



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. **FB-00141***  
*Award Sheet*

PROCUREMENT MANAGEMENT SERVICES DIVISION

BID NO.: **FB-00141** PREVIOUS BID NO.: **6786-0/13**  
 TITLE: **PILLOWS, BED LINENS, MATTRESSES, BOX SPR**  
 CURRENT CONTRACT PERIOD: **03/31/2015** through **03/31/2020**  
 Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. **FB-00141*** *Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

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

OTHER APPLICABLE ORDINANCES:

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**CONTRACT AWARD INFORMATION:**

<u><b>No</b></u> Local Preference	<u><b>No</b></u> Micro Enterprise	<u><b>No</b></u> Full Federal Funding	<u><b>No</b></u> Performance Bond
<u><b>No</b></u> Small Business Enterprise (SBE)	<u><b>No</b></u> PTP Funds	<u><b>No</b></u> Partial Federal Funding	<u><b>No</b></u> Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CROCKETT, SHERRY**

PHONE: 305 375-4693 FAX: 305 375-4407 EMAIL: [CROCKET@MIAMI-DADE.GOV](mailto:CROCKET@MIAMI-DADE.GOV)

VENDOR NAME: **FAYCROFT INTERIOR & PURCHASING INC**  
 DBA:  
 FEIN: **161662138** SUFFIX : **01** 33196  
 STREET: **15037 SW 141ST STREET** CITY: **MIAMI** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY: **AS NEEDED**  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **Yes**

SBE	<b>Yes</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	<i>Vendor Record Verified?</i> <b>No</b>				

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**Vendor Contacts:**

<u>Name</u>	<u>Phone1</u>	<u>Phone2</u>	<u>Fax</u>	<u>Email Address</u>
NORMA F BANCROFT	786-293-6051	-	786-293-0052	FAYCROFT@AOL.COM

VENDOR NAME: **SYMBOL MATTRESS OF WISCONSIN, INC.**  
 DBA:  
 FEIN: **541810871** SUFFIX : **01** 53094  
 STREET: **1100 S. 12th Street** CITY: **Watertown** ST: **WI** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	<i>Vendor Record Verified?</i> <b>No</b>				

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**Vendor Contacts:**

<u>Name</u>	<u>Phone1</u>	<u>Phone2</u>	<u>Fax</u>	<u>Email Address</u>
Keith Buske	800-7377477	-	-	kbuske@symbolmattress.com

