



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

*Bid No. RTQ-00256*  
*Award Sheet*

**PROCUREMENT DIVISION**

BID NO.: **RTQ-00256** PREVIOUS BID NO.: **9081-4/14-4**  
 TITLE: **REPAIRS REPLACEMENT/PARTS APPL.& KITC**  
 CURRENT CONTRACT PERIOD: **06/01/2016** through **05/31/2024**  
 Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. RTQ-00256* *Award Sheet*

<b><u>DPM Notes</u></b>
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<b><u>APPLICABLE ORDINANCES</u></b>
LIVING WAGE: <u>No</u> UAP: <u>No</u> IG: <u>No</u>
OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

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

REQUISITION NO.:

PROCUREMENT AGENT: <b>HAMMETT MARY</b> PHONE: 305 375-5471                      FAX: 305 375-4407                      EMAIL: <a href="mailto:MHAMMET@MIAMIDADE.GOV">MHAMMET@MIAMIDADE.GOV</a>
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VENDOR NAME: **HERITAGE FOOD SERVICE GROUP INC**  
 DBA:  
 FEIN: **453742972** SUFFIX : **01** 46808  
 STREET: **5130 Executive Blvd** CITY: **Fort Wayne** ST: **IN** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** 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:**

<u>Name</u>	<u>Phone1</u>	<u>Phone2</u>	<u>Fax</u>	<u>Email Address</u>
Tari Kovets	800-4585593	-	-	contractservices@hfse.com

VENDOR NAME: **FAT FREE INC**  
 DBA: **Fat Free Systems**  
 FEIN: **260386617** SUFFIX : **01** 33311  
 STREET: **2722 NW 30th Ave** CITY: **Lauderdale Lakes** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **888-4851495**

**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:**

<u>Name</u>	<u>Phone1</u>	<u>Phone2</u>	<u>Fax</u>	<u>Email Address</u>
Gail Mathieson	954-6960361	888-4851495	954-9906596	gail.mathieson@fatfreeinc.com

VENDOR NAME: **WHALEY FOODSERVICE REPAIRS INC**  
 DBA: **Whaley Parts and Supply**  
 FEIN: **570374644** SUFFIX : **01** 29073  
 STREET: **137 Cedar Road** CITY: **Lexington** ST: **SC** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **800-8772662**

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor:	SBE	Set Aside
	Micro Ent.	Selection Factor
	Other:	Vendor Record Verified?

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
CARL E PALMGREN	800-8772662	800-8772662	803-9969910	CARL.PALMGREN@WHALEYPARTS.CO

VENDOR NAME: **ADVANCE CASE PARTS INC.**  
 DBA:  
 FEIN: **223972729** SUFFIX : **01** 33065  
 STREET: **12489 NW 44TH STREET** CITY: **CORAL SPRINGS** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor:	SBE	Set Aside
	Micro Ent.	Selection Factor
	Other:	Vendor Record Verified?

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Marianne Stimper	954-7739090	-	954-9703359	mdemetriou@advancecaseparts.com

VENDOR NAME: **TWC SERVICES INC**  
 DBA:  
 FEIN: **030529652** SUFFIX : **01** 33016  
 STREET: **14042 NW 82nd Avenue** CITY: **Miami Lakes** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET45** TOLL PHONE: **-**

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor:	SBE	Set Aside
	Micro Ent.	Selection Factor
	Other:	Vendor Record Verified?

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Omar Fleches	305-8870783	-	305-8871472	omar.fleches@twcservices.com

**ITEMS AWARDED Section:**

Details: **RTQ-00256**

**SEE ATTACHED ROAD MAP**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
<b><u>End of ITEMS AWARDED Section</u></b>			

**AWARD INFORMATION Section**

BCC Award: **No** DPM Award: **No**  
 BCC Date: **05/17/2016** DPM Date: **02/02/2016**

**Contract Amount: \$ 2,285,000.00**

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

**Special Conditions:**  
**SECTION 2**

**BPO INFORMATION Section:**

1	<b>ABCW1600448</b>	
	<b>Commodity ID</b>	<b>Commodity Name</b>
	931-30	CAFETERIA AND KITCHEN EQUIPMENT,
	<b>Department</b>	<b>Department Allocation</b>
	CO	\$45,000.00
	HD	\$100,000.00
2	<b>ABCW1600449</b>	
	<b>Commodity ID</b>	<b>Commodity Name</b>
	931-30	CAFETERIA AND KITCHEN EQUIPMENT,
	<b>Department</b>	<b>Department Allocation</b>
	AV	\$20,000.00
	CO	\$80,000.00
	CR	\$2,000,000.00
	PE	\$15,000.00
	VZ	\$25,000.00

**End of BPO Information Section**