



**CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT**

*Bid No. 8109-1/22
Award Sheet*

DIVISION

BID NO.: 8109-1/22

PREVIOUS BID NO.: EPP8109-4/11-4

TITLE: FIRST AID SUPPLIES AND RELATED ITEMS

CURRENT CONTRACT PERIOD: 08/09/2012 through 08/31/2017

Total # of OTRs: 1

MODIFICATION HISTORY

Bid No. 8109-1/22

Award Sheet

<u>DPM Notes</u>
Primary vendor: District Healthcare Group A and Group B. Secondary vendor: Kentron Health Care Group A and Group B.

<u>APPLICABLE ORDINANCES</u>
LIVING WAGE: <u>No</u> UAP: <u>Yes</u> IG: <u>Yes</u>
OTHER APPLICABLE ORDINANCES: BPO ID: ABCW1200778 (UAP APPLIES) BPO ID: ABCW1200779 (UAP DOES NOT APPLY)
CONTRACT AWARD INFORMATION:
<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
Miscellaneous:
REQUISITION NO.:

PROCUREMENT AGENT: GAROFOLLO MARTHA	EMAIL: MARTHAG@MIAMIDADE.GOV
PHONE: 305 375-4265 FAX:	

VENDOR NAME: KENTRON HEALTHCARE INC
 DBA:
 FEIN: 232618125 SUFFIX: 01 37172
 STREET: 3604 KELTON JACKSON ROAD CITY: SPRINGFIELD ST: TN ZIP:
 FOB TERMS: DEST-P DELIVERY:
 PAYMENT TERMS: NET30 TOLL PHONE: 866-385-0573

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

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
NARI T SADARANGANI	615-384-0573	866-385-0573	615-384-0574	KENTRON@KENTRONMEDICAL.COM

VENDOR NAME: DISTRICT HEALTHCARE & JANITORIAL SUPPLY
 DBA: DISTRICT HEALTHCARE
 FEIN: 521755328 SUFFIX: 04 33178
 STREET: 10302 NW S RIVER DR BAY # 24 CITY: MEDLEY ST: FL ZIP:
 FOB TERMS: DEST-P DELIVERY:
 PAYMENT TERMS: NET30 TOLL PHONE: -

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

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
KENNETH HOPKINS -GRAL MGR	305-888-1455	-	305-888-5834	DHCFLA@BELLSOUTH.NET

1	ABCW1200778	
	Commodity ID	Commodity Name
	345-32	FIRST AID CABINETS, KITS, AND REFILLS
	Department	Department Allocation
	AD	\$6,810.43
	AV	\$34,037.34
	CO	\$20,426.36
	ID	\$115,698.31
	PD	\$68,054.92
	PR	\$102,116.98
	PW	\$14,979.99
	SP	\$6,810.43
	WS	\$74,885.12
2	ABCW1200779	
	Commodity ID	Commodity Name
	345-32	FIRST AID CABINETS, KITS, AND REFILLS
	Department	Department Allocation
	HD	\$20,451.07

End of BPO Information Section