



**CONTRACT AWARD SHEET  
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **EPP7395-4/11-2**  
Award Sheet

**BIDS AND CONTRACT DIVISION**

BID NO.: **EPP7395-4/11-2**  
TITLE: **CHECK GUARANTEE SERVICES**  
CURRENT CONTRACT PERIOD: **01/01/2009** through **12/31/2009**  
Total # of OTRs: **4**

PREVIOUS BID NO.:

**MODIFICATION HISTORY**

Bid No. **EPP7395-4/11-2**

Award Sheet

**DPM Notes**

NO UAP FOR TRANSIT...

**APPLICABLE ORDINANCES**

LIVING WAGE: No                      UAP: Yes                      IG: Yes

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

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

REQUISITION NO.:

PROCUREMENT AGENT: **CAMPBELL, ROMA**  
PHONE: 305 375-3233                      FAX: 305 372-6128                      EMAIL: [RCAMP@MIAMIDADE.GOV](mailto:RCAMP@MIAMIDADE.GOV)

VENDOR NAME: **ENCIRCLE INC**  
 DBA:  
 FEIN: **362996072** SUFFIX : **02** 33172  
 STREET: **1691 NW 107 AVENUE** CITY: **MIAMI** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY: **AS REQUIRED**  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-827-1100**

**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>
ANIL GAJWANI - PRES	305-592-7800	800-827-1100	305-470-2663	anil@encirclepayments.com

**ITEMS AWARDED Section:**

Details: **EPP7395-4/11-2**

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

**AWARD INFORMATION Section**

BCC Award: **No** DPM Award: **No**  
 BCC Date: DPM Date: **08/20/2008**

Contract Amount: \$ **145,000.00**

Additional Items Allowed: **SEE SECTION 2, PARAG. 2.24**

Agenda Item No.:

**Special Conditions:**

**INSURANCE TYPE A 01**

**BPO INFORMATION Section:**

**BPO ID : ABCW0900448**

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

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

<u>Code</u>	<u>Description</u>	<u>Department Id</u>	<u>Dollar Allocations</u>
946-36	CREDIT INVESTIGATION AND REPORTING	MT*****	\$25,000.00

**BPO ID : ABCW0900449**

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

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

<u>Code</u>	<u>Description</u>	<u>Department Id</u>	<u>Dollar Allocations</u>
946-36	CREDIT INVESTIGATION AND REPORTING	SW*****	\$120,000.00

**End of BPO Information Section**