medical Grade Oxygen	\$ 4.90
Hydrotesting for Medical Grade Nitrous Oxide	\$ 10.00
Hydrotesting for Medical Grade Oxygen	\$ 10.00

Department Contract Co-Ordinator: Alexandra Ramyp, Fire-Rescue, (954) 828-6805

Procurement Specialist: James Hemphill, CPPB

THIS AGREEMENT, made and entered into this 31 day of Aug, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Praxair Distribution Southeast, LLC, a Delaware Limited Liability Company ("Contractor"), authorized to transact business in the State of Florida, whose address and phone are One Main Street, Suite 202, Tequesta, FL 33469, Phone 561-277-4937, Fax: 561-746-0042.

WHEREAS, the City issued Invitation to Bid Number 202-10573 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on August 17, 2010, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB (Pur-08, CAR No. 10-1103),

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Medical Grade Oxygen and Nitrous Oxide in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning September 6, 2010 and ending September 5, 2012.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

- First, this contract form, G-110 Rev. 01/10;
- Second, any and all addenda to the City's ITB in reverse chronological order;
- Third, the ITB;
- Fourth, the Contractor's response to any addendum requiring a response;
- Fifth, the Contractor's response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
Director of Procurement Services

ATTEST

By: [Signature]
Print Name: Michelle Dean

CONTRACTOR

By: [Signature]
Print Name: Katie Thiery
Title: Accounting Manager
(If not president of corporation please attach proof of authorization)

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 27 day of August, 2010, by Katie Thiery as (title): ALLI MGR for Praxair Distribution Southeast, LLC, a Delaware Limited Liability Company ("Contractor"), authorized to transact business in the State of Florida

(SEAL)



[Signature]
Notary Public, State of Florida
(Signature of Notary Public)
KATHERINE M. CURRAN
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____
Type of Identification Produced _____

**CONTRACT
COPY**
(Corporate)

Praxair Distribution Southeast, LLC

Bid Contact **Katie Thiery**
katie_thiery@praxair.com
Ph 561-277-4937
Fax 561-746-0042

Address **One Main Street, Suite 202**
Tequesta, FL 33469

Item #	Line Item	Notes	Unit Price	Qty/Unit	Total Price	Attch. Docs
202-10573-1-01	Medical Grade Oxygen (O2), USP	Supplier Product Code: OX M-K Emergency contact name: Frank Rocanello Emergency contact phone number : 954-971-0116	First Offer - \$11.00	300 / each	\$3,300.00	Y
202-10573-1-02	Medical Grade Nitrous Oxide, USP	Supplier Product Code: NS M-AAN Emergency contact name: Frank Rocanello Emergency contact phone number : 954-971-0116	First Offer - \$10.00	140 / each	\$1,400.00	Y
202-10573-1-03	Medical Grade Oxygen (O2)	Supplier Product Code: OX M-DN Emergency contact name: Frank Rocanello Emergency contact phone number : 954-971-0116	First Offer - \$4.90	3400 / each	\$16,660.00	Y
202-10573-1-04	Hydrotesting on Medical Grade Nitrous Oxide, USP	Supplier Product Code: CYM HT Emergency contact name: Frank Rocanello	First Offer - \$10.00	100 / each	\$1,000.00	Y

**Emergency
contact
phone
number :**
954-971-
0116

202-10573-1-05	Hydrotesting for Medical Grade Oxygen (O2)	Supplier Product Code: CYM HT Emergency contact name: Frank Rocanello Emergency contact phone number : 954-971- 0116	First Offer - \$10.00	300 / each	\$3,000.00	Y
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Supplier Total	\$25,360.00
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Questionnaire

Please print or type:

1. Provide three references for which you have performed similar services.

Company Name:**Grand Bahama Shipyard**
 Address:**PO BOX F42498-411, Freeport, Grand Bahama**
 Contact Name:**Dot Hemming**
 Telephone: **242-350-4000**

Company Name:**Deerfield Fire Rescue**
 Address:**1441 SW 11TH Way, Deerfield Beach, FL 33441**
 Contact Name:**Bob Williams**
 Telephone: **954-480-4415**

Company Name:**IVF Florida**
 Address:**2960 N SR 7 #300, Margate, FL 33063**
 Contact Name:**Sunny Hu**
 Telephone: **954-247-6200**

2. Number of years experience the proposer has had in providing similar services:
13 Years

3. Have you ever failed to complete work awarded to you? If so, where and why?
No

4. List appropriate licenses as issued by Broward County.
State of FL Medical License 31446
Broward County Business Wholesale 378-227248

5. Briefly describe the number of employees and supervisors available for this contract and the firm's ability to secure subcontractors, if necessary.
The local location in Pompano has 3 route drivers, sales manager, store manager, and 2 inside sales personnel

6. Briefly describe your firm's financial status and provide proof of adequate line of credit or other financial assets to access funds for construction of multiple projects during the same time period.
Annual sales of \$40million

The proposer understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. Failure to answer each question could result in the disqualification of your bid.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3, _____

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

~~In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.~~

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: **Katie Thiery 7/16/10**
(signature) (date)

Name (printed): **Katie Thiery** Title: **Pricing Manager**

Company: (Legal Registration) **Praxair Distribution Southeast LLC**

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: **1661 NW 19th Ave**
City: **Pompano Beach** State: **FL** Zip: **33069**
Telephone No. **954-971-0116** FAX No. **954-971-2698**

(Order Placing)

Email: **pdse@praxair.com**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **1**

Payment Terms (section 1.03): **Net 30**

Total Bid Discount (section 1.04): **0**

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No: **1** Date Issued: **7/14/10**

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances: **N/A**
revised 3-23-10