



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. 3287-0/13*  
*Award Sheet*

**PURCHASING DIVISION**

BID NO.: **3287-0/13** PREVIOUS BID NO.: **3287-4/08-4**  
 TITLE: **CONTINUOUS FORMS PRINTING SVCS-PREQUAL.**  
 CURRENT CONTRACT PERIOD: **03/01/2009** through **02/28/2019**  
 Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. 3287-0/13* *Award Sheet*

<b><u>DPM Notes</u></b>
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<b><u>APPLICABLE ORDINANCES</u></b>								
LIVING WAGE: <u>Yes</u> UAP: <u>Yes</u> IG: <u>Yes</u>								
OTHER APPLICABLE ORDINANCES:								
<hr/> <b>CONTRACT AWARD INFORMATION:</b> <table style="width:100%; border:none;"> <tr> <td><u>Yes</u> Local Preference</td> <td><u>No</u> Micro Enterprise</td> <td><u>No</u> Full Federal Funding</td> <td><u>No</u> Performance Bond</td> </tr> <tr> <td><u>Yes</u> Small Business Enterprise (SBE)</td> <td><u>No</u> PTP Funds</td> <td><u>No</u> Partial Federal Funding</td> <td><u>No</u> Insurance</td> </tr> </table> Miscellaneous:	<u>Yes</u> Local Preference	<u>No</u> Micro Enterprise	<u>No</u> Full Federal Funding	<u>No</u> Performance Bond	<u>Yes</u> Small Business Enterprise (SBE)	<u>No</u> PTP Funds	<u>No</u> Partial Federal Funding	<u>No</u> Insurance
<u>Yes</u> Local Preference	<u>No</u> Micro Enterprise	<u>No</u> Full Federal Funding	<u>No</u> Performance Bond					
<u>Yes</u> Small Business Enterprise (SBE)	<u>No</u> PTP Funds	<u>No</u> Partial Federal Funding	<u>No</u> Insurance					
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">REQUISITION NO.:</td> </tr> </table>	REQUISITION NO.:							
REQUISITION NO.:								

PROCUREMENT AGENT: <b>LLUIS GORGOY</b> PHONE: 305 375-1075                      FAX:                      EMAIL: <a href="mailto:gorgoyl@miamidade.gov">gorgoyl@miamidade.gov</a>
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VENDOR NAME: RR DONNELLEY & SONS CO  
 DBA:  
 FEIN: 361004130 SUFFIX : 02 2829051  
 STREET: P.O. BOX 905151 CITY:CHARLOTTE ST: NC ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: -

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
MARK EMBDEN	954-517-5164	-	954-517-0877	MARK.EMBDEN@RRD.COM

VENDOR NAME: AMERICAN BUSINESS FORMS INC  
 DBA: AMERICAN SOLUTIONS FOR B  
 FEIN: 411393684 SUFFIX : 01 56334  
 STREET: 31 EAST MINNESOTA AVE CITY:GLENWOOD ST: MN ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 800-862-3690

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
LIVI DALMAU	954-646-1795	800-862-3690	954-656-1121	LIVI_AMERICAN@BELLSOUTH.NET

VENDOR NAME: SUNCOAST MARKETING INC  
 DBA:  
 FEIN: 591762714 SUFFIX : 01 33317  
 STREET: 6545 NOVA DRIVE STE 211 CITY: DAVIE ST: FL ZIP:  
 FOB TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 800-393-7273

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
LEW CRAWFORD	954-554-8873	800-393-7273	954-583-8189	LEW@SUNCOASTMARKETING.COM

VENDOR NAME: BETTER BUSINESS FORMS INC  
 DBA: BBF INTEGRATED SOLUTIONS  
 FEIN: 592969301 SUFFIX : 03 33777  
 STREET: 10950 BELCHER ROAD S CITY: LARGO ST: FL ZIP:  
 FOB TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 866-545-8703

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:	SBE	Set Aside	Bid Pref.
	Micro Ent.	Selection Factor	Goal
	Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
TONY DILLEY	305-274-6785	866-545-8703	305-273-0876	TONY.DILLEY@BBFIS.COM

VENDOR NAME: COPY DEPOT INC  
 DBA:  
 FEIN: 650123691 SUFFIX : 01 33016  
 STREET: 8325 W 24 AVENUE, STE 2 CITY: HIALEAH ST: FL ZIP:  
 FOB TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: -

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor: No	SBE No	Set Aside No
	Micro Ent. No	Selection Factor No
	Other:	Bid Pref. No
		Goal No
		Vendor Record Verified? Yes

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
LEONEL ORTIZ -	305-477-9099	-	305-470-2359	LORTIZ@COPYDEPOTMIAMI.COM

**ITEMS AWARDED Section:**

Details: 3287-0/13

Item #	Description	Qty	Unit Price
1	CONTINUOUS FORMS PRINTING SVCS-PREQUAL	1	1753380

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: Yes DPM Award: No  
 BCC Date: 12/02/2008 DPM Date: 10/02/2008

Contract Amount: \$ 3,486,000.00

Additional Items Allowed: Agenda Item No.:

Special Conditions:

**BPO INFORMATION Section:**

1		<b>ABCW0900501</b>	
<b>Commodity ID</b>		<b>Commodity Name</b>	
966-12		FORMS, PRINTED (ALL KINDS)	
<b>Department</b>		<b>Department Allocation</b>	
BL		\$7,894.80	
BN		\$18,296.10	
CS		\$1,742.53	
ET		\$3,001,000.00	
FR		\$24,380.00	
LB		\$74,000.00	
PA		\$261,000.00	
PE01****		\$93,809.10	
PE05****		\$3,257.47	

**End of BPO Information Section**