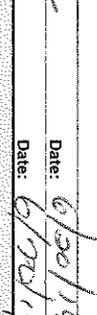


TALLY SHEET

TALLY SHEET		BID Number: FB-00058		BID Title: BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION			
Bid Opening/ Closing Date: April 18, 2014 at 6:00 pm.		Prepared by: Ana "Kiki" Lang		Signature: 			
Verified by: Martha Perez-Garviso		Signature: 		Date: 6/30/14			
Vendor Name: BIORESPONSE CORP		STERNCYCLE INC		UNITED MEDICAL INDUSTRIES CORP (UMI)			
Contact Person: Manuel Pozo		Stephanie Ritcher		Jose Yero			
Office Address as Listed on Signature Page of Proposal: 7351 SW 7 Street Unit H		4010 Commercial Ave		8603 NW 66 Street			
City/State/Zip Code: Miami, FL 33126		North Brook, IL 60062		Miami, FL 33166			
Telephone No.: (786) 252-6207		(866) 978-3744		(786) 331-8661 201			
Fax No.: (786) 268-8198		(800) 507-8052		(786) 331-8662			
E-Mail Address: manypozo@hotmail.com		srichter@sterncycle.com		jyero@umwaste.com			
Vendors' FEIN/Suffix No.: 202954991-01		36394402-01		320002355-01			
Conviction Disclosure checked (Yes/No): No		No		No			
Local Preference Affirmed (Yes/No): No		No, but provided local business tax receipt (page 22 of Bidder's proposal)		Yes			
Local Headquartered Preference Affirmed (Yes/No): No		No		Yes			
Local Certified Service - Disabled Business Enterprise Preference Affirmed (Yes/No): No		No		Yes			
Small Business Enterprise Preference Affirmed (Yes/No): Yes		No		No			
SBE certification: 15096		Yes		No			
Affidavits Attained: Yes		Yes		N/A (not being recommended for award)			
Pre-Award Compliance Reports Checked (Yes/No): Yes		Yes (Company name listed on Federal Excluded Business but has no active exclusions)		Yes (No AAP)			
Minimum Requirements and Submittals per Section 2.3.1-A & B of the Invitation to Bid		Vendor In Compliance with State of Florida Requirements (Yes/No):		Vendor In Compliance with State of Florida Requirements (Yes/No):			
Bidders shall have the following two plans and corresponding documentation as it pertains to the State of Florida's Administrative Code, Chapter 64E-16, Biomedical Waste.		Yes		Yes			
Para. 2.3.1-A Waste.		Yes		Yes			
1. Biomedical Waste Operating Plan/ Transporter's license as required by State		Yes		Yes			
2. Biomedical Waste Treatment Plan/ Facility permit as required by State.		No		No			
Per Sect. 2 Biomedical Waste Treatment Plan along with their bid submittal.		Copy Included (Yes/No):		Copy Included (Yes/No):			
Para. 2.3.1-B		Yes		Yes			
1. Biomedical Waste Operating Plan		Yes		Yes			
2. Biomedical Waste Treatment Plan		Yes		Yes			
Item No.	Description	Current Contract Pricing	Estimated Number of Units to be Picked-up and Decontaminated Within a Five Year Period	Unit Price	Total Price	Unit Price	Total Price
1	Multi-Government Agency Backboard	\$ 7.45	30000	9.00	\$ 270,000.00	8.00	\$ 240,000.00
2	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
3	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
4	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
5	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
6	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
7	FERNOKED	\$ 7.45	1000	3.00	\$ 3,000.00	8.00	\$ 8,000.00
TOTAL					\$ 288,000.00		\$ 288,000.00
10% SBE Preference:					\$ 28,800.00		\$ 28,800.00
EVALUATION TOTAL:					\$ 259,200.00		\$ 259,200.00
					\$ 288,000.00		\$ 288,000.00
					\$ 720,000.00		\$ 720,000.00
					\$ 72,000.00		\$ 72,000.00
					\$ 648,000.00		\$ 648,000.00

NOTE: ISD staff contacted the State of Florida's Department of Health, Biomedical Waste Program and verified that the State requires services providers to have a transporter license and treatment facility permit in order to conduct these services. Items noted as N/A under "Current Pricing" have no pricing history and are new items that have been added.