CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT

DIVISION

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

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*

DPM Notes

UPDATED AWARD SHEET 11-21-12

APPLICABLE ORDINANCES

LIVING WAGE: **No** UAP: **Yes** IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

Yes	Local Preference	**No**	Micro Enterprise	**No**	Full Federal Funding	**No**	Performance Bond
Yes	Small Business Enterprise (SBE)	**Yes**	PTP Funds	**No**	Partial Federal Funding	**No**	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?*

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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: -

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
KENNETH HOPKINS -GRAL MGR	305-888-1455	-	305-888-5834	DHCFLA@BELLSOUTH.NET

ITEMS AWARDED Section:

Details: **8109-1/22**

Item #	Description	Qty	Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **DPM Award:** **No**
BCC Date: **DPM Date:** **06/14/2012**

Contract Amount: $ 499,000.00

Additional Items Allowed: **Agenda Item No.:**

Special Conditions:

BPO INFORMATION Section:

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
MT	$29,955.00
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