



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

*Bid No. 7831-0/13*  
*Award Sheet*

**Procurement Management Services DIVISION**

BID NO.: **7831-0/13** PREVIOUS BID NO.: **NONE**  
 TITLE: **PURCH/MAINT PHYS FITNESS APPARATUS-PREQU**  
 CURRENT CONTRACT PERIOD: **06/20/2011** through **06/30/2018**  
 Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. 7831-0/13* *Award Sheet*

<b><u>DPM Notes</u></b>
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<b><u>APPLICABLE ORDINANCES</u></b>			
LIVING WAGE: <u>No</u>	UAP: <u>Yes</u>	IG: <u>No</u>	
OTHER APPLICABLE ORDINANCES:			
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<b>CONTRACT AWARD INFORMATION:</b>			
<u>No</u> Local Preference	<u>No</u> Micro Enterprise	<u>No</u> Full Federal Funding	<u>No</u> Performance Bond
<u>No</u> Small Business Enterprise (SBE)	<u>No</u> PTP Funds	<u>No</u> Partial Federal Funding	<u>No</u> Insurance
Miscellaneous:			
REQUISITION NO.:			

PROCUREMENT AGENT: <b>Sasha Mera</b> PHONE: 305 375-1620      FAX: 305 375-4407      EMAIL: <a href="mailto:sasham@miamidadegov">sasham@miamidadegov</a>
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VENDOR NAME: MFAC LLC  
 DBA: M F ATHLETIC  
 FEIN: 262148521 SUFFIX : 03 02893-7  
 STREET: 1600 Division Road CITY: West Warwick ST: RI 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
JENNIFER LACHAPELLE	800-556-7464	-	800-682-6950	MFATHLETIC@MFATHLETIC.COM

VENDOR NAME: SEARS ROEBUCK & CO  
 DBA: SEARS COMMERCIAL  
 FEIN: 361750680 SUFFIX : 10 33165  
 STREET: 5320 SW 97 AVE CITY: MIAMI ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 800-359-2000

**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
FRED MATOS	305-527-0927	800-359-2000	305-441-6977	FRED.MATOS@SEARSHC.COM

VENDOR NAME: COASTAL FITNESS DISCOUNT CARDIO &  
 DBA:  
 FEIN: 650927426 SUFFIX : 01 33409  
 STREET: 1900 OKEECHOBEE BLVD STE C5 CITY: WEST PALM BEACH ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: -

<b>VENDOR INFORMATION:</b>		<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
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
MICHAEL J ASENTI	561-712-0381	-	561-712-1483	COASTALFITNESS@AOL.COM

VENDOR NAME: CLIQUE MARKETING LLC  
 DBA: BUSY BODY  
 FEIN: 650985004 SUFFIX : 02 33069  
 STREET: 910 SW 2ND PLACE CITY: POMPANO BEACH ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 877-496-8646

<b>VENDOR INFORMATION:</b>		<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
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
RICHARD J LEMOINE	954-781-1787	877-496-8646	954-781-1575	RLEMOINE@GYMSTOGO.COM

VENDOR NAME: MED FIT SYSTEMS INC  
 DBA:  
 FEIN: 680317647 SUFFIX : 01 92028  
 STREET: 543 EAST ALVARADO ST CITY:FALLBROOK ST: CA 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
EDWARD NAVAN	678-895-0199	-	276-773-0393	ENAVAN@MEDFITSYS.COM

VENDOR NAME: WELLWAY EXERCISE SALES & SERVICE CORP  
 DBA:  
 FEIN: 742766052 SUFFIX : 01 33068  
 STREET: 7540 W MCNAB RD # E-5 CITY:N LAUDERDALE ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET30 TOLL PHONE: 954-721-8550

**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
ARNOLD DAVIS	954-825-5774	954-721-8550	-	WELLWAYEX@MSN.COM

VENDOR NAME: **PROMAXIMA MANUFACTURING LTD**  
 DBA:  
 FEIN: **760578028** SUFFIX : **01** 77081  
 STREET: **5325 ASHBROOK DR** CITY: **HOUSTON** ST: **TX** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-231-6652**

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor:	SBE	Set Aside
	Micro Ent.	Selection Factor
	Other:	Vendor Record Verified?

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**Vendor Contacts:**

<b>Name</b>	<b>Phone1</b>	<b>Phone2</b>	<b>Fax</b>	<b>Email Address</b>
JOHN YAGER	713-667-9606	800-231-6652	713-661-3976	JYAGER@PROMAXIMA.COM

**ITEMS AWARDED Section:**

Details: **7831-0/13**

**This contract is a Pre-qualification pool. Vendors will be invited to participate in spot market purchases when required by various County departments. Please see Road Map for further instructions.**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
<b><u>End of ITEMS AWARDED Section</u></b>			

**AWARD INFORMATION Section**

BCC Award: DPM Award: **No**  
 BCC Date: DPM Date: **06/07/2011**

Contract Amount: \$ **665,000.00**

Additional Items Allowed: **See Section 2, Paragraph 2.33** Agenda Item No.:  
 Special Conditions:  
**Insurance Type A 01, UAP and Inspector General are included in this bid contract.**

**BPO INFORMATION Section:**

1		ABCW1100663	
<b>Commodity ID</b>		<b>Commodity Name</b>	
805-57		GYMNASIUM APPARATUS AND EQUIPMENT:	
<b>Department</b>		<b>Department Allocation</b>	
AV		\$65,000.00	
FR		\$225,000.00	
PD		\$375,000.00	

**End of BPO Information Section**