

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered:
7/6/10 - 7/5/11

Contract No.:
103-10522-1

Master Blanket:
N/A

Awarded Vendor:

Midwest Medical Supply Co., LLC d/b/a
MMS-A Medical Supply Co.
13400 Lakefront Drive
Earth City, MO 63045

Delivery: Days 5
Payment Terms: Net 30

Attn: JoAnn Rudd
888-540-3232
Fax 800-545-0065
Email: JoAnn.Rudd@mssmedical.com

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
Extension Options: Yes No Years: 3, 1 yr extensions

EMERGENCY BLANKETS/PAPER BAGS

Item 1 – Disposable Emergency Blankets, GRA53382 \$ 2.60 / each
(sold 25/case \$65)

Department Contract Co-Ordinator: Robbie Bliss, Police, (954) 828-6418

Procurement Specialist: Michael F. Walker, CPPB, A.P.P., FCPM, FCPA

THIS AGREEMENT, made and entered into this 6th day of July, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Midwest Medical Supply Co., L.L.C., d/b/a MMS - A Medical Supply Co., a Missouri Corporation ("Contractor"), whose address and phone are 13400 Lakefront Drive, Earth City, MO 63045, Phone: 888-540-3232, Fax: 800-545-0065.

WHEREAS, the City issued Invitation to Bid Number 103-10522 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on July 6, 2010, the Procurement Services Director of the City of Fort Lauderdale, as designee of the City Manager, approved an agreement with Contractor for the goods or services described in the ITB pursuant to Section 2-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida;

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Disposable Emergency Blankets (Item #1) in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning July 6, 2010 and ending July 7, 2011. This contract may be extended for up to three (3) additional consecutive one (1) year terms upon agreement by both parties and approval by the City Commission providing all the terms, conditions and specifications remain the same.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

- First, this contract form, G-110 Rev. 01/10;
- Second, any and all addenda to the City's ITB in reverse chronological order;
- Third, the ITB;
- Fourth, the Contractor's response to any addendum requiring a response;
- Fifth, the Contractor's response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE
By: [Signature]
Director of Procurement Services

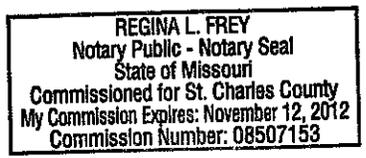
ATTEST
By: [Signature]
Secretary
Print Name: Daniel E. Rieman

CONTRACTOR
By: [Signature]
Print Name: G.P. Reeve
Title: Pres.
(If not president of corporation please attach proof of authorization)

STATE OF Missouri
COUNTY OF St Charles

The foregoing instrument was acknowledged before me this 26th day of July, 2010, by Dary P. Reeve as (title): President for Midwest Medical Supply Co., L.L.C., d/b/a MMS-A Medical Supply Co., a Missouri Corporation ("Contractor"), whose address and phone are 13400 Lakefront Drive, Earth City, MO 63045.

(SEAL)



Regina L. Frey
Notary Public, State of Missouri
(Signature of Notary Public)
REGINA L FREY
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
Type of ID Identification Produced _____

CONTRACT COPY

MMS - A Medical Supply Company

Bid Contact **Julia Onesto**
julia.onesto@mmsmedical.com
Ph 386-252-9960

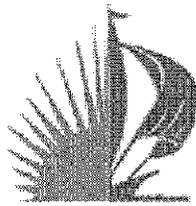
Address **13400 Lakefront Drive**
Earth City, MO 63045

Item #	Line Item Notes	Unit Price	Qty/Unit	Total Price	Attach. Docs
103-10522-1-01	Disposable Emergency Blankets Supplier Product Code: GRA53382 Manufacturer/Model#: Graham/53382 sold 25/cs \$65.00	First Offer - \$2.60	1500 / each	\$3,900.00	Y
103-10522-1-02	1/6 Barrel Kraft Paper Grocery Bags Supplier Product Code: NAC908027 Manufacturer/Model#: North American Corp/908027	First Offer - \$45.45	42 / package	\$1,908.90	Y
103-10522-1-03	#25 Kraft Heavy Duty Paper Bags or equal Supplier Product Code: NAC907520 Manufacturer/Model#: North American Corp/907520 sold 1000/bl \$58.70	First Offer - \$29.36	42 / package	\$1,233.12	Y
Supplier Total				\$7,042.02	

***CITY OF FORT LAUDERDALE
SPECIFICATIONS PACKAGE***

103-10522

Emergency Blankets/Paper Bags



CITY OF FORT LAUDERDALE

Michael F Walker

954-828-5677

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: **Jo Ann Rudd**
(signature) (date)

Name (printed): **Jo Ann Rudd** Title: **EMS Specialist**

Company: (Legal Registration) **Midwest Medical Supply Company, LLC**

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: **13400 Lakefront Drive**

City: **Earth City** State: **MO** Zip: **63045**

Telephone No. **888-540-3232** FAX No. **800-545-0065**

Email: **JoAnn.Rudd@mmsmedical.com**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **5**

Payment Terms (section 1.03): **Net 30**

Total Bid Discount (section 1.04): **n/a**

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>
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VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances: **none**
revised 3-23-10