



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

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> |
| 5/13/14 Updated Award Sheet |

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| <u>APPLICABLE ORDINANCES</u> |
| LIVING WAGE: <u>No</u> UAP: <u>Yes</u> IG: <u>No</u> |
| OTHER APPLICABLE ORDINANCES: |

CONTRACT AWARD INFORMATION:

| | | | |
|---|----------------------------|-----------------------------------|----------------------------|
| <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: GAROFOLO MARTHA | |
| PHONE: 305 375-4265 | FAX: EMAIL: MARTHAG@MIAMIDADE.GOV |

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

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

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

Vendor Contacts:

| Name | Phone1 | Phone2 | Fax | Email Address |
|-------------------|--------------|--------------|--------------|----------------------------|
| NARIT 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: -

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

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

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 |
| ID | \$115,698.31 |
| MT | \$82,586.05 |
| PD | \$23,102.76 |
| 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 |
| 3 | ABCW1400477 |
| Commodity ID | Commodity Name |
| 345-32 | FIRST AID CABINETS, KITS, AND REFILLS |
| Department | Department Allocation |
| CO | \$20,426.36 |
| PD | \$44,952.16 |

End of BPO Information Section