CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT

Bid No. **7636-5/19**
Award Sheet

DIVISION

BID NO.: **7636-5/19** PREVIOUS BID NO.: **7636B-0/10**
TITLE: **AIR COMPRESSORS,PARTS/ACCESS/REPAIRS-PRE**
CURRENT CONTRACT PERIOD: **01/01/2010** through **12/31/2014**
Total # of OTRs: **5**

MODIFICATION HISTORY

Bid No. **7636-5/19** *Award Sheet*

DPM Notes

APPLICABLE ORDINANCES

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

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

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

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **FALCON ALBERT**
PHONE: 305 375-1354 FAX: EMAIL: AFALCON@MIAMIDADE.GOV

VENDOR NAME: W W GRAINGER INC
DBA: GRAINGER
FEIN: 361150280 SUFFIX : 01 33172
STREET: 2255 NW. 89TH PLACE CITY: MIAMI ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
GEORGE JOSEPH	305-594-0587	-	305-592-5611	george.joseph@grainger.com

VENDOR NAME: COMP-AIR SERVICE CO
DBA:
FEIN: 591629783 SUFFIX : 01 33054
STREET: 13195 NW 38TH AVENUE CITY: MIAMI ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-966-2667

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*
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
DANIEL GUZMAN	305-687-8787	800-966-2667	305-769-1730	dguzman@comp-air.com

VENDOR NAME: AIR COMPRESSOR WORKS INC
DBA:
FEIN: 591906385 SUFFIX : 01 33404
STREET: 1956 W 9TH STREET CITY: RIVIERA BEACH ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-345-4364

VENDOR INFORMATION:

Local Vendor:

CERTIFIED VENDOR		*ASSIGNED MEASURES*	
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
KEITH G CARLEY	561-844-4559	800-345-4364	561-844-8247	kcarley@aircompressorworks.com

VENDOR NAME: ARLE COMPRESSOR SYSTEMS CORP
DBA:
FEIN: 592244318 SUFFIX : 01 33178
STREET: 10650 NW SOUTH RIVER DRIVE CITY: MEDLEY ST: FL ZIP:
FOB_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE: 800-273-2753

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?*	**No**

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Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
LEE MUNOZ	305-888-8978	800-273-2753	305-882-0122	lee@arlecompressor.com

ITEMS AWARDED Section:

Details: **7636-5/19**

See roadmap attached.

Item #	Description	Qty	Unit_Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **No** **DPM Award:** **No**
BCC Date: **12/01/2009** **DPM Date:** **08/03/2009**

Contract Amount: **$ 3,193,000.00**

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

Special Conditions:

BPO INFORMATION Section:

BPO ID : **ABCW1000231**

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

Code	Description
025-43	COMPRESSORS, HIGH PRESSURE, ALL SIZES

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

Department_Id	Dollar Allocations
AV******	$1,400,000.00
FR******	$150,000.00
GS02	$30,000.00
GS06	$100,000.00
MT******	$170,000.00
SP******	$93,000.00
WS******	$1,250,000.00

End of BPO Information Section