

| | |
|---------------------|--|
| Commodity ID | Commodity Name |
| 200-27 | GLOVES, WORK: CANVAS, COATED, LEATHER, |
| Department | Department Allocation |
| AV***** | \$115,000.00 |
| HD***** | \$295,000.00 |

SECTION #5 – AWARD INFORMATION

BCC Award: N
BCC Date: 11/19/2013
DPM Award: N
DPM Date: 09/18/2013
Additional Items Allowed:
Agenda Item No.:
Special Conditions:

SECTION #6 – VENDORS AWARDED

1. Vendor Name: FREMONT INDUSTRIAL CORP
DBA:
FEIN: 112671250
Suffix: 01
Street: 2200 SHAMES DR.
City: WESTBURY
State: NY
Zip: 115901747
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: 800-3431603

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-----------------|-------------|-------------|-------------|-------------------------|
| Claire Degrigio | 516-3337575 | 800-3431603 | 516-3337428 | Cassandra@fremontny.com |

2. Vendor Name: BOUND TREE MEDICAL LLC
DBA:
FEIN: 311739487
Suffix: 01
Street: 5000 Tuttle Crossing Blvd
City: Dublin
State: OH
Zip: 43016
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

Assigned Measures

SBE:
Micro Ent. :
Other:

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-------------|-------------|---------|-------------|--------------------------|
| Tim Jamison | 800-5330523 | - | 877-3112437 | submitbids@boundtree.com |

3. **Vendor Name:** PANCAR INDUSTRIAL SUPPLY CORP
DBA:
FEIN: 320217281
Suffix: 01
Street: 6916 NW 46 STREET
City: MIAMI
State: FL
Zip: 33166
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|------------------|--------------|---------|--------------|-----------------------|
| FRANCISCO FLETES | 305-863-6151 | - | 305-863-6642 | FDLETES@BELLSOUTH.NET |

4. **Vendor Name:** BENCHMARK INDUSTRIAL SUPPLY LLC
DBA:
FEIN: 352213335
Suffix: 01
Street: 1913 COMMERCE CIRCLE
City: SPRINGFIELD
State: OH
Zip: 45504-2011
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: 877-9752726

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|---------------------|-------------|-------------|-------------|--------------------------------|
| Claire N WILLIAMSON | 937-3251001 | 877-9752726 | 937-3286477 | claire@benchmarkindustrial.com |

5. **Vendor Name:** W W GRAINGER INC
DBA: GRAINGER
FEIN: 361150280

Suffix: 01
Street: 2255 NW. 89TH PLACE
City: MIAMI
State: FL
Zip: 33172
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|---------------|--------------|---------|--------------|---------------------|
| GEORGE JOSEPH | 305-594-3036 | - | 305-592-5611 | GOV480@GRAINGER.COM |

6. **Vendor Name:** LABSOURCE INC
DBA:
FEIN: 363631684
Suffix: 02
Street: 1260 GARNET DRIVE
City: NORTHLAKE
State: IL
Zip: 60164
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: 800-8480616

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|---------------|-------------|-------------|-------------|---------------|
| STEVEN PLECKI | 630-3431728 | 800-8480616 | 630-3431701 | |

7. **Vendor Name:** MAGID GLOVE & SAFETY MFG CO LLC
DBA:
FEIN: 364057654
Suffix: 01
Street: 1300 NAPERVILLE DRIVE
City: ROMEOVILLE
State: IL
Zip: 60446-1043
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: 800-4448010

Local Vendor:

Certified Vendor

SBE:

Assigned Measures

Set Aside:
Bid Pref.:

Micro Ent. :
Other:

Selection Factor:

Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|----------|-------------|-------------|-------------|------------------------|
| IAN QUAN | 773-2891382 | 800-4448010 | 773-2899382 | GOVBIDS@MAGIDGLOVE.COM |

8. **Vendor Name:** SUMYMCA INTERNATIONAL LLC
DBA:
FEIN: 421769141
Suffix: 01
Street: 8238 NW South River Drive
City: Medley
State: FL
Zip: 33166
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|------------------|-------------|---------|-------------|-------------------------|
| Gabriela Morales | 305-6298089 | - | 305-6298089 | gmorales@sumymcaint.com |

9. **Vendor Name:** MIDWEST MEDICAL SUPPLY COMPANY LLC
DBA:
FEIN: 431741196
Suffix: 01
Street: PO BOX 955588
City: ST LOUIS
State: MO
Zip: 631955588
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: 888-5403232

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|--------------|-------------|-------------|-------------|---------------------------|
| JULIA ONESTO | 386-2529960 | 888-5403232 | 800-5450065 | jonesto@concordancehs.com |

10. **Vendor Name:** MORPH MEDICAL LLC
DBA:
FEIN: 464411447
Suffix: 01

Street: 407 Lincoln Rd, Suite 702
City: Miami Beach
State: FL
Zip: 33139
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|---------------|-------------|---------|-----|--------------------|
| vidya maharaj | 305-5353030 | - | - | vidya@morphmed.com |

11. **Vendor Name:** AGNI ENTERPRISES LLC
DBA: Head to Heels Safety Supplies
FEIN: 471699827
Suffix: 01
Street: 2865 SW 69th Court
City: Miami
State: FL
Zip: 33155-2829
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: 866-5542143

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-----------------|-------------|-------------|-------------|--------------------------|
| Malancha Sarkar | 305-7126653 | 866-5542143 | 888-5923667 | cservice@headtoheels.net |

12. **Vendor Name:** GENSON ASH INDUSTRIES LLC
DBA:
FEIN: 510550355
Suffix: 01
Street: 2050 N ANDREWS AVE SUITE #110
City: POMPANO BEACH
State: FL
Zip: 33069
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:

Other:

Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-----------|-------------|---------|-------------|-------------------|
| Luz Hitch | 954-9781395 | - | 954-9781369 | luz@GENSONASH.COM |

13. **Vendor Name:** HUTCHINS & HUTCHINS, INC.

DBA:
FEIN: 541412171
Suffix: 01
Street: 39 Hutchwood Lane
City: Waynesboro
State: VA
Zip: 22980
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-----------|-------------|---------|-----|-------------------------------|
| Zac Wells | 540-2216031 | - | - | ZAC@YOURCLEANROOMSUPPLIER.COM |

14. **Vendor Name:** AMERICAN PLUMBING SUPPLY CO INC

DBA: AMERICAN PLUMBING & ELECTRICAL
FEIN: 591203555
Suffix: 01
Street: 1735 ALTON ROAD
City: MIAMI BEACH
State: FL
Zip: 33139
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: 800-432-5445

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|------------------------------|--------------|--------------|--------------|-------------------------|
| MR HOWARD GROSS - MANAGER | 305-532-3447 | 800-432-5445 | 305-532-5540 | HGROSS@AMERICANPLUM.NET |

15. **Vendor Name:** BARO HARDWARE INC

DBA:
FEIN: 591868477

Suffix: 01
Street: 7230 NW 72ND AVENUE
City: MIAMI
State: FL
Zip: 33166
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|--------------------------|--------------|---------|--------------|-------------------|
| TERRY BARO - PRESIDEN | 305-885-3371 | - | 305-885-9229 | BARO1AND2@AOL.COM |

16. **Vendor Name:** MOTION INDUSTRIES INC
DBA: MILLER BEARINGS
FEIN: 630251578
Suffix: 02
Street: 6681 NW 82ND AVENUE
City: MIAMI
State: FL
Zip: 33166
FOB Terms: DEST-P
Delivery:
Payment Terms: NET30
Toll Phone: -

Local Vendor:

Certified Vendor

SBE:
Micro Ent. :
Other:

Assigned Measures

Set Aside:
Selection Factor:
Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|--------------|-------------|---------|-------------|-----------------------------|
| Mike Dielman | 954-7048565 | - | 954-7049220 | mike.dielman@motion-ind.com |

17. **Vendor Name:** PALMETTO UNIFORMS INC
DBA:
FEIN: 650098268
Suffix: 01
Street: 8869 SW 131 STREET
City: MIAMI
State: FL
Zip: 33176
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: 800-252-8568

Local Vendor:

Certified Vendor

Assigned Measures

SBE:
Micro Ent. :
Other:

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|--------------|--------------|--------------|--------------|---------------------------|
| RITA C FEICK | 305-238-9166 | 800-252-8568 | 305-238-0889 | RITA@PALMETTOUNIFORMS.COM |

18. **Vendor Name:** TOTALPACK INC
DBA:
FEIN: 650307563
Suffix: 01
Street: 2151 NW 72 AVENUE
City: MIAMI
State: FL
Zip: 33122
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: 866-7607866

Local Vendor:

Certified Vendor

Assigned Measures

SBE:
Micro Ent. :
Other:

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|-----------------|-------------|-------------|-------------|-----------------------|
| Michael T Brown | 305-5979955 | 866-7607866 | 305-3570087 | michael@totalpack.com |

19. **Vendor Name:** TOOLS MAN INC
DBA: TOOLS MAN INDUSTRIAL SUPPLY
FEIN: 651055930
Suffix: 04
Street: 1951 NW 141 St Bay 11
City: Miami
State: FL
Zip: 33054
FOB Terms: DEST-P
Delivery:
Payment Terms: NET14
Toll Phone: -

Local Vendor:

Certified Vendor

Assigned Measures

SBE:
Micro Ent. :
Other:

Set Aside:
Selection Factor:

Bid Pref.:
Goal:
Vendor Record Verified?

Contact Details

| Name | Phone 1 | Phone 2 | Fax | Email Address |
|----------------|--------------|---------|--------------|------------------------|
| TRINA GONZALEZ | 954-581-2546 | - | 954-495-9376 | OFFICE@THETOOLSMAN.COM |

SECTION #7 – ITEMS AWARDED

Details:

See attached

| Item # | Description | Qty. | Unit Price |
|--------|------------------|------|------------|
| | No Items Awarded | | \$ |

| |
|--------------------------------------|
| SECTION #8 – ADDITIONAL NOTES |
|--------------------------------------|