CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT

Bid No. **8441-4/12-3**
Award Sheet

DIVISION

BID NO.: **8441-4/12-3** PREVIOUS BID NO.:
TITLE: **MEDICAL SUPPLIES**
CURRENT CONTRACT PERIOD: **01/01/2012** through **12/31/2012**
Total # of OTRs: **4**

MODIFICATION HISTORY

Bid No. **8441-4/12-3** *Award Sheet*

DPM Notes

AWARD SHEET UPDATED 12-20-12

APPLICABLE ORDINANCES

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

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No	Local Preference	No	Micro Enterprise	No	Full Federal Funding	No	Performance Bond
No	Small Business Enterprise (SBE)	No	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: SZY HOLDINGS LLC
DBA: EVER READY FIRST AID & MEI
FEIN: 030538101 SUFFIX : 01
STREET: 101-01 FOSTER AVENUE CITY: BROOKLYN ST: NY ZIP: 11236
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-325-4655

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
MIRI WEBER	718-495-4600	800-325-4655	718-495-5600	MWEBER@EVERREADYGROUP.COM

VENDOR NAME: HENRY SCHEIN INC
DBA: MATRX MEDICAL
FEIN: 113136595 SUFFIX : 02
STREET: 140 CROUCH COMMERCIAL COURT CITY: IRMO ST: SC ZIP: 29063
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
	-	-	-	

VENDOR NAME: HENRY SCHEIN INC
DBA: HENRY SCHEIN EMS
FEIN: 113136595 SUFFIX : 04
STREET: 135 DURYEA ROAD CITY: MELVILLE ST: NY ZIP: 11747
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
SCOTT BRUNER	800-845-3550	-	800-533-4793	SCOTT.BRUNER@HENRYSCHEIN.COM

VENDOR NAME: MOORE MEDICAL LLC
DBA:
FEIN: 202046702 SUFFIX : 01
STREET: 1690 NEW BRITAIN AVE CITY: FARMINGTON ST: CT ZIP: 06032
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-234-1464

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
SUSAN MOSLEY	800-234-1464	800-234-1464	877-354-5916	SMOSLEY@MOOREMEDICAL.COM

VENDOR NAME: MEDICAL PRODUCTS SUPPLY INC
DBA:
FEIN: 205868854 SUFFIX : 01 1170244
STREET: 1 HIAWATHA ROAD CITY: BABYLON ST: NY 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
IRA J GROSS	631-559-3883	-	631-759-3883	MEDICAL_PRODUCTS_SUPPLY@YAH(

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: MERRICK INC
DBA:
FEIN: 311646813 SUFFIX : 01
STREET: 8190 BEECHMONT AVENUE #326 CITY: CINCINNATI ST: OH ZIP: 45255
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
KATHY ROGERS,	800-797-9060	-	513-624-0584	MERRICKINC@MSN.COM

VENDOR NAME: BOUND TREE MEDICAL LLC
DBA:
FEIN: 311739487 SUFFIX : 01
STREET: 5200 RINGS ROAD SUITE A CITY: DUBLIN ST: OH ZIP: 43016
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-533-0523

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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 A BUTLER	614-760-5032	800-533-0523	877-311-2437	JBUTLER@BOUNDTREE.COM

VENDOR NAME: PMI SUPPLY INC
DBA: PROGRESSIVE MEDICAL INTEI
FEIN: 330673785 SUFFIX : 01
STREET: 2460 ASH STREET CITY: VISTA ST: CA ZIP: 92081
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
GUADALUPE MARTINEZ	760-597-5500	-	760-597-5501	GMARTINEZ@PROGRESSIVEMED.COM

VENDOR NAME: FLOTEC INC
DBA:
FEIN: 351570774 SUFFIX : 01
STREET: 7625 WEST NEW YORK STREET CITY: INDIANAPOLIS ST: IN ZIP: 46241-49
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-515-9254

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
DAVID T PUCILLO	317-273-6960	800-515-9254	317-273-6979	DAVEP@FLOTEC02.COM

VENDOR NAME: SOUTHEASTERN EMERGENCY EQUIPMENT
DBA:
FEIN: 561246302 SUFFIX : 01 27596
STREET: 5760 HIGHWAY 96 WEST CITY: YOUNGSVILLE ST: NC ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 954-683-8990

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
LISA M QUINN	800-334-6656	954-683-8990	888-556-1048	

VENDOR NAME: REYNOLDS MEDICAL INC
DBA:
FEIN: 582345171 SUFFIX : 01 30213
STREET: 7855 HOBGOOD RD. CITY: FAIRBURN ST: GA 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
CONNELL REYNOLDS, PRES.	678-427-2010	-	801-760-9509	CREYN39698@AOL.COM

VENDOR NAME: AMERICAN PURCHASING SERVICES LLC
DBA: AMERICAN MEDICAL DEPOT
FEIN: 592337158 SUFFIX : 02 33054
STREET: 4380 NW 135 STREET CITY: OPA LOCKA ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-328-0266

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
AKHIL K AGRAWAL	305-364-0888	800-328-0266	305-364-0877	AKHIL.AGRAWAL@AMERICAN-DEPO

VENDOR NAME: POTTS DISTRIBUTING COMPANY
DBA:
FEIN: 721167792 SUFFIX : 01 71418
STREET: 129 BALL PARK RD CITY: COLUMBIA ST: LA ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-273-9817

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
MABLE POTTS	318-649-6133	800-273-9817	318-649-5661	POTTSPDC@AOL.COM

VENDOR NAME: SUNCOAST SURGICAL & MEDICAL SUPPLY LLC
DBA:
FEIN: 830487202 SUFFIX : 01 33634
STREET: 6089 JOHNS ROAD, STE 9 CITY: TAMPA ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-827-9177

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
RON J DIAZ	813-881-0065	800-827-9177	813-886-3045	RON_DIAL@SUNCOASTSURGICAL.CO

ITEMS AWARDED Section:

Details:

Item #	Description	Qty	Unit_Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: No **DPM Award:** No
BCC Date: 07/17/2008 **DPM Date:** 11/21/2011

Contract Amount: $ 1,957,844.00

Additional Items Allowed: YES **Agenda Item No.:** 801D

Special Conditions:

BPO INFORMATION Section:

1	ABCW1200134

Commodity ID	Commodity Name
475	HOSPITAL, SURGICAL, AND RELATED MEDICAL

Department	Department Allocation
CO	$6,750.00
CR	$324,000.00
FR	$1,407,800.00
ME	$111,615.00
PD	$17,479.00
PR	$14,700.00
VZ	$500.00

2	ABCW1200642

Commodity ID	Commodity Name
475	HOSPITAL, SURGICAL, AND RELATED MEDICAL

Department	Department Allocation
HD	$75,000.00

End of BPO Information Section