

DALLAS COUNTY BID TABULATION				VENDOR #1		VENDOR #1A		VENDOR #1B	
<b>BID NO. 2013-002-6150</b>				Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.	
<b>CONTRACT FOR THE PURCHASE AND INSTALLATION OF A COMMERCIAL FLIGHT TYPE RACKLESS CONVEYOR DISHWASHER</b>				6465 Chase Oaks Blvd.					
BUYER: SAM COOPER				Plano, Texas 75023					
OPENING DATE: October 15, 2012				Tel: 972-596-3350					
CONTRACT PERIOD:				Fax: 972-596-2817					
NCTRCA CERTIFIED M/WBE VENDOR				No		No		No	
EEO1 FORM SUBMITTED?				Yes		Yes		Yes	
DALLAS COUNTY TAXPAYER				No		No		No	
HOW WERE YOU NOTIFIED?				Dallas County Website		Dallas County Website		Dallas County Website	
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	
Purchase and Installation of a Commercial Flight Type Rackless Conveyor Dishwasher	1	each							
a) Equipment Cost			\$150,495.00	\$150,495.00	\$150,495.00	\$150,495.00	\$163,845.00	\$163,845.00	
b) Labor and Installation Cost			\$22,555.00	\$22,555.00	\$35,000.00	\$35,000.00	\$22,555.00	\$22,555.00	
c) All other cost associated with this bid including overhead			\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	
Total Bid Cost (a+b+c)			176,155.00	176,155.00	\$188,600.00	\$188,600.00	\$189,505.00	\$189,505.00	
Trade in allowance for the existing Stereo dishwasher			No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	
Grand Total (a+b+c-d)			\$176,155.00	\$176,155.00	\$188,600.00	\$188,600.00	\$189,505.00	\$189,505.00	
Specify the Brand, Make and Manufacturer Model Number of the proposed Flight Type Rackless Conveyor Dishwasher unit			Hobart Model No. FT900+ BUILDUP	Hobart Model No. FT900+ BUILDUP	Meiko Model No. B-US 282 LPW				
Specify Name of Installation Company			Commercial Tech Service, Richardson, Texas	Hobart Service, Irving, Texas	Commercial Tech Service, Richardson, Texas				
Specify Manufacturer Standard Warranty Coverage Period for proposed Flight Type Conveyor Dishwasher unit:			1 Year	1 Year	1 Year				
All Parts: _____			1 Year	1 Year	1 Year				
Labor and Travel Time: _____									
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract:			Hobart Service 8120 Jetstar Irving, TX 75063 972-915-3822	Hobart Service 8120 Jetstar Irving, TX 75063 972-915-3822	Cooking Equipment Specialists 3040 East Meadows Irving, TX 75150 972-686-6666				
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract:			Hager Restaurant Service 433 Regal Row Dallas, TX 75247 214-574-5200						
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract:				Hobart Service -Irving, Tx. Cooking Equipment Specialists - Irving, TX. Hagar Restaurant Services, Dallas, Tx.	Hobart Service -Irving, Tx. Cooking Equipment Specialists - Irving, TX. Hagar Restaurant Services, Dallas, Tx.				
Specify the name, address and telephone number of three (3) authorized factory distributors for replacement parts for the proposed flight type rackless conveyor dishwasher unit:									
Specify the minimum discount off of manufacturer's list price for replacement and preventive maintenance parts that will be offered to Dallas County by the authorized distributors indicated above:			10%	10%	10%				
Specify any additional comments/cost/etc. included with your bid proposal, if applicable:			Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.	Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.	Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.				
Specify Prompt Payment Discount Terms: _____% _____days. Payment terms with no discount are Net 30 days upon receipt of proper invoice in the Dallas County Auditor's office.			0%	0%	0%				
<b>Please answer the questions listed below:</b>									
Specify the name, telephone number and e-mail address (if any) of the designated account representative who will be managing daily activities of this account:			Amy Leasure 972-596-3350 aleasure@pascoinc.net	Amy Leasure 972-596-3350 aleasure@pascoinc.net	Amy Leasure 972-596-3350 aleasure@pascoinc.net				
Specify the technical support telephone number and hours of operation:			Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200	Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200	Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200				
Hours of Operation: _____			M-F 8-5 With After Hours On Call	M-F 8-5 With After Hours On Call	M-F 8-5 With After Hours On Call				

DALLAS COUNTY BID TABULATION		VENDOR #1		VENDOR #1A		VENDOR #1B		
<b>BID NO. 2013-002-6150</b>		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		
<b>CONTRACT FOR THE PURCHASE AND INSTALLATION OF A COMMERCIAL FLIGHT TYPE RACKLESS CONVEYOR DISHWASHER</b>		6465 Chase Oaks Blvd.						
BUYER: SAM COOPER		Plano, Texas 75023						
OPENING DATE: October 15, 2012		Tel: 972-596-3350						
CONTRACT PERIOD:		Fax: 972-596-2817						
NCTRCA CERTIFIED M/WBE VENDOR		No		No		No		
EEO1 FORM SUBMITTED?		Yes		Yes		Yes		
DALLAS COUNTY TAXPAYER		No		No		No		
HOW WERE YOU NOTIFIED?		Dallas County Website		Dallas County Website		Dallas County Website		
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
Did your company check Dallas County website for any addendum(s) updates, and/or changes to the bid solicitation? Yes _____ No _____			Yes		Yes		Yes	
Is the customer reference information included with your bid proposal: Yes _____ No _____			Yes		Yes		Yes	
Specify the name, telephone number, and e-mail address of the account representative who will be handling this account: Contact Name: _____ Telephone No. _____ E-Mail Address: _____			Amy Leasure 972-596-3350 <a href="mailto:aleasure@pascoinc.net">aleasure@pascoinc.net</a>		Amy Leasure 972-596-3350 <a href="mailto:aleasure@pascoinc.net">aleasure@pascoinc.net</a>		Amy Leasure 972-596-3350 <a href="mailto:aleasure@pascoinc.net">aleasure@pascoinc.net</a>	
Specify the Alternative (Back-Up) Contact Person: Contact Name: _____ Telephone No. _____ E-Mail Address: _____			Kasey Hollon 972-596-3350 <a href="mailto:khollon@pascoinc.net">khollon@pascoinc.net</a>		Kasey Hollon 972-596-3350 <a href="mailto:khollon@pascoinc.net">khollon@pascoinc.net</a>		Kasey Hollon 972-596-3350 <a href="mailto:khollon@pascoinc.net">khollon@pascoinc.net</a>	
Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out:  <i>Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity?</i> Yes _____ NO _____ Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Governmental Entity. Dallas County will not be responsible for other Governmental Entity's debt.  <i>Does your firm/company have the required insurance coverage stated under SECTION 3 – INSURANCE REQUIREMENTS and agree to comply with these requirements during the duration of this contract?</i> Yes _____ NO _____  If No, will your firm be able to acquire the required coverage within ten (10) days upon notification of contract award? Yes _____ NO _____			If awarded this contract, Pasco Brokerage will subcontract only the installation portion.		If awarded this contract, Pasco Brokerage will subcontract only the installation portion.		If awarded this contract, Pasco Brokerage will subcontract only the installation portion.	
<b>Information on Provision of Health Insurance Coverage for Employees</b>								
a) Does your company provide health insurance coverage to its employees? Yes _____ No _____			Yes		Yes		Yes	
b) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of: 90% for employee only coverage? Yes ___ No ___ 65% for family coverage? Yes ___ No ___			Yes No		Yes No		Yes No	
c) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage?			Yes		Yes		Yes	
d) If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment A) Yes ___ No ___			Yes		Yes		Yes	
e) If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage and share in the cost? Yes _____ No _____			Yes		Yes		Yes	
In the event Dallas County elects to give a preference to a bidder who provides comparable health insurance, that bidder and any subcontractors will be required to provide additional documentation of the declared health insurance coverage.								
For statistical purposes:  Please indicate to Dallas County whether the principal company owner is a: (Please check one)  <input type="checkbox"/> Dallas County Tax Payer  <input type="checkbox"/> Other County Tax Payer								
			X -Collin County		X -Collin County		X -Collin County	

DALLAS COUNTY BID TABULATION				VENDOR #1		VENDOR #1A		VENDOR #1B	
<b>BID NO. 2013-002-6150</b>				Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.	
<b>CONTRACT FOR THE PURCHASE AND INSTALLATION OF A COMMERCIAL FLIGHT TYPE RACKLESS CONVEYOR DISHWASHER</b>				6465 Chase Oaks Blvd.					
BUYER: SAM COOPER				Plano, Texas 75023					
OPENING DATE: October 15, 2012				Tel: 972-596-3350					
CONTRACT PERIOD:				Fax: 972-596-2817					
NCTRCA CERTIFIED M/WBE VENDOR				No		No		No	
EE01 FORM SUBMITTED?				Yes		Yes		Yes	
DALLAS COUNTY TAXPAYER				No		No		No	
HOW WERE YOU NOTIFIED?				Dallas County Website		Dallas County Website		Dallas County Website	
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	
<p>Please indicate whether your company is certified through an agency "other than" North Central Texas Regional Certification Agency (NCTRCA)? (Example: Statewide Historically Underutilized Business (HUB) Program, MBE, WBE, DBE, SBA, SBA, Veteran, 8(a)</p> <p>Yes _____ No _____</p> <p>If yes, please provide the agency name and the applicable certification number below:</p> <p>Certifying Agency Name: _____</p> <p>Registration or Certification Number: _____</p> <p>Expiration Date: _____</p> <p><b>Please indicate the manner in which you were notified of this solicitation:</b></p> <p><input type="checkbox"/> Daily Commercial Record</p> <p><input type="checkbox"/> Dallas County Website</p> <p><input type="checkbox"/> Letter from Dallas County Purchasing Department</p> <p><input type="checkbox"/> Other: specify:</p> <p>Thank you.</p>			Yes		Yes		Yes		
			HUB 1751760725900 22-Feb-2014		HUB 1751760725900 22-Feb-2014		HUB 1751760725900 22-Feb-2014		
				X		X		X	

DALLAS COUNTY BID TABULATION				VENDOR #1C		VENDOR #1D		VENDOR #1E		VENDOR #2	
<b>BID NO. 2013-002-6150</b>				Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Sam Tel & Son Inc.	
<b>CONTRACT FOR THE PURCHASE AND INSTALLATION OF A COMMERCIAL FLIGHT TYPE RACKLESS CONVEYOR DISHWASHER</b>										300 Smith Street Farmingdale, NY 11735 Tel: 631-501-9700 Fax: 631-501-9709	
BUYER: SAM COOPER											
OPENING DATE: October 15, 2012											
CONTRACT PERIOD:											
NCTRCA CERTIFIED M/WBE VENDOR		No		No		No		No		No	
EE01 FORM SUBMITTED?		Yes		Yes		Yes		Yes		Yes	
DALLAS COUNTY TAXPAYER		No		No		No		No		No	
HOW WERE YOU NOTIFIED?		Dallas County Website		Dallas County Website		Dallas County Website		Dallas County Website		BidNet	
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	
Purchase and Installation of a Commercial Flight Type Rackless Conveyor Dishwasher	1	each									
a) Equipment Cost			\$135,140.00	\$135,140.00	\$122,425.00	\$122,425.00	\$103,000.00	\$103,000.00	\$147,727.94	\$147,727.94	
b) Labor and Installation Cost			\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$21,580.00	\$21,580.00	\$30,020.00	\$30,020.00	
c) All other cost associated with this bid including overhead			\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	\$3,105.00	None	None	
Total Bid Cost (a+b+c)			\$163,245.00	\$163,245.00	\$150,530.00	\$150,530.00	\$127,685.00	\$127,685.00	\$177,747.94	\$177,747.94	
Trade in allowance for the existine Stero dishwasher			No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	No Allowance	
Grand Total (a+b+c-d)			\$163,245.00	\$163,245.00	\$150,530.00	\$150,530.00	\$127,685.00	\$127,685.00	\$177,747.94	\$177,747.94	
Specify the Brand, Make and Manufacturer Model Number of the proposed Flight Type Rackless Conveyor Dishwasher unit			InSinger Model No. RC MASTER	Champion Model No. EUCCW8	Stero Model No. STPCW-33D						
Specify Name of Installation Company			Commercial Tech Service, Richardson, Texas	Commercial Tech Service, Richardson, Texas	Commercial Tech Service, Richardson, Texas				Hobart Service, Irving, Texas		
Specify Manufacturer Standard Warranty Coverage Period for proposed Flight Type Conveyor Dishwasher unit: All Parts: _____ Labor and Travel Time: _____			1 Year 1 Year	1 Year 1 Year	1 Year 1 Year				16 month/Hobart installation As Above		
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract: Company Name: _____ Address: _____ City/State/Zip: _____ Telephone Number: _____			Hagar Restaurant Service 433 Regal Row Dallas, TX 75247	Hagar Restaurant Service 433 Regal Row Dallas, TX 75247	Hagar Restaurant Service 433 Regal Row Dallas, TX 75247				Hobart Service   8120 Jetstar Drive, Suite 100 Irving, TX 75063 972-929-0052		
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract: Company Name: _____ Address: _____ City/State/Zip: _____ Telephone Number: _____											
Specify the name, address and telephone number of the manufacturer authorized local factory representative and service center who will perform the on-site warranty service coverage under this contract: Company Name: _____ Address: _____ City/State/Zip: _____ Telephone Number: _____											
Specify the name, address and telephone number of three (3) authorized factory distributors for replacement parts for the proposed flight type rackless conveyor dishwasher unit:			Hobart Service -Irving, Tx. Cooking Equipment Specialists - Irving, TX. Hagar Restaurant Services, Dallas, Tx.	Hobart Service -Irving, Tx. Cooking Equipment Specialists - Irving, TX. Hagar Restaurant Services, Dallas, Tx.	Hobart Service -Irving, Tx. Cooking Equipment Specialists - Irving, TX. Hagar Restaurant Services, Dallas, Tx.				Hobart Service - Irving, TX Hobart Service - El Paso, TX Hobert Service- San Antonio, TX		
Specify the minimum discount off of manufacturer's list price for replacement and preventive maintenance parts that will be offered to Dallas County by the authorized distributors indicated above:			10%	10%	10%						
Specify any additional comments/cost/etc. included with your bid proposal, if applicable:			Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.	Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.	Please see attached details regarding specifications on various brands and physical size of the units, due to clearance restrictions.						
Specify Prompt Payment Discount Terms: _____% _____days. Payment terms with no discount are Net 30 days upon receipt of proper invoice in the Dallas County Auditor's office.			0%	0%	0%						
<b>Please answer the questions listed below:</b>											
Specify the name, telephone number and e-mail address (if any) of the designated account representative who will be managing daily activities of this account:			Amy Leasure 972-596-3350 aleasure@pascoinc.net	Amy Leasure 972-596-3350 aleasure@pascoinc.net	Amy Leasure 972-596-3350 aleasure@pascoinc.net				Fred Smilow 631-501-9700x112 fsmilow@samtel.com		
Specify the technical support telephone number and hours of operation: Technical Support Telephone Number: _____			Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200	Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200	Hobart - 972-915-3822 CES - 972-686-6666 Hagar - 214-574-5200				800-333-7447		
Hours of Operation: _____			M-F 8-5 With After Hours On Call	M-F 8-5 With After Hours On Call	M-F 8-5 With After Hours On Call				7AM-6PM		



DALLAS COUNTY BID TABULATION		VENDOR #1C		VENDOR #1D		VENDOR #1E		VENDOR #2		
<b>BID NO. 2013-002-6150</b>		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Pasco Brokerage, Inc.		Sam Tel & Son Inc.		
<b>CONTRACT FOR THE PURCHASE AND INSTALLATION OF A COMMERCIAL FLIGHT TYPE RACKLESS CONVEYOR DISHWASHER</b>								300 Smith Street Farmingdale, NY 11735 Tel: 631-501-9700 Fax: 631-501-9709		
BUYER: SAM COOPER										
OPENING DATE: October 15, 2012										
CONTRACT PERIOD:										
NCTRCA CERTIFIED M/WBE VENDOR		No		No		No		No		
EE01 FORM SUBMITTED?		Yes		Yes		Yes		Yes		
DALLAS COUNTY TAXPAYER		No		No		No		No		
HOW WERE YOU NOTIFIED?		Dallas County Website		Dallas County Website		Dallas County Website		BidNet		
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
Please indicate whether your company is certified through an agency "other than" North Central Texas Regional Certification Agency (NCTRCA)? (Example: Statewide Historically Underutilized Business (HUB) Program, MBE, WBE, DBE, SBA, SBA, Veteran, 8(a)  Yes _____ No _____  If yes, please provide the agency name and the applicable certification number below:  Certifying Agency Name: _____ Registration or Certification Number: _____ Expiration Date: _____  <b>Please indicate the manner in which you were notified of this solicitation:</b>  <input type="checkbox"/> Daily Commercial Record  <input type="checkbox"/> Dallas County Website  <input type="checkbox"/> Letter from Dallas County Purchasing Department  <input type="checkbox"/> Other, specify:  Thank you.			Yes		Yes		Yes			
			HUB 1751760725900 22-Feb-2014		HUB 1751760725900 22-Feb-2014		HUB 1751760725900 22-Feb-2014			
				X		X		X		
										Bid Net
										* No manufacturer or model number listed