CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT

Bid No. **EPP8109-4/11-3**
Award Sheet

bids and contract DIVISION

BID NO.: **EPP8109-4/11-3** PREVIOUS BID NO.:
TITLE: **FIRST AID SUPPLIES**
CURRENT CONTRACT PERIOD: **11/01/2009** through **12/31/2010**
Total # of OTRs: **4**

MODIFICATION HISTORY

Bid No. **EPP8109-4/11-3** *Award Sheet*

DPM Notes

APPLICABLE ORDINANCES

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

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

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

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CALVO, CARIDAD**
PHONE: 305 375-4744 FAX: 305- 375-4407 EMAIL: CALVOC@MIAMIDADE.GOV

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:

Local Vendor: **Yes**

CERTIFIED VENDOR				*ASSIGNED MEASURES*	
SBE	**No**	Set Aside	**No**	Bid Pref.	**No**
Micro Ent.	**No**	Selection Factor	**No**	Goal	**No**
Other:				*Vendor Record Verified?*	**Yes**

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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

VENDOR NAME: A M F A K INC
DBA:
FEIN: 591426484 SUFFIX : 01 3315019
STREET: 555 NW 95TH STREET CITY: MIAMI ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 877-444-5766

VENDOR INFORMATION:

Local Vendor: **Yes**

CERTIFIED VENDOR				*ASSIGNED MEASURES*	
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
FRANCES HART-CARON	305-446-5766	877-444-5766	305-448-6112	amfakincorp@aol.com

Bid No. **EPP8109-4/11-3** *Award Sheet*

VENDOR NAME: WENOC ENTERPRISES
DBA: WENOC MEDICAL RESOURCES
FEIN: 650490770 SUFFIX : 01
STREET: 20022 NW 62 PL CITY: MIAMI ST: FL ZIP: 33015
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

Local Vendor: **Yes**

CERTIFIED VENDOR				*ASSIGNED MEASURES*	
SBE	**Yes**	Set Aside	**No**	Bid Pref.	**No**
Micro Ent.	**Yes**	Selection Factor	**No**	Goal	**No**
Other:				*Vendor Record Verified?*	**Yes**

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Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
WILLIE CONE	305-622-9140	-	305-622-4194	wenoc@aol.com

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: **DPM Date:** **10/15/2009**

Contract Amount: $ 176,213.00

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

Special Conditions:

BPO INFORMATION Section:

BPO ID : ABCW1000033

---------- Commodities Info ----------

Code	Description
345-40	FIRST AID CABINETS, KITS, AND REFILLS

---------- Department Info ----------

Department Id	Dollar Allocations
AD******	$1,000.00
AV******	$5,000.00
BN******	$700.00
CA******	$200.00
GS******	$6,000.00
HS******	$2,000.00
MT******	$5,500.00
PD******	$30,000.00
PR******	$98,233.00
PW******	$2,600.00
SP******	$1,500.00
WS******	$11,000.00

BPO ID : ABCW1000035

---------- Commodities Info ----------

Code	Description
345-40	FIRST AID CABINETS, KITS, AND REFILLS

---------- Department Info ----------

Department Id	Dollar Allocations
HD******	$1,500.00

BPO ID : ABCW1000036

---------- Commodities Info ----------

Code	Description
345-40	FIRST AID CABINETS, KITS, AND REFILLS

---------- Department Info ----------

Department Id	Dollar Allocations
GS03****	$10,980.00

End of BPO Information Section