



**CONTRACT AWARD SHEET  
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **RFP711**  
Award Sheet

**RFP Unit** DIVISION

BID NO.: **RFP711**

PREVIOUS BID NO.: **RFP673**

TITLE: **EMPLOYEE GROUP DENTAL INS PROGRAM**

CURRENT CONTRACT PERIOD: **08/09/2010** through **12/31/2013**

Total # of OTRs: **3**

**MODIFICATION HISTORY**

Bid No. **RFP711**

Award Sheet

**DPM Notes**

**APPLICABLE ORDINANCES**

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

OTHER APPLICABLE ORDINANCES:

**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>Yes</b></u> Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **CARBALLEIRA, MARIA**  
 PHONE: 305 375-5866 FAX: 305 375-5688 EMAIL: [MC5@MIAMIDADE.GOV](mailto:MC5@MIAMIDADE.GOV)

VENDOR NAME: METROPOLITAN LIFE INSURANCE  
 DBA:  
 FEIN: 135581829 SUFFIX : 03 10166  
 STREET: 200 PARK AVENUE CITY:NEW YORK ST: NY ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET 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
DONALD SWANSON	630-978-5990	-	-	DLSWANSON@METLIFE.COM

VENDOR NAME: HUMANADENTAL INSURANCE COMPANY  
 DBA:  
 FEIN: 390714280 SUFFIX : 01 54115  
 STREET: 325 REID STREET CITY:DEPERE ST: WI ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET TOLL PHONE: 800-233-6447

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: No	SBE	No	Set Aside	No	Bid Pref.	No
	Micro Ent.	No	Selection Factor	No	Goal	No
	Other:	Vendor Record Verified? No				

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
JACQUELINE MARTINEZ-SANCHO	305-626-5606	800-233-6447	770-645-4459	JMARTINEZ15@HUMANA.COM

