CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

DIVISION

Bid No. **BW9262-1/20-1**
Award Sheet

BID NO.: **BW9262-1/20-1** PREVIOUS BID NO.:
TITLE: **DEFIBRILLATORS:EQUIPT/ACCESSORIES/MAINT.**
CURRENT CONTRACT PERIOD: **05/24/2015** through **05/23/2020**
Total # of OTRs: **1**

MODIFICATION HISTORY

Bid No. **BW9262-1/20-1** *Award Sheet*

DPM Notes

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: PHYSIO CONTROL INC
DBA:
FEIN: 910697691 SUFFIX : 04
STREET: 11811 WILLOWS RD NE CITY:REDMOND ST: WA ZIP: 98073
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-4421142

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
Cay Rule	425-8674000	800-4421142	800-7320956	RS.PHYSIOORDERS-SOUTH@PHYSIO-(

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: **05/04/2010** **DPM Date:** **02/09/2015**

Contract Amount: $ 6,480,541.20

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

Special Conditions:

BPO INFORMATION Section:

1	**ABCW1500383**

Commodity ID	Commodity Name
465-14	CARDIOVASCULAR INSTRUMENTATION:

Department	Department Allocation
AV	$190,000.00
CR	$88,000.00
CU	$3,500.00
FR	$4,462,714.00
ID	$115,000.00
PD	$197,882.00
PR	$54,527.00
SP	$35,000.00

End of BPO Information Section