

AMENDMENT NO. 10
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: June 9, 2020

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby renewed for the period of June 9, 2020 through June 8, 2021. In accordance with changes in the Producer Price Index all unit prices are increased by 0.46%.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

By: 



Print Name: Rhiannon Greene

Zulay Millan, Assistant Manager

Title: Senior Vice President, Pricing

Procurement Division

Date: 06/16/2020

Date: June 18, 2020

AMENDMENT NO. 9
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: March 9, 2020

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby extended through June 8, 2020.
2. The total amount of the contract has changed from \$1,379,653.50 to \$1,879,653.50, an increase of \$500,000.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

By: _____



_____ 

Print Name: Rhiannon Greene

Carrie Mathes, Manager

Title: Senior Vice President, Pricing

Procurement Division

Date: 03/10/2020

Date: 3-12-2020

AMENDMENT NO. 8
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: March 1, 2020

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby extended through April 30, 2020.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

By: _____

Print Name: Rhiannon Greene

Title: Senior Vice President, Pricing

Date: 02/12/2020



Zulay Millan, Assistant Manager

Procurement Division

Date: 2/14/2020

AMENDMENT NO. 7
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: December 9, 2019

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby extended through February 29, 2020.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

By: _____

Print Name: Rhiannon Greene

Title: Senior Vice President, Pricing

Date: 12/04/2019

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

Zulay Millan, Assistant Manager

Title: Procurement Division

Date: 12/17/19

AMENDMENT NO. 6
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: OCTOBER 4, 2019

By mutual agreement, the subject contract is changed as follows:

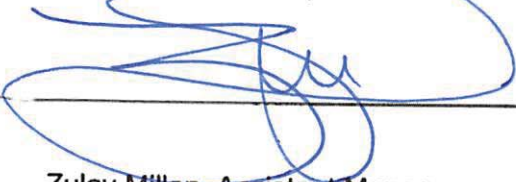
1. The total amount of the contract has changed from \$1,139,653.50 to \$1,379,653.50, an increase/decrease of \$240,000.00, all other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

By: _____



Print Name: Mark Dougherty

Zulay Millan, Assistant Manager

Title: Treasurer and Secretary

Procurement Division

Date: 10/04/2019

Date: 10/4/2019

AMENDMENT NO. 5
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: September 9, 2019

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby extended for the period of September 9, 2019 through December 8, 2019.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

By: _____

Print Name: Rhiannon Greene

Title: Senior Vice President, Pricing

Date: 09/04/2019

Zulay Millan, Assistant Manager

Procurement Division

Date: 9/9/19

AMENDMENT NO. 4
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: AUGUST 6, 2019

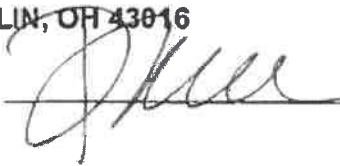
By mutual agreement, the subject contract is changed as follows:

1. The total amount of the contract has changed from \$979,653.50 to \$1,139,653.50, an increase/decrease of \$160,000.00, all other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

By: _____



Print Name: Rhiannon Greene

Title: Senior Vice President, Pricing

Date: 08/07/2019

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA



Zulay Millan, Assistant Manager

Procurement Division

Date: 8/12/19

AMENDMENT NO. 3
CONTRACT NO. Y17-108A, EMS EQUIPMENT AND SUPPLIES
LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21
LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66
LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46
LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 24, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: JUNE 9, 2019

By mutual agreement, the subject contract is changed as follows:

1. The contract is hereby renewed for the period of June 9, 2019 through September 8, 2019.

All other terms, conditions and prices remain unchanged.

IN WITNESS WHEREOF, the parties have executed this amendment on the dates below:

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

By: _____

Print Name: Rhiannon Greene

Title: Senior Vice President, Pricing

Date: 06/06/2019

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

Kathy Bozeman, Purchasing Agent

Procurement Division

Date: 6/10/19

AMENDMENT NO. 2

**TERM CONTRACT NO. Y17-108-A
FOR**

EMS EQUIPMENT AND SUPPLIES

LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21

LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40

41, 42, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66

LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46

LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 34, 43, 52, 56, 57, 58, 59, 67, 68

EFFECTIVE DATE: October 1, 2018

The contract is changed as follows:

Items to be Deleted:

1. Delete - LOT B - Item 1 and item 3, LOT C - Item 17, LOT D - Item 19, 34 and item 68 are deleted from the contract.

Items to be Added:

2. LOT B - Item 67 and 68, LOT C - Item 47, LOT D - Item 69, 70 and 71 as attached herein.

LOT B: Airway Management					
Item No.	Description	Estimated Quantity	Unit	Unit Price	Total Est. Bid
67	O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDIATRIC 100/BX	50	box	\$ 600.00	\$ 30,000.00
	Manufacturer Name: COVIDIEN				
	Mfg. Part# 174620				
68	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: PEDIATRIC 100/BX	350	box	\$ 730.00	\$255,500.00
	Manufacturer Name: COVIDIEN				
	Mfg. Part# 177268				
LOT C: Diagnostic Equipment					
47	MCI Triage Bag, Color: Red, screened with "MCI" in White, 12"W x 8"H x 2"D, Safety International #17115 or equal	25	each	\$ 28.00	\$ 700.00
	Manufacturer Name: Safety International				
	Mfg. Part# 759-17115RD				
LOT D: BLS Equipment					
69	Combine Pad, 8" x 10", Sterile, 24 Pouches/tray, 15 Trays/case, Dynarex #3503 or equal	50	case	\$ 54.00	\$ 2,700.00
	Manufacturer Name: DYNAREX				

	Mfg. Part# 279-3503				
70	Asepticare TB+ II Cleaner and Disinfectant 32 oz. Spray Bottle, 12/case	25	case	\$ 117.60	\$ 2,940.00
	Vendor #1061-52161				
71	Blood Glucose Monitoring Test Strips for Glucometer, Assure Prism model #530050	250	box	\$ 8.39	\$ 2,097.50
	Manufacturer Name: AKRAY				
	Vendor # 2763-53050				

The total contract amount is decreased from \$1,011,420.45 to \$979,653.50 for a total decrease of \$31,766.95.

All other price, terms and conditions remain the same.

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016

Signature

Rhiannon Greene
Printed/Typed Name

Vice President, Pricing
Title

10/05/2018
Date

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

Signature

Kathy Bozeman LULAY MILLAN

ADMINISTRATOR
Purchasing Agent, Procurement Division

Date

AMENDMENT NO. 1

TERM CONTRACT NO. Y17-108-A
FOR

EMS EQUIPMENT AND SUPPLIES

LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21

LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40
41, 42, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66

LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46

LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 34, 43, 52, 56, 57, 58, 59, 67, 68

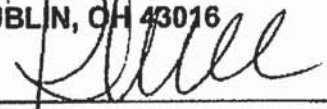
EFFECTIVE DATE: JUNE 9, 2018

The above contract is renewed with no change in contract pricing, terms or conditions.

Period of contract first renewal will be June 9, 2018 through June 8, 2019

All other price, terms and conditions remain the same.

BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH 43016




Signature

Rhiannon Greene
Printed/Typed Name

Vice President, Pricing
Title

06/13/2018
Date

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA



Signature

Kathy Bozeman

Purchasing Agent, Procurement Division

6/14/18
Date



PROCUREMENT DIVISION

CARRIE WOODSELL, MPA, CFCM, CPPO, C.P.M., APP, Manager

400 E South Street 2nd Floor * Reply To: Post Office Box 1393, Orlando, FL 32802-1393

PH: 407-836-5635 FAX: 407-836-5899

**TERM CONTRACT NO. Y17-108-A
EMS EQUIPMENT AND SUPPLIES**

LOT A: 2, 3, 4, 5, 6, 7, 10, 11, 18, 21

**LOT B: 1, 2, 3, 4, 5, 6, 21, 29, 30, 31, 23, 34, 35, 39, 40, 41, 42, 52,
53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 66**

LOT C: 15, 16, 17, 22, 25, 29, 30, 31, 32, 40, 45, 46

LOT D: 15, 19, 20, 23, 27, 28, 29, 30, 34, 43, 52, 56, 57, 58, 59, 67, 68

**TO: BOUND TREE MEDICAL LLC
5000 TUTTLE CROSSING BLVD.
DUBLIN, OH. 43016**

This is to inform you that the Orange County Board of County Commissioners hereby enters into a term contract subject to the following:

TERMS AND CONDITIONS

1. Acceptance:

This contract is our acceptance of your offer in response to our **Invitation for Bids No. Y17-108-A, EMS EQUIPMENT AND SUPPLIES - Term Contract**, and is subject to all terms and conditions therein.

2. Term of Contract:

A. This is a term contract for the time period specified in the referenced Invitation for Bids, for the products/services covered by this contract. The County is not obligated to purchase any minimum amount of products or services, unless otherwise stipulated in the Invitation for Bids.

B. This contract is effective **June 9, 2017**, and shall remain in effect through **June 8, 2018**. The estimated contract award for this period is **\$1,011,420.45**.

C. This contract may be renewed upon mutual agreement as provided in the Invitation for Bids. Any amendments to this contract must be in writing and signed by both parties. Such amendment(s) must be signed by the representative of the Orange County Procurement Division to be valid, binding, and enforceable.

D. This contract may be cancelled or terminated as provided for in the Invitation for Bids.

3. Ordering against Contract:

- A. Unless otherwise specified in the Invitation for Bids, the County will place orders by issuance of a numbered Delivery Order against this contract. Each Delivery Order will specify the quantity, description and location for delivery.
- B. The obligations of Orange County under this contract are subject to need and availability of funds lawfully appropriated for its purpose by the Board of County Commissioners.

4. Taxes:

The County has the following tax exemption certificates assigned.

- A. Certificate of Registry No. 59-70-004K for tax free transactions under Chapter 32, Internal Revenue Code;
- B. Florida Sales and Use Tax Exemption Certificate No. 85-8012622266C-0.

5. Invoicing:

- A. Invoices must be submitted, in duplicate, referencing this contract number and the Delivery Order to:

Orange County Fire Rescue Department
Financial Services Division
P.O. Box 5879
Winter Park, FL 32793-5879
Phone (407) 836-9871

- B. Invoices against this contract are authorized only at the prices stated in your bid response, unless otherwise provided in the Invitation for Bids.

6. All requirements contained in any addenda to the solicitation for this procurement are part of and hereby incorporated into this contract.

**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA**

BY: _____

Melisa Vergara

Melisa Vergara, CPPB
Procurement Division

DATE: _____

6/6/17

CONTRACT #Y17-108-A
BOUND TREE

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
2.	IV Catheter 14ga x 1 1/4" 50/box, 200 needles/case, ProtectIV Plus #3068 or equal	<u>\$256.00/Case</u>	X50	= <u>\$12,800.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84214</u> Vendor # <u>1612-84210</u> Packaging: <u>50EACH/BOX 4BOX/CASE</u>				
3.	IV Catheter 16ga x 1 1/4", 50/box, 200 needles/case, ProtectIV Plus #3062 or equal	<u>\$256.00/Case</u>	X100	= <u>\$25,600.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84216</u> Vendor # <u>1612-84220</u> Packaging: <u>50EACH/BOX 4BX/CASE</u>				
4.	IV Catheter 18ga x 1 1/4", 50/box, 200 needles/case, ProtectIV Plus #3065 or equal	<u>\$256.00/Case</u>	X150	= <u>\$38,400.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84218</u> Vendor # <u>1612-84230</u> Packaging: <u>50EACH/BOX 4BX/CASE</u>				
5.	IV Catheter 20ga x 1 1/4", 50/box, 200 needles/case, ProtectIV Plus #3066 or equal	<u>\$256.00/Case</u>	X150	= <u>\$38,400.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84220</u> Vendor # <u>1612-84240</u> Packaging: <u>50EACH/BOX 4BX/CASE</u>				
6.	IV Catheter 22ga x 1", 50/box, 200 needles/case, ProtectIV Plus #3060 or equal	<u>\$256.00/Case</u>	X150	= <u>\$38,400.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84222</u> Vendor # <u>1612-84250</u> Packaging: <u>50EACH/BOX 4BX/CASE</u>				

CONTRACT #Y17-108-A
BOUND TREE

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
7.	IV Catheter 24ga x 3/4", 50/box, 200 needles/case, ProtectIV Plus #3063 <i>or equal</i>	<u>\$256.00/Case</u>	X30	<u>=\$7,680.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-84224</u> Vendor # <u>1612-84260</u> Packaging: <u>50EACH/BOX 4BX/CASE</u>				
10.	IV Extension Set, Standard Bore With LuerLock Adapter, 100/case, Medsource #1714-83092 <u>OR</u> Dynarex # 7062 <u>BRAND SPECIFIC</u>	<u>\$77.48/Case</u>	X100	<u>=\$7,748.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-83092</u> Vendor # <u>1714-830092</u> Packaging: <u>100 EACH/CASE</u>				
11.	IV Adjustable Administration set With Ultra Site, 50/case, B.Braun Medical Inc #375173 <u>BRAND SPECIFIC</u>	<u>\$243.00/case</u>	X250	<u>=\$60,750.00</u>
Manufacturer Name: <u>B.BRAUN MEDICAL</u> Mfg. Part #: <u>375173</u> Vendor # <u>1712-17320</u> Packaging: <u>50 EACH/CASE</u>				
18.	Syringe, 1cc, Tuberculin, without Needle, LuerLock, EXEL Medical Product #26049 100ea/box <i>or equal</i>	<u>\$7.00/box</u>	X50	<u>=\$350.00</u>
Manufacturer Name: <u>B.BRAUN</u> Mfg. Part #: <u>9161406V-02</u> Vendor # <u>1633-40601</u> Packaging: <u>100 EACH/BOX</u>				
21.	Syringe, 50cc/60cc, without Needle, LuerLock, EXEL Medical Product #26300 100ea/box <i>or equal</i>	<u>\$10.98/box</u>	X50	<u>=\$549.00</u>
Manufacturer Name: <u>QMED</u> Mfg. Part #: <u>26300</u> Vendor # <u>620300</u> Packaging: <u>25 EACH/BOX</u>				

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
1.	Microstream O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDI, 25/box, Physio-Control #11996-000081 or equal	<u>\$170.00/box</u>	x150	= <u>\$25,500.00</u>
	Manufacturer Name: <u>COVIDIEN</u> Mfg. Part #: <u>010579</u> Vendor # <u>174620</u> Packaging: <u>100 EACH/ BOX</u>			
2.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: PEDI, 25/bx, Physio-Control #11996-000128 or equal	<u>\$255.75/box</u>	X150	= <u>\$38,262.50</u>
	Manufacturer Name: <u>COVIDIEN</u> Mfg. Part #: <u>007269</u> Vendor # <u>177669</u> Packaging: <u>25 EACH/BOX</u>			
3.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: ADULT, 100/case, Physio-Control #11996-000167 or equal	<u>\$854.00/Case</u>	X 350	= <u>\$298,900.00</u>
	Manufacturer Name: <u>COVIDIEN</u> Mfg. Part #: <u>010210</u> Vendor # <u>177268</u> Packaging: <u>100 EACH/BOX</u>			
4.	BiTrac ED Full Face Mask and Head Strap (size: ADULT MEDIUM), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 5.0cm CPAP Valve, FIXED Flow Generator w/ 4"(100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmodyne #313-7536X <u>BRAND SPECIFIC</u>	<u>\$391.50/Case</u>	X150	= <u>\$58,725.00</u>
	Manufacturer Name: <u>PULMODYNE</u> Mfg. Part #: <u>313-7536X</u> Vendor # <u>313-7536EA</u> Packaging: <u>10 EACH/BOX</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	--------------------	-------------------	---------------------------	-----------------------

5.	BiTrac ED Full Face Mask and Head Strap (size: ADULT LARGE), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 10.0cm CPAP Valve, FIXED Flow Generator w/ 4" (100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmodyne #313-7535X <u>BRAND SPECIFIC</u>	<u>\$403.20/Case</u>	X350	= <u>\$141,120.00</u>
----	---	----------------------	------	-----------------------

Manufacturer Name: PULMODYNE
Mfg. Part #: 313-7535X Vendor #313-7535EA
Packaging: 10 EACH/CASE

6.	O2 CPAP valve 5cm H2O connector, 10/case, Pulmodyne #313-7716 <u>BRAND SPECIFIC</u>	<u>\$72.20/Case</u>	X125	= <u>\$9,025.00</u>
----	---	---------------------	------	---------------------

Manufacturer Name: PULMODYNE
Mfg. Part #: 313-7716 Vendor #313-7716EA
Packaging: 10 EACH/CASE

21.	Pressure Manometer for INFANT Resuscitator, disposable, 20/case, AMBU #322-004-000 or equal	<u>\$68.00/Case</u>	X10	= <u>\$680.00</u>
-----	---	---------------------	-----	-------------------

Manufacturer Name: AMBU
Mfg. Part #: 322004000 Vendor #530251
Packaging: 20 EACH/CASE

29.	Laryngoscope Blade, size Miller #0, Greenline, disposable stainless steel, fiber optic, 20/bx, Model #5-5333-00 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X50	= <u>\$3,520.00</u>
-----	---	--------------------	-----	---------------------

Manufacturer Name: SUNMED
Mfg. Part #: 5-5333-00 Vendor #025330
Packaging: 20 EACH/BOX

30.	Laryngoscope Blade, size Miller #1, Greenline, disposable stainless steel, fiber optic, 20/bx Model #5-5333-01 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X50	= <u>\$3,520.00</u>
-----	--	--------------------	-----	---------------------

Manufacturer Name: SUNMED
Mfg. Part #: 5-5333-01 Vendor #025331
Packaging: 20 EACH/BOX

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
31.	Laryngoscope Blade, size Miller #2, Greenline, disposable stainless steel, fiber optic, 20/bx Model #5-5333-02 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X50	<u>=\$3,520.00</u>
	Manufacturer Name: <u>SUNMED</u> Mfg. Part #: <u>5-5333-02</u> Vendor # <u>025332</u> Packaging: <u>20 EACH/BOX</u>			
32.	Laryngoscope Blade, size Miller #3, Greenline, disposable stainless steel, fiber optic, 20/bx Model #5-5333-03 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X50	<u>=\$3,520.00</u>
	Manufacturer Name: <u>SUNMED</u> Mfg. Part #: <u>5-5333-03</u> Vendor # <u>025333</u> Packaging: <u>20 EACH/BOX</u>			
33.	Laryngoscope Blade, size Macintosh #2, Greenline, disposable stainless steel, fiber optic, 20/bx, Model #5-5332-02 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X75	<u>=\$5,280.00</u>
	Manufacturer Name: <u>SUNMED</u> Mfg. Part #: <u>5-5332-02</u> Vendor # <u>025302</u> Packaging: <u>20 EACH/BOX</u>			
34.	Laryngoscope Blade, size Macintosh #3 Greenline, disposable stainless steel, fiber optic, 20/bx Model #5-5332-03 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X75	<u>=\$5,280.00</u>
	Manufacturer Name: <u>SUNMED</u> Mfg. Part #: <u>5-5332-03</u> Vendor # <u>025303</u> Packaging: <u>20 EACH/BOX</u>			
35.	Laryngoscope Blade, size Macintosh #4, Greenline, disposable stainless steel, fiber optic, 20/bx, Model #5-5332-04 <u>BRAND SPECIFIC</u>	<u>\$70.40/box</u>	X75	<u>=\$5,280.00</u>
	Manufacturer Name: <u>SUNMED</u> Mfg. Part #: <u>5-5332-04</u> Vendor # <u>025304</u> Packaging: <u>20 EACH/BOX</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
39.	Nasopharyngeal Airway, latex-free Size: 14FR, soft PVC, 10/box, or equal	<u>\$11.00/box</u>	X20	= <u>\$220.00</u>
Manufacturer Name: <u>WELL LEAD TRADING</u> Mfg. Part #: <u>321035</u> Vendor # <u>51151</u> Packaging: <u>10 EACH/ BOX</u>				
40.	Nasopharyngeal Airway, latex-free Size: 20FR, soft PVC, 10/box, or equal	<u>\$11.00/box</u>	X20	= <u>\$220.00</u>
Manufacturer Name: <u>WELL LEAD TRADING</u> Mfg. Part #: <u>321050</u> Vendor # <u>51154</u> Packaging: <u>10 EACH/ BOX</u>				
41.	Nasopharyngeal Airway, latex-free Size: 22FR, soft PVC, 10/box, or equal	<u>\$11.00/box</u>	X20	= <u>\$220.00</u>
Manufacturer Name: <u>WELL LEAD TRADING</u> Mfg. Part #: <u>321055</u> Vendor # <u>51155</u> Packaging: <u>10 EACH/ BOX</u>				
42.	Nasopharyngeal Airway, latex-free Size: 28FR, soft PVC, 10/box, or equal	<u>\$11.00/box</u>	X20	= <u>\$220.00</u>
Manufacturer Name: <u>WELL LEAD TRADING</u> Mfg. Part #: <u>321070</u> Vendor # <u>51158</u> Packaging: <u>10 EACH/ BOX</u>				
52.	Oral Airway, Berman, Colour-code, Size 50mm, Latex-free, 50/pack, or equal	<u>\$0.43/pack</u>	X20	= <u>\$8.60</u>
Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6505BL-5P</u> Vendor # <u>12975</u> Packaging: <u>5/pack</u>				
53.	Oral Airway, Berman, Colour-code, Size 60mm, Latex-free, 50/pack, or equal	<u>\$0.43/pack</u>	X20	= <u>\$8.60</u>
Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6506BL-5P</u> Vendor # <u>12976</u> Packaging: <u>5/pack</u>				

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
54.	Oral Airway, Berman, Colour-code, Size 70mm, Latex-free, 50/pack, or equal	<u>\$0.54/pack</u>	X20	= <u>\$10.80</u>
	Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6507WT-5P</u> Vendor # <u>12977</u> Packaging: <u>5/pack</u>			
55.	Oral Airway, Berman, Colour-code, Size 80mm, Latex-free, 50/pack, or equal	<u>\$0.54/pack</u>	X20	= <u>\$10.80</u>
	Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6508GN-5P</u> Vendor # <u>12978</u> Packaging: <u>5/pack</u>			
56.	Oral Airway, Berman, Colour-code, Size 90mm, Latex-free, 50/pack, or equal	<u>\$0.54/pack</u>	X20	= <u>\$10.80</u>
	Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6509YL-5P</u> Vendor # <u>12979</u> Packaging: <u>5/pack</u>			
57.	Oral Airway, Berman, Colour-code, Size 100mm, Latex-free, 50/pack, or equal	<u>\$0.65/pack</u>	X20	= <u>\$13.00</u>
	Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6510RD-5P</u> Vendor # <u>12980</u> Packaging: <u>5/pack</u>			
58.	Oral Airway, Berman, Colour-code, Size 110mm, Latex-free, 50/pack, or equal	<u>\$0.65/pack</u>	X20	= <u>\$13.00</u>
	Manufacturer Name: <u>ASIA CONNECTION</u> Mfg. Part #: <u>ME6511ON-5P</u> Vendor # <u>12981</u> Packaging: <u>5/pack</u>			
60.	Suction Catheter, size 6FR, sterile, Disposable, 50/case, Medsource or equal	<u>\$6.50/Case</u>	X10	= <u>\$65.00</u>
	Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SC06</u> Vendor # <u>533-MS-SC06EA</u> Packaging: <u>50 EACH/CASE</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
61.	Suction Catheter, size 8FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50/Case	X10	=\$65.00
	Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SC08</u> Vendor # <u>533-MS-SC08EA</u> Packaging: <u>50 EACH/CASE</u>			
62.	Suction Catheter, size 10FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50/Case	X10	=\$65.00
	Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SC10</u> Vendor # <u>533-MS-SC10EA</u> Packaging: <u>50 EACH/CASE</u>			
63.	Suction Catheter, size 14FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50/Case	X10	=\$65.00
	Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SC14</u> Vendor # <u>533-MS-SC14EA</u> Packaging: <u>50 EACH/CASE</u>			
64.	Suction Catheter, size 18FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50/Case	X10	=\$65.00
	Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SC18</u> Vendor # <u>533-MS-SC18EA</u> Packaging: <u>50 EACH/CASE</u>			
66.	O2 Nebulizer Kit with BVM connector; Kit <u>must</u> have the following: 1 multi-adapter 15mm ID/22mm OD Connector, small volume nebulizer T-shaped Mouthpiece, flex tube, non-latex 7' inch tubing with universal connector, elbow adapter 22mm ID/22mm OD connector, sold by each, Curaplex model <u>BRAND SPECIFIC</u>	\$2.75/each	X450	=\$1,237.50
	Manufacturer Name: <u>CURAPLEX</u> Mfg. Part #: <u>812-BVMNEBKIT</u> Vendor # <u>812-BVMNEBKIT</u> Packaging: <u>EACH</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
15.	Trauma Oxygen Deployment Kit Color: Blue, Safety International #16038 Custom or equal Manufacturer Name: <u>SAFETY INTL</u> Mfg. Part #: <u>16038-OC</u> Vendor # <u>16038</u> Packaging: <u>EACH</u>	<u>\$200.61/each</u>	X60	= <u>\$12,036.60</u>
16.	Belt Glove Pouch, 4"x3", Color: Black, Safety International #61058 or equal Manufacturer Name: <u>SAFETY INTL</u> Mfg. Part #: <u>61058-170243</u> Vendor # <u>170243</u> Packaging: <u>EACH</u>	<u>\$2.30/each</u>	X500	= <u>\$1,150.00</u>
17.	MCI Triage Bag, Color: Red, screened with "MCI" in White, 12"W x 8"H x 2"D, Safety International #17115 or equal Manufacturer Name: <u>NORTH AMERICAN RESCUE</u> Mfg. Part #: <u>30-0023</u> Vendor # <u>1880-23315</u> Packaging: <u>EACH</u>	<u>\$28.00/each</u>	X25	= <u>\$700.00</u>
22.	Trauma Wound Dressing, 6" Hemorrhage Control "Israeli Bandage", PerSys Medical #100201050 <u>BRAND SPECIFIC</u> Manufacturer Name: <u>PERSYS MEDICAL</u> Mfg. Part #: <u>FCP-02</u> Vendor # <u> </u> Packaging: <u>1EACH 100EACH/CASE</u>	<u>\$5.84/each</u>	X350	= <u>\$2,047.50</u>
25.	Stretcher Sheets, blue, 36"x90" conformed for STRYKER PowerProXT, Taylor Healthcare "G-Force", 30/case, #90-GFRC3690 <u>BRAND SPECIFIC</u> Manufacturer Name: <u>TAYLOR HEALTHCARE</u> Mfg. Part #: <u>90-GFRC3690</u> Vendor # <u>3271-69002</u> Packaging: <u>30EACH/ CASE</u>	<u>\$52.91/case</u>	X25	= <u>\$1,322.75</u>

CONTRACT #Y17-108-A
BOUND TREE

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
29.	S-SCOR VX-2 Portable Suction Unit, w/variable regulator, retention & charging bracket, SSCOR #592310BV <u>BRAND SPECIFIC</u>	<u>\$869.00/each</u>	X25	= <u>\$21,725.00</u>
	Manufacturer Name: <u>SSCOR INC</u> Mfg. Part #: <u>2310BV</u> Vendor # <u>592310BV</u> Packaging: <u>EACH</u>			
30.	S-SCOR VX-2 Portable Suction Unit AC Converter 120V, SSCOR #80521-100 <u>BRAND SPECIFIC</u>	<u>\$28.70/each</u>	X25	= <u>\$717.50</u>
	Manufacturer Name: <u>SSCOR INC</u> Mfg. Part #: <u>80521-100</u> Vendor # <u>5980521100</u> Packaging: <u>EACH</u>			
31.	S-SCOR VX-2 Portable Suction Unit DC Cord, SSCOR #80665 <u>BRAND SPECIFIC</u>	<u>\$12.50/each</u>	X25	= <u>\$312.50</u>
	Manufacturer Name: <u>SSCOR INC</u> Mfg. Part #: <u>80665</u> Vendor # <u>598066</u> Packaging: <u>EACH</u>			
32.	Triage Tags, 50/pack, Florida Disaster Management Systems, Inc. #DMS-05006F <u>BRAND SPECIFIC</u>	<u>\$50.05/pack</u>	X350	= <u>\$17,517.50</u>
	Manufacturer Name: <u>DISASTER MANAGEMENT</u> Mfg. Part #: <u>DMS-05006F</u> Vendor # <u>247-DMS05006PK</u> Packaging: <u>50 EACH/PACK</u>			
40.	ALS Drug Box Insert, Custom For Pelican 1550, Safety International #83038-ALS or equal	<u>\$74.00/each</u>	X40	= <u>\$2,960.00</u>
	Manufacturer Name: <u>SAFETY INTL</u> Mfg. Part #: <u>83038-ALS DP W/GROMMET</u> Vendor # <u>759-83038ALS</u> Packaging: <u>EACH</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
45.	G5 Intellisense Adult Defibrillation pads for Powerheart G5, model #XELAED001A <u>BRAND SPECIFIC</u>	<u>\$57.61/Case</u>	X150	= <u>\$11,522.00</u>
	Manufacturer Name: <u>DXE MEDICAL</u> Mfg. Part #: <u>0511-0023</u> Vendor # <u>0511-0023</u> Packaging: <u>EACH</u>			
46.	G5 Intellisense Pediatric Defibrillation pads for Powerheart G5, model #XELAED003A <u>BRAND SPECIFIC</u>	<u>\$79.01/Each</u>	X200	= <u>\$15,802.00</u>
	Manufacturer Name: <u>DXE MEDICAL</u> Mfg. Part #: <u>0511-0022</u> Vendor # <u>0511-0022</u> Packaging: <u>EACH</u>			

CONTRACT #Y17-108-A
BOUND TREE

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
15.	Triangular Bandages, 10"x 40"x 56", 12/box, 20 Boxes/case, Dynarex #3680 or equal	<u>\$50.40/case</u>	X20	= <u>\$1,008.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>STORM-11050</u> Vendor # <u>1124-03680</u> Packaging: <u>240 EACH/CASE</u>				
19.	Combine Pad, 8" x 10", Sterile, 24 Pouches/tray, 15 Trays/case, Dynarex #3503 or equal	<u>\$2.25/case</u>	X50	= <u>\$112.50</u>
Manufacturer Name: <u>DYNAREX</u> Mfg. Part #: <u>3503</u> Vendor # <u>279-3503EA</u> Packaging: <u>24EA/TRAYS 15TRAYS/CASE</u>				
20.	Clipboard, Aluminum, lower hinge, 9" x 14" x 1", Saunders Redi-Rite #RR8514 or equal	<u>\$19.95/each</u>	X50	= <u>\$997.50</u>
Manufacturer Name: <u>SAUNDERS</u> Mfg. Part #: <u>21119</u> Vendor # <u>488514</u> Packaging: <u>EACH</u>				
23.	Stretch "KLING" Gauze Bandage, 4" Non Sterile, 12/box, 96/case Dynarex #3104 or equal	<u>\$6.64/case</u>	X500	= <u>\$3,320.00</u>
Manufacturer Name: <u>DYNAREX</u> Mfg. Part #: <u>3104</u> Vendor # <u>279-3104BG</u> Packaging: <u>12EACH/BOX 8BOX/CASE</u>				
27.	Backboard Straps Set, 5ft, color: Orange, 2 piece, Polypropylene with Plastic side-release buckle, loop lock, 3/pack, Safety International #170536-ORPK OR DickMedical #17152 <u>BRAND SPECIFIC</u>	<u>\$4.49/pack</u>	X100	= <u>\$449.00</u>
Manufacturer Name: <u>SAFETY INTL</u> Mfg. Part #: <u>170536-OR PK</u> Vendor # <u>3172-53615</u> Packaging: <u>3/PACK</u>				

CONTRACT #Y17-108-A
BOUND TREE

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
28.	NAJO Backboard, Plastic Long Spine Board with Pins, must have "Orange County Fire Rescue" logo Please see ATTACHMENT A, FERNO #275301108 or equal	<u>\$133.00/each</u>	X50	= <u>\$6,650.00</u>
Manufacturer Name: <u>ALLIED HEALTHCARE</u> Mfg. Part #: <u>L815014A</u> Vendor # <u>265014</u> Packaging: <u>EACH</u>				
29.	Cervical Collar, Adjustable 30/case, Ambu Perfit Ace #000-281-000 <u>BRAND SPECIFIC</u>	<u>\$108.90/case</u>	X400	= <u>\$43,560.00</u>
Manufacturer Name: <u>AMBU</u> Mfg. Part #: <u>000281000</u> Vendor # <u>260281</u> Packaging: <u>30EACH/CASE</u>				
30.	Cervical Collar, Adjustable 30/case, Ambu Mini Perfit Ace #000-281-106 <u>BRAND SPECIFIC</u>	<u>\$108.90/case</u>	X400	= <u>\$4,356.00</u>
Manufacturer Name: <u>AMBU</u> Mfg. Part #: <u>000281106</u> Vendor # <u>260280</u> Packaging: <u>30EACH/CASE</u>				
34.	Virex TB, ready-to-use disinfectant Cleaner 32oz spray bottle, 12/case, #4743 <u>OR</u> Ecolab TB Disinfectant #106-21032, <u>BRAND SPECIFIC</u>	<u>\$9.00/case</u>	X50	= <u>\$450.00</u>
Manufacturer Name: <u>ECOLAB</u> Mfg. Part #: <u>61121521</u> Vendor # <u>1061-21032</u> Packaging: <u>12EACH/CASE</u>				
43.	PPE Tyvex Sleeves 18", Impervious Elastic Ends, 100 Pair/case, Lakeland Industries Inc. Style 850 or equal	<u>\$73.00/case</u>	X80	= <u>\$5,840.00</u>
Manufacturer Name: <u>SUNRISE</u> Mfg. Part #: <u>14500</u> Vendor # <u>484-850</u> Packaging: <u>200EACH/CASE</u>				

CONTRACT #Y17-108-A
BOUND TREE

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
52.	AirLay/AirLaid Wipes, 12" x13¼", 75 wipes/pack, 12pack/case, SPILFYTER#61000 or equal	<u>\$18.30/case</u>	X150	<u>=\$2,745.00</u>
Manufacturer Name: <u>TIDI PRODUCTS</u> Mfg. Part #: <u>9810860</u> Vendor # <u>44200357</u> Packaging: <u>500EACH/CASE</u>				
56.	Scoop Stretcher metal, with pins, FERNO Model 65, #0000325 OR Medsource MS-SCP123 <u>BRAND SPECIFIC</u>	<u>\$373.00/each</u>	X20	<u>=\$7,460.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SCP123</u> Vendor # <u>533-MS-SCP123</u> Packaging: <u>EACH</u>				
57.	Scoop Stretcher Straps for Model 65, 2 Straps per Set, FERNO #0000325 <u>BRAND SPECIFIC</u>	<u>\$25.10/set</u>	X50	<u>=\$1,255.00</u>
Manufacturer Name: <u>MEDSOURCE</u> Mfg. Part #: <u>MS-SCP123</u> Vendor # <u>533-MS-SCP123</u> Packaging: <u>EACH</u>				
58.	Stair Chair Straps for Model 107, 2 Piece Set, FERNO #010-7714 <u>BRAND SPECIFIC</u>	<u>\$20.40/set</u>	X50	<u>=\$1,020.00</u>
Manufacturer Name: <u>FERNO</u> Mfg. Part #: <u>0313894</u> Vendor # <u>0313894</u> Packaging: <u>EACH</u>				
59.	Taylor Healthcare "Titan Soft Stretcher" Patient tarps, 5/case, #44-TT4080 <u>BRAND SPECIFIC</u>	<u>\$178.35/case</u>	X50	<u>\$8,917.50</u>
Manufacturer Name: <u>TAYLOR HEALTHCARE</u> Mfg. Part #: <u>44-TT4080</u> Vendor # <u>3244-40802</u> Packaging: <u>5EACH/CASE</u>				

***REVISED* BID RESPONSE FORM
IFB #Y17-108-MG**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
1.	IV Catheter 14ga x 2" Pleural D, 50/box, 200 needles/case , Terumo #SR*OX1451CA <u>BRAND SPECIFIC</u>	\$ <u>368</u> /Case	X10	= \$ <u>3,680</u>

Manufacturer Name: TERUMO MEDICAL CORPORATION

Mfg. Part #: SR-OX1451CA **Vendor #** 601451T

Packaging: 50EA/Bx 200EA/Cs

2.	IV Catheter 14ga x 1 1/4" 50/box, 200 needles/case , ProtectIV Plus #3068 <i>or equal</i>	\$ <u>256</u> /Case	X50	= \$ <u>12,800</u>
----	--	---------------------	-----	--------------------

Manufacturer Name: Medsource

Mfg. Part #: MS-84214 **Vendor #** 1612-84210

Packaging: 50Ea/Bx 4Bx/Cs

3.	IV Catheter 16ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3062 <i>or equal</i>	\$ <u>256</u> /Case	X100	= \$ <u>25,600</u>
----	---	---------------------	------	--------------------

Manufacturer Name: Medsource

Mfg. Part #: MS-84216 **Vendor #** 1612-84220

Packaging: 50Ea/Bx 4Bx/Cs

Bound Tree Medical LLC

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
4.	IV Catheter 18ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3065 or equal	\$ <u>256</u> /Case	X150	= \$ <u>38,400</u>

Manufacturer Name: Medsource

Mfg. Part #: MS-84218 **Vendor #** 1612-84230

Packaging: 50Ea/Bx 4Bx/Cs

5.	IV Catheter 20ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3066 or equal	\$ <u>256</u> /Case	X150	= \$ <u>38,400</u>
----	--	---------------------	------	--------------------

Manufacturer Name: Medsource

Mfg. Part #: MS-84220 **Vendor #** 1612-84240

Packaging: 50Ea/Bx 4Bx/Cs

6.	IV Catheter 22ga x 1", 50/box, 200 needles/case , ProtectIV Plus #3060 or equal	\$ <u>256</u> /Case	X150	= \$ <u>38,400</u>
----	--	---------------------	------	--------------------

Manufacturer Name: Medsource

Mfg. Part #: MS-84222 **Vendor #** 1612-84250

Packaging: 50Ea/Bx 4Bx/Cs

7.	IV Catheter 24ga x 3/4", 50/box, 200 needles/case , ProtectIV Plus #3063 or equal	\$ <u>256</u> /Case	X30	= \$ <u>7,680</u>
----	--	---------------------	-----	-------------------

Manufacturer Name: Medsource

Mfg. Part #: MS-84224 **Vendor #** 1612-84260

Packaging: 50Ea/Bx 4Bx/Cs

Bound Tree Medical LLC

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	--------------------	-------------------	---------------------------	-----------------------

8.	Blunt Filter Tip Needle, size 18ga x 1.5", 1000 needles/case BD Medical style <u>BRAND SPECIFIC</u>	\$340 /Case	X5	=\$ 1,700
----	--	-------------	----	-----------

Manufacturer Name: bECTON DICKINSON

Mfg. Part #: 305211 **Vendor #:** 625211

Packaging: 100EA/BX 10BX/CS

9	IV Three-Way Stopcock with swivel Male LuerLock, 50/box, Baxter #C6240 <i>Or equal</i>	\$ 47 /box	X50	=\$ 2,350
---	--	------------	-----	-----------

Manufacturer Name: QMED CORP

Mfg. Part #: 5858MX5311L **Vendor #:** 35411

Packaging: 50EA/CS

10.	IV Extension Set, Standard Bore With LuerLock Adapter, 100/case, Medsource #1714-83092 <u>OR</u> Dynarex # 7062 <u>BRAND SPECIFIC</u>	\$77.48/Case	X100	=\$ 7,748
-----	---	--------------	------	-----------

Manufacturer Name: MEDSOURCE

Mfg. Part #: MS-83092 **Vendor #:** 1714-83092

Packaging: 100EA/CS

11.	IV Adjustable Administration set With Ultra Site, 50/case, B.Braun Medical Inc #375173 <u>BRAND SPECIFIC</u>	\$243 /case	X250	=\$60,750
-----	---	-------------	------	-----------

Manufacturer Name: B. BRAUN MEDICAL

Mfg. Part #: 375173 **Vendor #:** 1712-17320

Packaging: 50EA/CS

Bound Tree Medical LLC

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
12.	IV Venigard, dressing, 100/box, Conmed #705-4431 <u>OR</u> Dynarex #4609 <u>BRAND SPECIFIC</u>	\$35.97/box	X350	=\$12,589.50

Manufacturer Name: CONMED

Mfg. Part #: 705-4431 **Vendor #** 354431

Packaging: 100EA/BX 5BX/CS

13.	IV Tourniquets, non-latex, 1"x18" Rolled, 100/bag, 10 bags/case, ADI #10923 or equal	\$100 /Case	X25	=\$2,500
-----	---	-------------	-----	----------

Manufacturer Name: ELASTOMER

Mfg. Part #: PC209T1RB **Vendor #** 9634

Packaging: 250EA/BG 4BG/CS

14.	IV Pressure Infuser, 1000cc, ETHOX Corp #4010 or equal	\$8.70 /each	X250	=\$2,175
-----	---	--------------	------	----------

Manufacturer Name: MASON TAYLER

Mfg. Part #: MTM-310 **Vendor #** 350310

Packaging: 5EA/BX 5BX/CS

15.	Hypodermic Needle, size 18ga x 1", Safety Magellan Covidien/Kendall #8881850810 50ea/box <u>BRAND SPECIFIC</u>	\$12.07/box	X100	=\$1,207
-----	---	-------------	------	----------

Manufacturer Name: COVIDIEN

Mfg. Part #: 8881850810 **Vendor #** 47-8881850810BX

Packaging: 50EA/Bx 10Bx/Cs

Bound Tree Medical LLC

Company Name

LOT A: IV SUPPLIES

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
16.	Hypodermic Needle, size 20ga x 1", Safety Magellan Covidien/Kendall #8881850010 50ea/box <u>BRAND SPECIFIC</u>	\$ <u>12.07</u> /box	X100	= <u>\$ 1,207</u>

Manufacturer Name: COVIDIEN

Mfg. Part #: 8881850010 **Vendor #** 8881850010

Packaging: 50EA/Bx 10Bx/Cs

17.	Hypodermic Needle, size 22ga x 1", Safety Magellan Covidien/Kendall #8881850215 50ea/box <u>BRAND SPECIFIC</u>	\$ <u>12.07</u> /box	X100	= <u>\$ 1,207</u>
-----	---	----------------------	------	-------------------

Manufacturer Name: COVIDIEN

Mfg. Part #: 8881850215 **Vendor #** 8881850215

Packaging: 50EA/Bx 10Bx/Cs

18.	Syringe, 1cc, Tuberculin, without Needle, LuerLock, EXEL Medical Product #26049 100ea/box <i>or equal</i>	\$ <u>7</u> /box	X50	= <u>\$ 350</u>
-----	---	------------------	-----	-----------------

Manufacturer Name: B. BRAUN

Mfg. Part #: 9161406V-02 **Vendor #** 1633-40601

Packaging: 100Ea/Bx 18Bx/Cs

19.	Syringe, 5cc/6cc, without Needle, LuerLock, EXEL Medical Product #26230 100ea/box <i>or equal</i>	\$ <u>8</u> /box	X50	= <u>\$ 400</u>
-----	---	------------------	-----	-----------------

Manufacturer Name: B. BRAUN

Mfg. Part #: 4617053V-02 **Vendor #** 1633-05305

Packaging: 100Ea/Bx 20Bx/Cs

Bound Tree Medical LLC

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
20.	Syringe, 10cc/12cc, without Needle, LuerLock, EXEL Medical Product #26265 100ea/box or equal	\$ <u>9</u> /box	X50	= \$ <u>450</u>

Manufacturer Name: B. BRAUN

Mfg. Part #: 4617100V-02 **Vendor #** 1633-10010

Packaging: 100Ea/Bx 12Bx/Cs

21.	Syringe, 50cc/60cc, without Needle, LuerLock, EXEL Medical Product #26300 100ea/box or equal	\$ <u>10.98</u> /box	X50	= \$ <u>549</u>
-----	--	----------------------	-----	-----------------

Manufacturer Name: QMED

Mfg. Part #: 26300 **Vendor #** 620300

Packaging: 25EA/BX 6BX/CS

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21): \$ 260,142.50
FOB DESTINATION

Bound Tree Medical LLC

Company Name

Indicate if items are to be delivered:

via common carrier* x or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
1.	Microstream O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDI, 25/box, Physio-Control #11996-000081 <i>or equal</i>	\$ <u>170</u> /box	X150	=\$ <u>25,500</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>010579</u> Vendor # <u>174620</u>				
Packaging: <u>100EA/BX</u>				
2.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: PEDI, 25/bx, Physio-Control #11996-000128 <i>or equal</i>	\$ <u>255.75</u> /box	X50	=\$ <u>12,787.50</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>007269</u> Vendor # <u>177669</u>				
Packaging: <u>25EA/BX</u>				
3.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: ADULT, 100/case, Physio-Control #11996-000167 <i>or equal</i>	\$ <u>854</u> /Case	X350	=\$ <u>298,900</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>010210</u> Vendor # <u>177268</u>				
Packaging: <u>100EA/BX</u>				
4.	BiTrac ED Full Face Mask and Head Strap (size: ADULT MEDIUM), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 5.0cm CPAP Valve, FIXED Flow Generator w/ 4"(100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmodyne #313-7536X <u>BRAND SPECIFIC</u>	\$ <u>391.50</u> /Case	X150	=\$ <u>58,725</u>
Manufacturer Name: <u>PULMODYNE</u>				
Mfg. Part #: <u>313-7536X</u> Vendor # <u>313-7536EA</u>				
Packaging: <u>10EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
5.	BiTrac ED Full Face Mask and Head Strap (size: ADULT LARGE), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 10.0cm CPAP Valve, FIXED Flow Generator w/ 4" (100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmodyne #313-7535X <u>BRAND SPECIFIC</u>	\$ ^{403.20} /Case	X350	=\$ <u>141,120</u>
Manufacturer Name: <u>PULMODYNE</u>				
Mfg. Part #: <u>313-7535X</u> Vendor # <u>313-7535EA</u>				
Packaging: <u>10EA/CS</u>				
6.	O2 CPAP valve 5cm H2O connector, 10/case, Pulmodyne #313-7716 <u>BRAND SPECIFIC</u>	\$ ^{72.20} /Case	X125	=\$ <u>9,025</u>
Manufacturer Name: <u>PULMODYNE</u>				
Mfg. Part #: <u>313-7716</u> Vendor # <u>313-7716EA</u>				
Packaging: <u>10EA/CS</u>				
7	Endotracheal Tube, Flexi-set, size 3.0 Uncuffed, 10/box, Rusch #506530 <u>OR</u> AIRCARE #100/103/030 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	=\$ <u>695</u>
Manufacturer Name: <u>SMITHS MEDICAL</u>				
Mfg. Part #: <u>100/103/030</u> Vendor # <u>13416</u>				
Packaging: <u>10EA/BX</u>				
8.	Endotracheal Tube, Flexi-set, size 3.5 Uncuffed, 10/box, w/stylet, Rusch #506535 <u>OR</u> AIRCARE #100/103/035 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	=\$ <u>695</u>
Manufacturer Name: <u>SMITHS MEDICAL</u>				
Mfg. Part #: <u>100/103/035</u> Vendor # <u>13417</u>				
Packaging: <u>10EA/BX</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

9.	Endotracheal Tube, Flexi-set, size 4.0 Uncuffed, 10/box, w/stylet, Rusch #506540 <u>OR</u> AIRCARE #100/103/040 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
----	---	----------------------	-----	-----------------

Manufacturer Name: SMITHS MEDICAL

Mfg. Part #: 100/103/040 **Vendor #** 13418

Packaging: 10EA/BX

10.	Endotracheal Tube, Flexi-set, size 4.5 Uncuffed, 10/box, w/stylet, Rusch #506545 <u>OR</u> AIRCARE #100/103/045 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
-----	---	----------------------	-----	-----------------

Manufacturer Name: SMITHS MEDICAL

Mfg. Part #: 100/103/045 **Vendor #** 13419

Packaging: 10EA/BX

11.	Endotracheal Tube, Flexi-set, size 5.0 Cuffed, 10/box, w/stylet, Rusch #504550 <u>OR</u> AIRCARE #100/103/050 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
-----	---	----------------------	-----	-----------------

Manufacturer Name: SMITHS MEDICAL

Mfg. Part #: 100/103/050 **Vendor #** 13420

Packaging: 10EA/BX

12.	Endotracheal Tube, Flexi-set, size 5.5 Cuffed, 10/box, w/stylet, Rusch #504555 <u>OR</u> AIRCARE #100/103/055 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
-----	---	----------------------	-----	-----------------

Manufacturer Name: SMITHS MEDICAL

Mfg. Part #: 100/102/055 **Vendor #** 13407

Packaging: 10EA/BX

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
13.	Endotracheal Tube, Flexi-set, size 6.0 Cuffed, 10/box, w/stylet, Rusch #504560 <u>OR</u> AIRCARE #100/103/060 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
	<u>SMITHS MEDICAL</u>	<u>100/102/060</u>	<u>13408</u>	<u>10EA/BX</u>
	Manufacturer	Stock Number		

14.	Endotracheal Tube, Flexi-set, size 6.5 Cuffed, 10/box, w/stylet, Rusch #504565 <u>OR</u> AIRCARE #100/103/065 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
	Manufacturer Name: <u>SMITHS MEDICAL</u>			
	Mfg. Part #: <u>100/102/065</u> Vendor # <u>13409</u>			
	Packaging: <u>10EA/BX</u>			

15.	Endotracheal Tube, Flexi-set, size 7.0 Cuffed, 10/box, w/stylet, Rusch #504570 <u>OR</u> AIRCARE #100/103/070 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
	Manufacturer Name: <u>SMITHS MEDICAL</u>			
	Mfg. Part #: <u>100/102/070</u> Vendor # <u>13410</u>			
	Packaging: <u>10EA/BX</u>			

16.	Endotracheal Tube, Flexi-set, size 8.0 Cuffed, 10/box, w/stylet, Rusch #504580 <u>OR</u> AIRCARE #100/103/080 <u>BRAND SPECIFIC</u>	\$ <u>13.90</u> /box	X50	= \$ <u>695</u>
	Manufacturer Name: <u>SMITHS MEDICAL</u>			
	Mfg. Part #: <u>100/102/080</u> Vendor # <u>13412</u>			
	Packaging: <u>10EA/BX</u>			

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

17.	Endotracheal Tube, Flexi-set, size 9.0 Cuffed, 10/box, w/stylet, Rusch #504590 <u>OR</u> AIRCARE #100/103/090 <u>BRAND SPECIFIC</u>	\$13.90/box	X50	=\$ <u>695</u>
-----	--	-------------	-----	----------------

Manufacturer Name: SMITHS MEDICAL

Mfg. Part #: 100/102/090 **Vendor #** 13414

Packaging: 10EA/BX

18.	Mucosal Atomization Device without Syringe, Luer-Lock connector, intranasal, Teleflex model 25ea/box <u>BRAND SPECIFIC</u>	\$ ^{125.25} /box	X50	=\$ <u>6,262.50</u>
-----	---	---------------------------	-----	---------------------

Manufacturer Name: TELEFLEX

Mfg. Part #: MAD301 **Vendor #** 2170-30113

Packaging: 25EA/BX

19.	Endotracheal Tube Holder, Size ADULT, 100/case, Thomas Laerdal #600-10000 <u>BRAND SPECIFIC</u>	\$ <u>268</u> /Case	X20	=\$ <u>5,360</u>
-----	--	---------------------	-----	------------------

Manufacturer Name: LAERDAL

Mfg. Part #: 600-10000 **Vendor #** 020500

Packaging: 100EA/CS

20.	Endotracheal Tube Holder, Size PEDIATRIC, 100case, Thomas Laerdal #600-20000 <u>BRAND SPECIFIC</u>	\$ <u>268</u> /Case	X20	=\$ <u>5,360</u>
-----	---	---------------------	-----	------------------

Manufacturer Name: LAERDAL

Mfg. Part #: 600-20000 **Vendor #** 020400

Packaging: 100EA/CS

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
21.	Pressure Manometer for INFANT Resuscitator, disposable, 20/case, AMBU #322-004-000 or equal	\$ ⁶⁸ /Case	X10	=\$ 680
Manufacturer Name: <u>AMBU</u>				
Mfg. Part #: <u>322004000</u> Vendor # <u>530251</u>				
Packaging: <u>20EA/CS</u>				
22.	LMA Supreme, size 1, 10/box, 10 bx/case, Teleflex #175010 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X10	=\$ <u>24,020</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175010</u> Vendor # <u>2114-50101</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				
23.	LMA Supreme, size 1.5, 10/box, 10 bx/case, Teleflex #175015 <u>BRAND SPECIFIC</u>	\$ ^{2,402} /Case	X25	=\$ <u>60,050</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175015</u> Vendor # <u>2114-50215</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				
24.	LMA Supreme, size 2, 10/box, 10 bx/case, Teleflex #175020 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X25	=\$ <u>60,050</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175020</u> Vendor # <u>2114-50202</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
25.	LMA Supreme, size 2.5, 10/box, 10 bx/case, Teleflex #175025 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X25	=\$ <u>60,050</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175025</u> Vendor # <u>2114-50225</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				
26.	LMA Supreme, size 3, 10/box, 10 bx/case, Teleflex #175030 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X50	=\$ <u>120,100</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175030</u> Vendor # <u>2114-50303</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				
27.	LMA Supreme, size 4, 10/box, 10 bx/case, Teleflex #175040 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X150	=\$ <u>360,300</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175040</u> Vendor # <u>2114-50404</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				
28.	LMA Supreme, size 5, 10/box, 10 bx/case, Teleflex #175050 <u>BRAND SPECIFIC</u>	\$ <u>2,402</u> /Case	X100	=\$ <u>240,200</u>
Manufacturer Name: <u>TELEFLEX</u>				
Mfg. Part #: <u>175050</u> Vendor # <u>2114-50505</u>				
Packaging: <u>10EA/BX 10BX/CS</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
29.	Laryngoscope Blade, size Miller #0, 20/bx, \$70.40/box Greenline, disposable stainless steel, fiber optic, Model #5-5333-00 <u>BRAND SPECIFIC</u>		X50	=\$ 3,520
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5333-00</u> Vendor # <u>025330</u>			
	Packaging: <u>20EA/BX</u>			
30.	Laryngoscope Blade, size Miller #1, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-01 <u>BRAND SPECIFIC</u>	\$70.40 /box	X50	=\$ 3,520
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5333-01</u> Vendor # <u>025331</u>			
	Packaging: <u>20EA/BX</u>			
31.	Laryngoscope Blade, size Miller #2, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-02 <u>BRAND SPECIFIC</u>	\$70.40/box	X50	=\$ 3,520
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5333-02</u> Vendor # <u>025332</u>			
	Packaging: <u>20EA/BX</u>			
32.	Laryngoscope Blade, size Miller #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5333-03 <u>BRAND SPECIFIC</u>	\$70.40/box	X50	=\$ 3,520
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5333-03</u> Vendor # <u>025333</u>			
	Packaging: <u>20EA/BX</u>			

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
33	Laryngoscope Blade, size Macintosh #2, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-02 <u>BRAND SPECIFIC</u>	\$ <u>70.40</u> /box	X75	=\$ <u>5,280</u>
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5332-02</u> Vendor # <u>025302</u>			
	Packaging: <u>20EA/BX</u>			
34	Laryngoscope Blade, size Macintosh #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-03 <u>BRAND SPECIFIC</u>	\$ <u>70.40</u> /box	X75	=\$ <u>5,280</u>
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5332-03</u> Vendor # <u>025303</u>			
	Packaging: <u>20EA/BX</u>			
35	Laryngoscope Blade, size Macintosh #4, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-04 <u>BRAND SPECIFIC</u>	\$ <u>70.40</u> /box	X75	=\$ <u>5,280</u>
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-5332-04</u> Vendor # <u>025304</u>			
	Packaging: <u>20EA/BX</u>			
36	Laryngoscope Handle, Greenline D, Fiber optic LED, size: MEDIUM, SunMed GreenLine Model #5-0236-89 <u>BRAND SPECIFIC</u>	\$ <u>105</u> /each	X150	=\$ <u>15,750</u>
	Manufacturer Name: <u>SUNMED</u>			
	Mfg. Part #: <u>5-0236-89</u> Vendor # <u>2141-23689</u>			
	Packaging: <u>1EA</u>			

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

37.	Laryngoscope Handle, stainless Steel, size: PENLITE SMALL, SunMed GreenLine Model #5-0236-80 <u>BRAND SPECIFIC</u>	\$ <u>105</u> /each	X150	= \$ <u>15,750</u>
-----	--	---------------------	------	--------------------

Manufacturer Name: SUNMED

Mfg. Part #: 5-0236-80 **Vendor #** 5-0236-80

Packaging: 1EA

38.	Meconium Aspirator, Neotech Products #N0101 or equal	\$ <u>4.24</u> /each	X50	= \$ <u>212</u>
-----	--	----------------------	-----	-----------------

Manufacturer Name: NEOTECH

Mfg. Part #: N0101 **Vendor #** 590101

Packaging: 40EA/BX

39.	Nasopharyngeal Airway, latex-free Size: 14FR, soft PVC, 10/box, or equal	\$ <u>11</u> /box	X20	= \$ <u>220</u>
-----	--	-------------------	-----	-----------------

Manufacturer Name: WELL LEAD TRADING

Mfg. Part #: 321035 **Vendor #** 51151

Packaging: 10EA/BX 100EA/CS

40.	Nasopharyngeal Airway, latex-free Size: 20FR, soft PVC, 10/box, or equal	\$ <u>11</u> /box	X20	= \$ <u>220</u>
-----	--	-------------------	-----	-----------------

Manufacturer Name: WELL LEAD TRADING

Mfg. Part #: 321050 **Vendor #** 51154

Packaging: 10EA/BX 100EA/CS

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO. DESCRIPTION UNIT PRICE ESTIMATED TOTAL QUANTITY EST. BID

41. Nasopharyngeal Airway, latex-free \$ 11 /box X20 = \$ 220
Size: 22FR, soft PVC, 10/box, or equal

Manufacturer Name: WELL LEAD TRADING

Mfg. Part #: 321055 **Vendor #** 51155

Packaging: 10EA/BX 100EA/CS

42. Nasopharyngeal Airway, latex-free \$ 11 /box X20 = \$ 220
Size: 28FR, soft PVC, 10/box, or equal

Manufacturer Name: WELL LEAD TRADING

Mfg. Part #: 321070 **Vendor #** 51158

Packaging: 10EA/BX 100EA/CS

43. Manual Resuscitator, size \$ 104.40 /Case X150 = \$ 15,660
ADULT SPUR-II Resuscitator w/Mask,
12 each/case, AMBU #325-002-000 or equal

Manufacturer Name: AMBU

Mfg. Part #: 520211000 **Vendor #** 2442-52002

Packaging: 12EA/CS

44. Manual Resuscitator, size \$ 115.56 /Case X150 = \$ 17,334
PEDIATRIC SPUR-II Resuscitator
w/Toddler Mask,
12ea/case, AMBU #330-004-000 or equal

Manufacturer Name: AMBU

Mfg. Part #: 530213000B **Vendor #** 530-213

Packaging: 12EA/CS

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

45.	AMBU Manual Resuscitator, size INFANT SPUR-II Resuscitator w/Neonate Mask, 12ea/case, AMBU #335-103-000 or equal	\$ ^{115.56} /Case	X150	=\$ 17,334
-----	--	----------------------------	------	------------

Manufacturer Name: AMBU

Mfg. Part #: 540211000 **Vendor #** 540-211

Packaging: 12EA/CS

46.	Nasal Cannula, size ADULT, Medstorm #30050, 100ea/box or equal	\$22 /box	X20	=\$ 440
-----	--	-----------	-----	---------

Manufacturer Name: MEDSOURCE

Mfg. Part #: BT-24003 **Vendor #** 301-107EA

Packaging: 50EA/CS 100EA = \$22

47.	Nasal Cannula, size PEDIATRIC, Medstorm #30056 100ea/box or equal	\$27 /box	X20	=\$ 540
-----	---	-----------	-----	---------

Manufacturer Name: ASIA CONNECTION

Mfg. Part #: ME7407C **Vendor #** 30056

Packaging: 50EA/CS 100EA = \$27

48.	Non-Rebreathing Mask, size ADULT, Elongated with 7ft tubing, Medline#HCS464OH 100ea/box, or equal	\$63 /box	X250	=\$ 15,750
-----	---	-----------	------	------------

Manufacturer Name: MEDSOURCE

Mfg. Part #: BT-25060 **Vendor #** 533-MS-25060EA

Packaging: 50EA/CS 100EA= \$63

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
49.	Non-Rebreathing Mask, size PEDIATRIC, Medline#HCS4642 100ea/box or equal	\$63 /box	X50	=\$3,150
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>BT-25058</u> Vendor # <u>533-MS-25058EA</u>				
Packaging: <u>50EA/CS 100EA = \$63</u>				
50.	Non-Rebreathing Mask, size INFANT, 50/case, Curaplex #30058 or equal	\$45.50 /Case	X50	=\$2,275
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME74101-1V</u> Vendor # <u>30058</u>				
Packaging: <u>50EA/CS</u>				
51.	Suction Canister, 1200cc, 48/case Bemis#484410 <u>OR</u> Dynarex #4675 <u>BRAND SPECIFIC</u>	\$102 /Case	X10	=\$1,020
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>4675</u> Vendor # <u>4675</u>				
Packaging: <u>40EA/CS</u>				
52.	Oral Airway, Berman, Colour-code, Size 50mm, Latex-free, 50/pack, or equal	\$0.43 /pack	X20	=\$8.60
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6505BL-5P</u> Vendor # <u>12975</u>				
Packaging: <u>5/PK</u>				
53.	Oral Airway, Berman, Colour-code, Size 60mm, Latex-free, 50/pack, or equal	\$0.43 /pack	X20	=\$8.60
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6506BK-5P</u> Vendor # <u>12976</u>				
Packaging: <u>5/PK</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
54.	Oral Airway, Berman, Colour-code, Size 70mm, Latex-free, 50/pack, or equal	\$0.54 /pack	X20	=\$ 10.80
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6507WT-5P</u> Vendor # <u>12977</u>				
Packaging: <u>5/PK</u>				
55.	Oral Airway, Berman, Colour-code, Size 80mm, Latex-free, 50/pack, or equal	\$0.54 /pack	X20	=\$ 10.80
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6508GN-5P</u> Vendor # <u>12978</u>				
Packaging: <u>5/PK</u>				
56.	Oral Airway, Berman, Colour-code, Size 90mm, Latex-free, 50/pack, or equal	\$0.54 /pack	X20	=\$ 10.80
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6509YL-5P</u> Vendor # <u>12979</u>				
Packaging: <u>5/PK</u>				
57.	Oral Airway, Berman, Colour-code, Size 100mm, Latex-free, 50/pack, or equal	\$0.65 /pack	X20	=\$ 13
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6510RD-5P</u> Vendor # <u>12980</u>				
Packaging: <u>5/PK</u>				
58.	Oral Airway, Berman, Colour-code, Size 110mm, Latex-free, 50/pack, or equal	\$0.65 /pack	X20	=\$ 13
Manufacturer Name: <u>ASIA CONNECTION</u>				
Mfg. Part #: <u>ME6511ON-5P</u> Vendor # <u>12981</u>				
Packaging: <u>5/PK</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
59.	Suction Yankauer, sterile, with bulb-tip and control vent, Dynarex Model or equal	\$0.37 /each	X75	=\$27.75
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>4690</u> Vendor # <u>2211-04690</u>				
Packaging: <u>50EA/CS</u>				
60.	Suction Catheter, size 6FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50 /Case	X10	=\$65
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-SC06</u> Vendor # <u>533-MS-SC06EA</u>				
Packaging: <u>50EA/CS</u>				
61.	Suction Catheter, size 8FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50 /Case	X10	=\$65
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-SC08</u> Vendor # <u>533-MS-SC08EA</u>				
Packaging: <u>50EA/CS</u>				
62.	Suction Catheter, size 10FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50 /Case	X10	=\$65
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-SC10</u> Vendor # <u>533-MS-SC10EA</u>				
Packaging: <u>50EA/CS</u>				
63.	Suction Catheter, size 14FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50 /Case	X10	=\$65
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-SC14</u> Vendor # <u>533-MS-SC14EA</u>				
Packaging: <u>50EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	--------------------	-------------------	---------------------------	-----------------------

64.	Suction Catheter, size 18FR, sterile, Disposable, 50/case, Medsource or equal	\$6.50 /Case	X10	=\$ 65
-----	---	--------------	-----	--------

Manufacturer Name: MEDSOURCE

Mfg. Part #: MS-SC18 Vendor # 533-MS-SC18EA

Packaging: 50EA/CS

65.	Suction Tubing for Suction Unit, 6ft, Conmed #0034300 or equal	\$0.96 /each	X20	=\$ 19.20
-----	--	--------------	-----	-----------

Manufacturer Name: CONMED

Mfg. Part #: 0034300 Vendor # 3243200

Packaging: 50EA/CS

66.	O2 Nebulizer Kit with BVM connector; Kit must have the following: 1 multi-adapter 15mm ID/22mm OD Connector, small volume nebulizer T-shaped Mouthpiece, flex tube, non-latex 7' inch tubing with universal connector, elbow adapter 22mm ID/22mm OD connector, sold by each, Curaplex model <u>BRAND SPECIFIC</u>	\$2.75 /each	X450	=\$ 1,237.50
-----	--	--------------	------	--------------

Manufacturer Name: CURAPLEX

Mfg. Part #: 812-BVMNEBKIT Vendor # 812-BVMNEBKIT

Packaging: 1/EA

ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66): FOB DESTINATION	\$ 1,634,384.05
--	------------------------

Bound Tree Medical LLC

Company Name

Indicate if items are to be delivered:
via common carrier* or Owned/Hired Vehicle

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
1.	EKG Paper for LIFEPAK 12/15, 2 rolls/box, Medtronic#11240-000016 <i>or equal</i>	\$ <u>7.74</u> /box	X250	=\$ <u>1,935</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>31091427</u> Vendor # <u>232023</u>				
Packaging: <u>18RLS/CS 2RLS/BX</u>				
2.	EDGE Pediatric Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000093 OR Conmed #3112-1730 OR Conmed #2603M <u>BRAND SPECIFIC</u>	\$ <u>14.70</u> /pair	X1000	=\$ <u>14,700</u>
Manufacturer Name: <u>CONMED</u>				
Mfg. Part #: <u>3112-1730</u> Vendor # <u>R17300</u>				
Packaging: <u>10PR/CS</u>				
3.	EDGE Adult Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000091 OR Conmed # 2516M OR Conmed #3112-1731 <u>BRAND SPECIFIC</u>	\$ <u>14.70</u> /pair	X8500	=\$ <u>124,950</u>
Manufacturer Name: <u>CONMED</u>				
Mfg. Part #: <u>3112-1731</u> Vendor # <u>R29710</u>				
Packaging: <u>10PR/CS</u>				
4.	ECG Electrodes, size ADULT, 50 electrode wet gel "dots" per pouch, 20pack/bx, 2bx/case, AMBU#SP-00-S/50 <i>or equal</i>	\$ <u>363.60</u> /Case	X500	=\$ <u>181,800</u>
Manufacturer Name: <u>AMBU</u>				
Mfg. Part #: <u>SP-00-S/50</u> Vendor # <u>230500</u>				
Packaging: <u>50EA/Pk 20Pk/Bx 2Bx/Cs</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED TOTAL QUANTITY</u>	<u>EST. BID</u>
5.	Diagnostix 750 series Wall-Mounted Aneroid Sphygmomanometer BP Cuff, Size: ADULT, latex-free, ADC#750W-11A or equal	\$ <u>56.40</u> /each	X100	= <u>\$ 5,640</u>
Manufacturer Name: <u>AMERICAN DIAGNOSTIC</u>				
Mfg. Part #: <u>750W-11ABK</u> Vendor # <u>H1645</u>				
Packaging: <u>1EA</u>				
6.	BP Cuff, Size: INFANT, Reusable Aneroid Sphygmomanometer, Medline#ADC7007IBK or equal	\$ <u>6.75</u> /each	X50	= <u>\$ 337.50</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-BP400</u> Vendor # <u>533-MS-BP400EA</u>				
Packaging: <u>1EA 50EA/CS</u>				
7.	BP Cuff, Size: CHILD, Reusable Aneroid Sphygmomanometer, Medline#ADC7009CBK or equal	\$ <u>6.75</u> /each	X50	= <u>\$ 337.50</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-BP300</u> Vendor # <u>533-MS-BP300EA</u>				
Packaging: <u>1EA 50EA/CS</u>				
8.	BP Cuff, Size: ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70011ABK or equal	\$ <u>6.75</u> /each	X150	= <u>\$ 1,012.50</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-BP100</u> Vendor # <u>533-MS-BP100EA</u>				
Packaging: <u>1EA 50EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
9.	BP Cuff, Size: LARGE ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70012XBK <i>or equal</i>	\$ <u>6.75</u> /each	X100	= \$ <u>675</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-BP200</u> Vendor # <u>533-MS-BP200EA</u>				
Packaging: <u>1EA 50EA/CS</u>				
10.	BP Cuff, Size: THIGH, Reusable Aneroid Sphygmomanometer, Medline#ADC70013TBK <i>or equal</i>	\$ <u>6.75</u> /each	X50	= \$ <u>337.50</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-BP500</u> Vendor # <u>533-MS-BP500EA</u>				
Packaging: <u>1EA 50EA/CS</u>				
11.	Stethoscope, ADSCOPE-lite ADULT, Color: Royal Blue, #609RB American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$ <u>13.10</u> /each	X300	= \$ <u>3,930</u>
Manufacturer Name: <u>AMERICAN DIAGNOSTIC</u>				
Mfg. Part #: <u>609RB</u> Vendor # <u>5400-609RB</u>				
Packaging: <u>1EA</u>				
12.	Stethoscope, ADSCOPE-lite PEDIATRIC, Color: Pink, #675P American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$ <u>4.29</u> /each	X300	= \$ <u>1,287</u>
Manufacturer Name: <u>AMERICAN DIAGNOSTIC</u>				
Mfg. Part #: <u>675P</u> Vendor # <u>066-675P</u>				
Packaging: <u>1EA</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
13.	C-Collar Bag, Custom Equipment Bag, 26"L x 8"W x 12"H, Color: Royal Blue, Safety International #17114 <i>or equal</i>	\$ <u>33.48</u> /each	X60	= \$ <u>2,008.80</u>

Manufacturer Name: SAFETY INTL

Mfg. Part #: 17114-LG **Vendor #** 759-17114RB

Packaging: 1EA

14.	Oxygen Carry Kit "D" Size Cylinder, Color: Royal Blue, Ferno 5120 #081 9827 <i>or equal</i>	\$ <u>71.89</u> /each	X50	= \$ <u>3,594.50</u>
-----	---	-----------------------	-----	----------------------

Manufacturer Name: PROPAK

Mfg. Part #: SA:02 RO **Vendor #** PO100RB

Packaging: 1EA

(15.)	Trauma Oxygen Deployment Kit Color: Blue, Safety International #16038 Custom <i>or equal</i>	\$ ^{200.61} <u> </u> /each	X60	= \$ <u>12,036.60</u>
-------	--	--	-----	-----------------------

Manufacturer Name: SAFETY INTL

Mfg. Part #: 16038-OC **Vendor #** 16038

Packaging: 1EA

(16.)	Belt Glove Pouch, 4"x3", Color: Black, Safety International #61058 <i>or equal</i>	\$ <u>2.30</u> /each	X500	= \$ <u>1,150</u>
-------	--	----------------------	------	-------------------

Manufacturer Name: SAFETY INFL

Mfg. Part #: 61058-170243 **Vendor #** 170243

Packaging: 1EA

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
17.	MCI Triage Bag, Color: Red, screened with "MCI" in White, 12"W x 8"H x 2"D, Safety International #17115 or equal	\$28 /each	X25	=\$ 700
Manufacturer Name: SAFETY INTL				
Mfg. Part #: 17115RD Vendor # 759-17225RD				
Packaging: 1EA				
18.	Combat Application Tourniquet (C-A-T) Color: Rescue Orange Part #CR-006604-000 BRAND SPECIFIC	\$25.19/each	X300	=\$7,557
Manufacturer Name: NORTH AMERICAN RESCUE				
Mfg. Part #: 30-0023 Vendor # 1880-23315				
Packaging: 1EA				
19.	Celox Rapid "Z-Fold" Hemostatic Gauze, 3"x5", #FG08839011 BRAND SPECIFIC	\$33.20/each	X360	=\$ 11,952
Manufacturer Name: COMBAT MEDICAL SYSTEMS				
Mfg. Part #: 30-220 Vendor # 1214-83905				
Packaging: 1EA				
20.	FoxSeal Occlusive Dressing, Sterile, 2 seals/pack, Medtrade #FG08814441 BRAND SPECIFIC	\$ 13.65/pack	X200	=\$ 2,730
Manufacturer Name: COMBAT MEDICAL SYSTEMS				
Mfg. Part #: FG08814441 Vendor # FG08814441				
Packaging: 2EA/PK				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
21.	Trauma Wound Dressing, 4" Hemorrhage Control "Israeli Bandage", PerSys Medical #100101050 <u>BRAND SPECIFIC</u>	\$5.45 /each	X350	=\$1,907.50
Manufacturer Name: <u>PERSYS MEDICAL</u>				
Mfg. Part #: <u>FCP-01</u> Vendor #: <u>J2704</u>				
Packaging: <u>1EA 100EA/CS</u>				
22.	Trauma Wound Dressing, 6" Hemorrhage Control "Israeli Bandage", PerSys Medical #100201050 <u>BRAND SPECIFIC</u>	\$ 5.84 /each	X350	=\$ 2,047.50
Manufacturer Name: <u>PERSYS MEDICAL</u>				
Mfg. Part #: <u>FCP-02</u> Vendor #: <u></u>				
Packaging: <u>1EA 100EA/CS</u>				
23.	Blanket, Disposable, 54"x80" Color: Yellow, 50/case, Dukal Corp#7303 or equal	\$81 /case	X150	=\$12,150
Manufacturer Name: <u>DUKAL</u>				
Mfg. Part #: <u>7303</u> Vendor #: <u>276-7303EA</u>				
Packaging: <u>10BG 5BG/CS</u>				
24.	Burn Sheets, Sterile, 24/case, Roehampton #312 or equal	\$44.16/case	X60	=\$ 2,649.60
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>STORM-BS0033</u> Vendor #: <u>30061MS</u>				
Packaging: <u>50EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
25.	Stretcher Sheets, conformed for STRYKER PowerProXT, Taylor Healthcare "G-Force", blue, 36"x90", 30/case, #90-GFRC3690 <u>BRAND SPECIFIC</u>	\$ <u>52.91</u> /case	X25	= <u>\$1,322.75</u>
Manufacturer Name: <u>TAYLOR HEALTHCARE</u>				
Mfg. Part #: <u>90-GFRC3690</u> Vendor # <u>3271-69002</u>				
Packaging: <u>30EA/CS</u>				
26.	Premium Flat Cot Sheet, color: Navy Blue, 40" x 85", 50/case, Dynarex #3517 or equal	\$ <u>30</u> /case	X25	= <u>\$ 750</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-001FL</u> Vendor # <u>533-MS-001FL</u>				
Packaging: <u>50EA/CS</u>				
27.	Pillow, Disposable, 16" x 21", 12/case, CareLine #089-7010 or equal	\$ <u>23.88</u> /case	X200	= <u>\$ 4,776</u>
Manufacturer Name: <u>CARE LINES</u>				
Mfg. Part #: <u>089-7010</u> Vendor # <u>206-089-7010EA</u>				
Packaging: <u>12EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
28.	Blanket, Disposable, 72" x 90", Color: Sky Blue, 100% Polyester, 12/case, Ashland Mills # 79925 or equal	\$ <u>59.64</u> /case	X200	=\$ <u>11,928</u>

Manufacturer Name: MEDSOURCE

Mfg. Part #: BT-40530 **Vendor #** 3272-53002

Packaging: 12EA/CS

29.	S-SCOR VX-2 Portable Suction Unit, w/variable regulator, retention & charging bracket, SSCOR #592310BV <u>BRAND SPECIFIC</u>	\$ <u>869</u> /each	X25	=\$ <u>21,725</u>
-----	---	---------------------	-----	-------------------

Manufacturer Name: SSCOR INC

Mfg. Part #: 2310BV **Vendor #** 592310BV

Packaging: 1EA

30.	S-SCOR VX-2 Portable Suction Unit AC Converter 120V, SSCOR #80521-100 <u>BRAND SPECIFIC</u>	\$ <u>28.70</u> /each	X25	=\$ <u>717.50</u>
-----	--	-----------------------	-----	-------------------

Manufacturer Name: SSCOR INC

Mfg. Part #: 80521-100 **Vendor #** 5980521100

Packaging: 1EA

31.	S-SCOR VX-2 Portable Suction Unit DC Cord, SSCOR #80665 <u>BRAND SPECIFIC</u>	\$ <u>12.50</u> /each	X25	=\$ <u>312.50</u>
-----	---	-----------------------	-----	-------------------

Manufacturer Name: SSCOR INC

Mfg. Part #: 80665 **Vendor #** 598066

Packaging: 1EA

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
32.	Triage Tags, 50/pack, Florida Disaster Management Systems, Inc. #DMS-05006F <u>BRAND SPECIFIC</u>	\$ 50.05/pack	X350	=\$ 17,517.50
	Manufacturer Name: <u>DISATER MANAGEMENT</u>			
	Mfg. Part #: <u>DMS-05006F</u> Vendor # <u>247-DMS05006PK</u>			
	Packaging: <u>50EA/PK</u>			
33.	Foil Baby Bunting, "Silver Swaddler", Sterile, Morrison Medical #0981 <i>or equal</i>	\$ 3.70/each	X300	=\$ 1.110
	Manufacturer Name: <u>BRIGGS</u>			
	Mfg. Part #: <u>650-4006-0600</u> Vendor # <u>444006</u>			
	Packaging: <u>1EA</u>			
34.	Pelican #1400 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$ 77.10/each	X10	=\$ 771
	Manufacturer Name: <u>PELICAN PRODUCTS</u>			
	Mfg. Part #: <u>1400-000-180</u> Vendor # <u>689-1400SILVER</u>			
	Packaging: <u>1EA</u>			
35.	Pelican #1450 "Protector" Case, Pick and Pluck foam, color: Silver, <u>BRAND SPECIFIC</u>	\$ 97.50/each	X10	=\$ 975
	Manufacturer Name: <u>PELICAN PRODUCTS</u>			
	Mfg. Part #: <u>1450-000-180</u> Vendor # <u>2511-14509</u>			
	Packaging: <u>1EA</u>			

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
36.	Pelican #1500 "Protector" Case With foam, color: Black, <u>BRAND SPECIFIC</u>	\$ ^{114.90} ____/each	X10	=\$ <u>1,149</u>
Manufacturer Name: <u>PELICAN PRODUCTS</u>				
Mfg. Part #: <u>1500 BLACK</u> Vendor # <u>6815002</u>				
Packaging: <u>1EA</u>				
37.	Pelican #1520 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$ ^{124.83} ____/each	X10	=\$ <u>1,248.30</u>
Manufacturer Name: <u>PELICAN PRODUCTS</u>				
Mfg. Part #: <u>1520 SILVER</u> Vendor # <u>8893SL</u>				
Packaging: <u>1EA</u>				
38.	Pelican #1554 "Protector" Case, With Padded Dividers, color: Orange, <u>BRAND SPECIFIC</u>	\$ ^{194.64} ____/each	X30	=\$ <u>5,839.20</u>
Manufacturer Name: <u>PELICAN PRODUCTS</u>				
Mfg. Part #: <u>1550-004-150</u> Vendor # <u>6815541</u>				
Packaging: <u>1EA</u>				
39.	Pelican #1600 "Protector" Case With foam, color: Yellow, <u>BRAND SPECIFIC</u>	\$ ^{166.78} ____/each	X10	=\$ <u>1,667.80</u>
Manufacturer Name: <u>PELICAN PRODUCTS</u>				
Mfg. Part #: <u>1600 YELLOW</u> Vendor # <u>689-1600YELLOW</u>				
Packaging: <u>1EA</u>				

Bound Tree Medical LLC

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
40.	ALS Drug Box Insert, Custom For Pelican 1550, Safety International #83038-ALS <i>or equal</i>	\$74 /each	X40	=\$ 2,960
<p>Manufacturer Name: SAFETY INTL</p> <p>Mfg. Part #: 83038-ALS DP W/GROMMET Vendor #: 759-83038ALS</p> <p>Packaging: 1EA</p>				
41.	Infrared, non-contact Thermometer MedSource model#MS-131000 <i>or equal</i>	\$35.70 /each	X50	=\$ 1,785
<p>Manufacturer Name: MEDSOURCE</p> <p>Mfg. Part #: MS-131000 Vendor #: 2731-13119</p> <p>Packaging: 1EA</p>				
42.	Finger-tip Pulse Oximeter, portable, Curaplex model <i>or equal</i>	\$28.70 /each	X110	=\$ 3,157
<p>Manufacturer Name: CURAPLEX</p> <p>Mfg. Part #: MD300C28 Vendor #: 69100MS</p> <p>Packaging: 1EA</p>				
43.	ECG Electrodes, size Pediatric, 50 electrode wet gel "dots"/pouch, 40packs/case, AMBU BlueSensor model <i>or equal</i>	\$363.60 /case	X300	=\$ 109,080
<p>Manufacturer Name: AMBU</p> <p>Mfg. Part #: SP-00-S/50 Vendor #: 230500</p> <p>Packaging: 50EA/Pk 20Pk/Bx 2Bx/Cs</p>				

Bound Tree Medical LLC

 Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
44.	Oxygen Tubing, 7 inch length with Standard connectors, latex-free, non-sterile, 50/case, VentLab #3007 or equal	\$ <u>11.50</u> /case	X100	= \$ <u>1,150</u>

Manufacturer Name: VENTLAB

Mfg. Part #: 3007 **Vendor #:** 87-3007EA

Packaging: 50EA/CS

45.	G5 Intellisense Adult Defibrillation pads for Powerheart G5, model #XELAED001A <u>BRAND SPECIFIC</u>	\$ <u>57.61</u> /Each	X200	= \$ <u>11,522</u>
------------	---	-----------------------	------	--------------------

Manufacturer Name: DXE MEDICAL

Mfg. Part #: 0511-0023 **Vendor #:** 0511-0023

Packaging: 1EA

46.	G5 Intellisense Pediatric Defibrillation pads for Powerheart G5, model #XELAED003A <u>BRAND SPECIFIC</u>	\$ <u>79.01</u> /Each	X200	= \$ <u>15,802</u>
------------	---	-----------------------	------	--------------------

Manufacturer Name: DXE MEDICAL

Mfg. Part #: 0511-0022 **Vendor #:** 0511-0022

Packaging: 1EA

ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 46): \$ 614,691.05
FOB DESTINATION

Bound Tree Medical LLC

Company Name

Indicate if items are to be delivered:
via common carrier* or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

1.	Hypoallergenic silk-like Tape 1", 12 Rolls/box, 10 Boxes/case, Durapore 3M #1538-1 <i>or equal</i>	\$ <u>82.80</u> /case	X40	= \$ <u>3,312</u>
----	--	-----------------------	-----	-------------------

Manufacturer Name: DUKAL CORP

Mfg. Part #: HP7111 **Vendor #** 372-7111EA

Packaging: 12Ea/Bx 12Bx/Cs (144Ea/Cs)

2.	Hypoallergenic silk-like Tape 3", 4 Rolls/box, 10 Boxes/case, Durapore 3M #1538-3 <i>or equal</i>	\$ <u>82.80</u> /case	X40	= \$ <u>3,312</u>
----	---	-----------------------	-----	-------------------

Manufacturer Name: DUKAL

Mfg. Part #: HP7113 **Vendor #** 372-7113EA

Packaging: 4Ea/Bx 12 Bx/Cs (48Ea/Cs)

3.	Flexible Fabric Bandage, 1" x 3", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3612 <i>or equal</i>	\$ <u>39.12</u> /case	X50	= \$ <u>1,956</u>
----	--	-----------------------	-----	-------------------

Manufacturer Name: DYNAREX

Mfg. Part #: 3612 **Vendor #** F165200

Packaging: 100EA/BX 24BX/CS

4.	Flexible Fabric Bandage, 2" x 4½", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3614 <i>or equal</i>	\$ <u>86.64</u> /case	X50	= \$ <u>4,332</u>
----	---	-----------------------	-----	-------------------

Manufacturer Name: DYNAREX

Mfg. Part #: 3614 **Vendor #** 279-3614BX

Packaging: 50EA/Bx 24Bx/Cs

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
5.	Swabstick Tincture of Benzoin, 50/Box, Dynarex #P-S42450 <i>or equal</i>	\$ <u>11.10</u> /box	X35	=\$ <u>388.50</u>
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>P-S42450</u> Vendor #: <u>61508</u>				
Packaging: <u>50EA/Bx 10Bx/Cs</u>				
6.	Prep-Pad, 70% Isopropyl Alcohol, 200/box, 10 Boxes/case Dynarex #1103 <i>or equal</i>	\$ <u>15.70</u> /case	X75	=\$ <u>1,177.50</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>6818</u> Vendor #: <u>606818</u>				
Packaging: <u>200EA/BX 20BX/CS</u>				
7.	Nail Polish Remover Pads, 100/box, 10 Boxes/case, Dukal #862 <i>or equal</i>	\$ <u>34.70</u> /case	X20	=\$ <u>694</u>
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>1501</u> Vendor #: <u>279-1501BX</u>				
Packaging: <u>100EA/Bx, 10Bx/Cs</u>				
8.	Sterile Water for Irrigation, USP, 500ml, 18/case, Baxter #2F7113 <i>or equal</i>	\$ <u>43.38</u> /case	X200	=\$ <u>8,676</u>
Manufacturer Name: <u>BAXTER</u>				
Mfg. Part #: <u>2F7113</u> Vendor #: <u>607113</u>				
Packaging: <u>18EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
9.	Petroleum Gauze, size: 3in. X 9 in., 12/box, IntegrityMedical #25-1390 <i>or equal</i>	\$ <u>5.78</u> /box	X50	= \$ <u>289</u>
Manufacturer Name: <u>INTEGRITY MEDICAL</u>				
Mfg. Part #: <u>25-1390</u> Vendor #: <u>1213-08331</u>				
Packaging: <u>12EA/BX 12BX/CS</u>				
10.	Sterile Lube Jelly, 2.7 gram, 144/box, Dynarex #P-T001258 <i>or equal</i>	\$ <u>8.82</u> /box	X100	= \$ <u>882</u>
Manufacturer Name: <u>NICE-PAK</u>				
Mfg. Part #: <u>T00137</u> Vendor #: <u>440128</u>				
Packaging: <u>144EA/Bx 12Bx/Cs</u>				
11.	Triple Antibiotic Ointment, Single Use Packs, 25 Packs/box, WaterJel Technologies #WJTA1800 <i>or equal</i>	\$ <u>3.62</u> /box	X600	= \$ <u>2,172</u>
Manufacturer Name: <u>WATER-JEL</u>				
Mfg. Part #: <u>WJTA1800</u> Vendor #: <u>711806</u>				
Packaging: <u>25EA/Bx 72Bx/Cs</u>				
12.	Hydrogen Peroxide, Size: 16 oz, 3% U.S.P., 10% Volume, 12/case <i>or equal</i>	\$ <u>16.56</u> /case	X300	= \$ <u>4,968</u>
Manufacturer Name: <u>QMED</u>				
Mfg. Part #: <u>MDS098001Z</u> Vendor #: <u>600629</u>				
Packaging: <u>12EA/BX</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
13.	Penlight, Disposable, color: White with Pupil Gauge, 6/pack. Needi Safety Supply Corp, #R-073PG or equal	\$ <u>3.54</u> /pack	X500	=\$ <u>1,770</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>MS-PEL100</u> Vendor # <u>K4036</u>				
Packaging: <u>300EA/CS</u>				
14.	OB Kit, Plastic Bag With Infant Stockinette Cap, no scalpel, Umbilical scissors, Morrison Medical #0960 or equal	\$ <u>6</u> /each	X300	=\$ <u>1,218</u>
Manufacturer Name: <u>CURAPLEX</u>				
Mfg. Part #: <u>4440010</u> Vendor # <u>4440010</u>				
Packaging: <u>1EA</u>				
15.	Triangular Bandages, 10"x 40"x 56", 12/box, 20 Boxes/case, Dynarex #3680 or equal	\$ <u>50.40</u> /case	X20	=\$ <u>1,008</u>
Manufacturer Name: <u>MEDSOURCE</u>				
Mfg. Part #: <u>STORM-11050</u> Vendor # <u>1124-03680</u>				
Packaging: <u>240EA/CS</u>				
16.	Cold Packs, Instant, 4" x 5", 24/case, Dynarex #4512 or equal	\$ <u>7.67</u> /case	X200	=\$ <u>1,534</u>
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>4518</u> Vendor # <u>1431-04518</u>				
Packaging: <u>24EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
17.	Dressing, Multi-Trauma, Sterile, 12" x 30", 25/case, MedSource #MS-GZM001 <u>BRAND SPECIFIC</u>	\$ <u>21.50</u> /case	X100	=\$ <u>2,150</u>
Manufacturer Name: <u>MEDSOURCE</u> <u>STORM-GZM00150</u>				
Mfg. Part #: _____ Vendor # <u>16353</u>				
Packaging: <u>50EA/CS</u>				
18.	Gauze Sponges, 4"x 4", Non-Sterile, 8-ply, 200/bag, 20 Bags/case Dukal Corp. #8509 or equal	\$ <u>49.20</u> /case	X200	=\$ <u>9,840</u>
Manufacturer Name: <u>DUKAL</u>				
Mfg. Part #: <u>8509</u> Vendor # <u>276-8509BG</u>				
Packaging: <u>200EA/Bg 20Bg/Cs</u>				
19.	Combine Pad, 8" x 10", Sterile, 24 Pouches/tray, 15 Trays/case, Dynarex #3503 or equal	\$ <u>2.25</u> /case	X50	=\$ <u>112.50</u>
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>3503</u> Vendor # <u>279-3503EA</u>				
Packaging: <u>24Ea/Tr 15Tr/Cs</u>				
20.	Clipboard, Aluminum, lower hinge, 9" x 14" x 1", Saunders Redi-Rite #RR8514 or equal	\$ <u>19.95</u> /each	X50	=\$ <u>319.12</u>
Manufacturer Name: <u>SAUNDERS</u>				
Mfg. Part #: <u>21119</u> Vendor # <u>488514</u>				
Packaging: <u>6EA/BX</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
21.	Limb Restraints with "D-Ring", Disposable, 2 Restraints per Pair, 48 pair/case, DMS #501110M or equal	^{155.52} \$ ____/case	X100	=\$ <u>15,552</u>

Manufacturer Name: DMS

Mfg. Part #: 501110M **Vendor #** 501110

Packaging: 48Pr/Cs

22.	Battery, 3 Volt, Lithium Cell CR2032 <u>BRAND SPECIFIC</u>	\$ <u>1.13</u> /each	X250	=\$ <u>282.50</u>
-----	---	----------------------	------	-------------------

NOTE: Items must be individually packed with a minimum remaining life of 12 months clearly marked on each package

Manufacturer Name: ENERGIZER

Mfg. Part #: ECR2032BP **Vendor #** 170981

Packaging: 1EA

<u>23.</u>	Stretch "KLING" Gauze Bandage, 4" Non Sterile, 12/box, 96/case Dynarex #3104 or equal	\$ <u>6.64</u> /case	X500	=\$ <u>3,320</u>
------------	---	----------------------	------	------------------

Manufacturer Name: DYNAREX

Mfg. Part #: 3104 **Vendor #** 279-3104BG

Packaging: 12EA/Bx 8Bx/Cs

24.	IV Arm Board, size PEDIATRIC, 2" x 6", 100/case, Morrison Medical #1006 or equal	\$ <u>83</u> /case	X10	=\$ <u>830</u>
-----	--	--------------------	-----	----------------

Manufacturer Name: MORRISON MEDICAL

Mfg. Part #: 1005-50 **Vendor #** 56-1005EA

Packaging: 50Ea/Cs

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
25.	Flex-All or SAM-style Splint, 36" roll, 60 splints/case, bendable, colour: Orange/Blue, or equal	^{286.80} \$/case	X75	=\$ <u>21,510</u>

Manufacturer Name: MEDSOURCE

Mfg. Part #: MS-SPLINT **Vendor #** 533-MS-SPLINT

Packaging: 60EA/CS

26.	Head Immobilizer Sta-Blok, 30/case, Laerdal Medical Corp. #700-00001 BRAND SPECIFIC	\$ <u>118.20</u> /case	X250	=\$ <u>2,955</u>
-----	--	------------------------	------	------------------

Manufacturer Name: LAERDAL

Mfg. Part #: 700-00001 **Vendor #** 260975

Packaging: 30EA/CS

<u>27.</u>	Backboard Straps Set, 5ft, color: Orange, 2 piece, Polypropylene with Plastic side-release buckle, loop lock, 3/pack, Safety International #170536-ORPK OR DickMedical #17152 BRAND SPECIFIC	\$ <u>4.49</u> /case	X100	=\$ <u>449</u>
------------	--	----------------------	------	----------------

Manufacturer Name: SAFETY INTL

Mfg. Part #: 170536-OR PK **Vendor #** 3172-53615

Packaging: 3/PK sold by the pack only

<u>28.</u>	NAJO Backboard, Plastic Long Spine Board with Pins, must have "Orange County Fire Rescue" logo Please see ATTACHMENT A, FERNO #275301108 or equal	\$ <u>133</u> /each	X50	=\$ <u>6,650</u>
------------	---	---------------------	-----	------------------

Manufacturer Name: ALLIED HEALTHCARE

Mfg. Part #: L815014A **Vendor #** 265014

Packaging: 1EA

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
29.	Cervical Collar, Adjustable 30/case, Ambu Perfit Ace #000-281-000 <u>BRAND SPECIFIC</u>	\$ <u>108.90</u> /case	X400	=\$ <u>43,560</u>
Manufacturer Name: <u>AMBU</u>				
Mfg. Part #: <u>000281000</u> Vendor # <u>260281</u>				
Packaging: <u>30EA/CS</u>				
30.	Cervical Collar, Adjustable 30/case, Ambu Mini Perfit Ace #000-281-106 <u>BRAND SPECIFIC</u>	\$ <u>108.90</u> /case	X40	=\$ <u>4,356</u>
Manufacturer Name: <u>AMBU</u>				
Mfg. Part #: <u>00281106</u> Vendor # <u>260280</u>				
Packaging: <u>30EA/CS</u>				
31.	Convenience/Emesis Bags, color: White/Opaque, 240/case, GKR Industries#1000/7000 <i>or equal</i>	\$ <u>235.60</u> /case	X50	=\$ <u>11,780</u>
Manufacturer Name: <u>GKR INDUSTRIES</u>				
Mfg. Part #: <u>7000</u> Vendor # <u>292202</u>				
Packaging: <u>12EA/PK 20PK/CS</u>				
32.	Urinal, Clear with Cover 50/case, Medline DYND80235 <i>or equal</i>	\$ <u>24.50</u> /case	X20	=\$ <u>490</u>
Manufacturer Name: <u>MEDLINE</u>				
Mfg. Part #: <u>DYND80235S</u> Vendor # <u>1072-23519</u>				
Packaging: <u>48EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED TOTAL QUANTITY</u>	<u>EST. BID</u>
------------------------	---------------------------	--------------------------	--	------------------------

33.	Steris Coverage Spray TB, 710ml, 12 bottles/case, SKU#142977, Order#1629-B4, <u>BRAND SPECIFIC</u>	\$ <u>92</u> /case	X75	= \$ <u>6,900</u>
-----	---	--------------------	-----	-------------------

Manufacturer Name: STERIS

Mfg. Part #: 142977 **Vendor #** 142977

Packaging: 12BT/CS

34.	Virex TB, ready-to-use disinfectant Cleaner #4743 32oz spray bottle, 12/case, <u>OR</u> Ecolab TB Disinfectant #106-21032, <u>BRAND SPECIFIC</u>	\$ <u>9</u> /case	X50	= \$ <u>450</u>
------------	--	-------------------	-----	-----------------

Manufacturer Name: ECOLAB

Mfg. Part #: 61121521 **Vendor #** 1061-21032

Packaging: 12EA/CS

35.	Gloves, size: SMALL, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-S <u>BRAND SPECIFIC</u>	\$ <u>111.50</u> /case	X80	= \$ <u>8,920</u>
-----	---	------------------------	-----	-------------------

Manufacturer Name: MICROFLEX

Mfg. Part #: LSE-104-S **Vendor #** 1015-10401

Packaging: 100/Bx 10Bx/Cs

36.	Gloves, size: MEDIUM, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-M <u>BRAND SPECIFIC</u>	\$ <u>111.50</u> /case	X800	= \$ <u>89,200</u>
-----	--	------------------------	------	--------------------

Manufacturer Name: MICROFLEX

Mfg. Part #: LSE-104-M **Vendor #** 1015-10402

Packaging: 100/Bx 10Bx/Cs

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
37.	Gloves, size: LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-L <u>BRAND SPECIFIC</u>	\$ ^{111.50} /case	X1100	=\$ <u>122,650</u>

Manufacturer Name: MICROFLEX

Mfg. Part #: LSE-104-L **Vendor #** 1015-10403

Packaging: 100/Bx 10Bx/Cs

38.	Gloves, size: EXTRA LARGE, 12", Powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-XL <u>BRAND SPECIFIC</u>	\$ ^{111.50} /case	X750	=\$ <u>83,625</u>
-----	--	----------------------------	------	-------------------

Manufacturer Name: MICROFLEX

Mfg. Part #: LSE-104-XL **Vendor #** 1015-10404

Packaging: 100/Bx 10Bx/Cs

39.	Gloves, size: 2X LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-2XL <u>BRAND SPECIFIC</u>	\$ ^{111.50} /case	X450	=\$ <u>50,175</u>
-----	--	----------------------------	------	-------------------

Manufacturer Name: MICROFLEX

Mfg. Part #: LSE-104-XXL **Vendor #** 1015-10405

Packaging: 100/Bx 10Bx/Cs

40.	Biohazard Waste Bags, 10 Gallon, 24" x 24" x 1.3mic, w/Biohazard Symbol, 1000/case, Medline Industries #NONHDR24RL <i>or equal</i>	\$ ^{70.67} /case	X100	=\$ <u>7,067</u>
-----	--	---------------------------	------	------------------

Manufacturer Name: MEDLINE

Mfg. Part #: NONHDR24RL **Vendor #** NONHDR24RL

Packaging: 50EA/RL 20RL/CS

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
41.	Biohazard Red Bags, 15 gallon, 24" x 33" x 1.2mil, w/Biohazard Symbol, 250/case, Medline Industries #NON122433 <i>or equal</i>	\$ <u>28.60</u> /case	X50	=\$ <u>1,430</u>
Manufacturer Name: <u>TIDI PRODUCTS</u>				
Mfg. Part #: <u>8654</u> Vendor #: <u>R2024</u>				
Packaging: <u>250EA/CS</u>				
42.	Infectious Linen Bag, Yellow, Biohazard Symbol, 23"x41"x8", 250/case, Med Action Industries #47-07 <i>or equal</i>	\$ <u>32.25</u> /case	X20	=\$ <u>645</u>
Manufacturer Name: <u>MEDLINE</u>				
Mfg. Part #: <u>NON024042</u> Vendor #: <u>NON024042</u>				
Packaging: <u>100EA/CS</u>				
43.	PPE Tyvex Sleeves 18", Impervious Elastic Ends, 100 Pair/case, Lakeland Industries Inc. Style 850 <i>or equal</i>	\$ <u>73</u> /case	X80	=\$ <u>5,840</u>
Manufacturer Name: <u>SUNRISE</u>				
Mfg. Part #: <u>14500</u> Vendor #: <u>484-850</u>				
Packaging: <u>200EA/CS</u>				
44.	PPE Shoe Covers, Disposable, Non-Skid, 50 Pair/box, Dukal #350 <i>or equal</i>	\$ <u>34.50</u> /box	X100	=\$ <u>3,450</u>
Manufacturer Name: <u>SAFETEC</u>				
Mfg. Part #: <u>2410023</u> Vendor #: <u>768-2410023PR</u>				
Packaging: <u>2/PR 150PR/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
45.	PPE Protective Gowns, Impervious type, White/Latex Free, 50/case, Dynarex #2145 <u>BRAND SPECIFIC</u>	\$ <u>23.50</u> /case	X100	= \$ <u>2,350</u>

Manufacturer Name: DYNAREX

Mfg. Part #: 2145 **Vendor #** F6051

Packaging: 50EA/CS

46.	PPE Safety Glasses, Clear Lens, Pyramex Ztek #S2510ST 12 Pair/box or equal	\$ <u>26.76</u> /box	X300	= \$ <u>8,028</u>
-----	---	----------------------	------	-------------------

Manufacturer Name: EMERGENCY MEDICAL PRODUCTS

Mfg. Part #: SB2810S **Vendor #** SB2810S

Packaging: 12EA/BX

47.	PPE Safety Glasses, Grey Lens, Pyramex Ztek, #S2520ST, 12 Pair/box or equal	\$ <u>33.36</u> /box	X200	= \$ <u>6,672</u>
-----	--	----------------------	------	-------------------

Manufacturer Name: EMERGENCY MEDICAL PRODUCTS

Mfg. Part #: SB2820ST **Vendor #** SB2820ST

Packaging: 12EA/BX

48.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 or equal	\$ <u>29.28</u> /case	X200	= \$ <u>5,856</u>
-----	---	-----------------------	------	-------------------

Manufacturer Name: SAFETEC

Mfg. Part #: 18350 **Vendor #** 768-18350EA

Packaging: 24EA/CS

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
49.	Wash Basin, Rectangular 50/case, Medline DYND80301 <i>or equal</i>	\$ <u>29</u> /case	X20	=\$ <u>580</u>
Manufacturer Name: <u>MEDLINE</u>				
Mfg. Part #: <u>DYND80347</u> Vendor # <u>1072-80347</u>				
Packaging: <u>50EA/CS</u>				
50.	PDI Super Sani-Cloth, Germicidal Disposable Wipe, 6/case, #Q86984 <u>BRAND SPECIFIC</u>	\$ <u>42</u> /case	X300	=\$ <u>12,600</u>
Manufacturer Name: <u>NICE-PAK</u>				
Mfg. Part #: <u>Q86984</u> Vendor # <u>286984</u>				
Packaging: <u>65/TUB 6TB/CS</u>				
51.	Brush, Scrub, Hand Style Scrubber RubberMaid Product #6360 <i>or equal</i>	\$ <u>48</u> /each	X200	=\$ <u>9,600</u>
Manufacturer Name: <u>ULINE</u>				
Mfg. Part #: <u>H-3565</u> Vendor # <u>H-3565</u>				
Packaging: <u>12EA/CS</u>				
52.	AirLay/AirLaid Wipes, 12" x13¼", 75 wipes/pack, 12pack/case, SPILFYTER#61000 <i>or equal</i>	\$ <u>18.30</u> /case	X150	=\$ <u>3,000</u>
Manufacturer Name: <u>TIDI PRODUCTS</u>				
Mfg. Part #: <u>9810860</u> Vendor # <u>44200357</u>				
Packaging: <u>500EA/CS</u>				
53.	Surgical Shave Prep Razor, double edge, Dual side, 100/box, Medline model #DYND70837 <i>or equal</i>	\$ <u>20</u> /box	X200	=\$ <u>4,000</u>
Manufacturer Name: <u>MEDLINE</u>				
Mfg. Part #: <u>DYND70837</u> Vendor # <u>2744-70837</u>				
Packaging: <u>100EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
54.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 <u>OR</u> Dawnmist #HS8027 <u>BRAND SPECIFIC</u>	\$ <u>29.76</u> /case	X200	= \$ <u>5,952</u>

Manufacturer Name: SAFETEC

Mfg. Part #: 18350 Vendor # 768-18350EA

Packaging: 24EA/CS

55.	Sharps Dart, 24/case, Medsource #MS-64250 <i>or equal</i>	\$ <u>32.40</u> /case	X200	= \$ <u>6,480</u>
-----	--	-----------------------	------	-------------------

Manufacturer Name: MEDSOURCE

Mfg. Part #: MS-64250 Vendor # 64250

Packaging: 24EA/CS

<u>56.</u>	Scoop Stretcher metal, FERNO Model 65 with pins, #0000325 <u>OR</u> Medsource MS-SCP123 <u>BRAND SPECIFIC</u>	\$ <u>373</u> /each	X20	= \$ <u>7,460</u>
------------	--	---------------------	-----	-------------------

Manufacturer Name: MEDSOURCE

Mfg. Part #: MS-SCP123 Vendor # 533-MS-SCP123

Packaging: 1EA

<u>57.</u>	Scoop Stretcher Straps for Model 65, 2 Straps per Set, FERNO #0000325 <u>BRAND SPECIFIC</u>	\$ <u>25.10</u> /set	X50	= \$ <u>1,255</u>
------------	---	----------------------	-----	-------------------

Manufacturer Name: FERNO

Mfg. Part #: 314125 Vendor # 0314125

Packaging: 2/ST

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
58.	Stair Chair Straps for Model 107, 2 Piece Set, FERNO #010-7714 <u>BRAND SPECIFIC</u>	\$ <u>20.40</u> /set	X50	=\$ <u>1,020</u>

Manufacturer Name: FERNO

Mfg. Part #: 0313894 **Vendor #** 0313894

Packaging: 1EA

59.	Taylor Healthcare "Titan Soft Stretcher" Patient tarps, 5/case, #44-TT4080 <u>BRAND SPECIFIC</u>	\$ <u>178.35</u> /case	X50	=\$ <u>8,917.50</u>
-----	---	------------------------	-----	---------------------

Manufacturer Name: TAYLOR HEALTHCARE

Mfg. Part #: 44-TT4080 **Vendor #** 3244-40802

Packaging: 5EA/CS

60.	Lancet, 100x single use safety lancets per box, Owen Mumford Unistik2 model # AT0702 <i>or equal</i>	\$ <u>16.45</u> /box	X250	=\$ <u>4,112.50</u>
-----	---	----------------------	------	---------------------

Manufacturer Name: OWEN MUMFORD

Mfg. Part #: AT0702 **Vendor #** 675-AT0702

Packaging: 100EA/BX

61.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 6Boxes/case, 3M #1870 <u>BRAND SPECIFIC</u>	\$ <u>138.24</u> /case	X500	=\$ <u>69,120</u>
-----	--	------------------------	------	-------------------

Manufacturer Name: 3M HEALTH CARE

Mfg. Part #: 1870+ **Vendor #** 1031-87010

Packaging: 20EA/Bx 6Bx/Cs

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
62.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 8Boxes/case 3M #8110S <u>BRAND SPECIFIC</u>	\$ <u>136</u> /case	X10	= \$ <u>1,360</u>
Manufacturer Name: <u>BUNSL/R3</u>				
Mfg. Part #: <u>665514525</u> Vendor #: <u>12150</u>				
Packaging: <u>160EA/CS</u>				
63.	Dressing, 4"x4" sterile, 25/box, Dynarex model #3342 or equal	\$ <u>1.30</u> /box	X250	= \$ <u>325</u>
Manufacturer Name: <u>DYNAREX</u>				
Mfg. Part #: <u>3342</u> Vendor #: <u>F0391</u>				
Packaging: <u>2/Pk 25Pk/Bx 24Bx/Cs</u>				
64.	Sharps Collector, multi-use sharps Collector, 8 QUART, 24/box, BD model #305344 <u>BRAND SPECIFIC</u>	\$ <u>134.16</u> /box	X250	= \$ <u>33,540</u>
Manufacturer Name: <u>BECTON DICKINSON</u>				
Mfg. Part #: <u>305344</u> Vendor #: <u>1860-34430</u>				
Packaging: <u>24EA/CS</u>				
65.	Sharps Collector, 1 GALLON, Collector, 32/case, Covidien model #31143699 <u>BRAND SPECIFIC</u>	\$ <u>83.20</u> /case	X250	= \$ <u>2,080</u>
Manufacturer Name: <u>COVIDIEN</u>				
Mfg. Part #: <u>31143699</u> Vendor #: <u>294801</u>				
Packaging: <u>32EA/CS</u>				

Bound Tree Medical LLC

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
66.	Ear/Ulcer "Bulb" Syringe, 2oz, 50ea/case, Amsion/AMSure model #AS00502S or equal	\$ 24.50 /case	X250	= \$ 6,125

Manufacturer Name: AMSINO

Mfg. Part #: AS00502S **Vendor #** 044-AS00502SEA

Packaging: 50EA/CS

67.	Blood Glucose Monitoring System Glucometer, Assure Prism model #530001 <u>BRAND SPECIFIC</u>	\$ 0.00 /each	X250	= \$ 0.00
-----	--	---------------	------	-----------

Manufacturer Name: AKRAY

Mfg. Part #: 530001 **Vendor #** 2761-53010

Packaging: 1EA

68.	Blood Glucose Monitoring Test Strips for Glucometer, Assure Prism model #530050 <u>BRAND SPECIFIC</u>	\$.17 /each	X250	= \$ 41.95
-----	---	--------------	------	------------

Manufacturer Name: AKRAY

Mfg. Part #: 530050 **Vendor #** 2763-53050

Packaging: 50EA/BX sold by the box only

ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68): \$ 742,672.07

Indicate if items are to be delivered:
via common carrier* or Owned/Hired Vehicle

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21):-	\$ 260,142.50
ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66):-	\$ 1,634,384.05
ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 47):-	\$ 614,691.05
ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68):-	\$ 742,672.07

**TOTAL ESTIMATED BID FOR ALL LOTS (LOTS A-D)
FOB DESTINATION** \$ 3,251,889.67

Bound Tree Medical LLC

Company Name

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Delivery shall be not later than seven (7) business days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Maria Guevara-Hall, Senior Purchasing Agent, at maria.guevara-hall@ocfl.net

Bid Response Documents - The following documents constitute your bid:

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.
- D. Descriptive literature or detailed specifications for any equal goods proposed.
- E. Examples: Bid Deposit, Sub-contractor, per Special Terms and Conditions.

THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:

Company Name: Bound Tree Medical LLC

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: 31-1739487 D-U-N-S® # 070556204

5000 Tuttle Crossing Blvd. Dublin
(Street No. or P.O. Box Number) (Street Name) (City)
Franklin Ohio 43016
(County) (State) (Zip Code)

Contact Person: Tim Brown

Phone Number: 800-533-0523 Fax Number: 877-311-2437

Email Address: submitbids@boundtree.com

EMERGENCY CONTACT

Emergency Contact Person: Account Manager Shawn Murphy

Disaster Hotline (24hr) Telephone Number: 800-863-0953 Cell Phone Number: 478-213-4783

Residence Telephone Number: n/a Email: smurphy@boundtree.com

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. 1, Date 03/07/2017 Addendum No. _____, Date _____

Addendum No. 2, Date 03/14/2017 Addendum No. _____, Date _____

March 6, 2017

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

ADDENDUM #1

IFB #Y17-108-MG
EMS SUPPLIES
TERM CONTRACT

The above Invitation for Bids is changed as follows:

1. The Special Terms and Conditions are changed as follows; additions are indicated by underline, deletions are indicated by strikethrough.

4.AWARD

~~Award shall be made on an "All-or-None Total Estimated Bid per Lot" basis to the lowest responsive and responsible Bidder. If the Bidder fails to respond, they will be considered non-responsive.~~

4. AWARD

Orange County reserves the right to award on a "Lot-by-Lot" basis to the lowest responsive Bidder or to award on an "Item-by-Item" basis to the lowest responsive and responsible Bidder, whichever is in the best interest of the County. If the Bidder fails to respond, they will be considered non-responsive.

All other specifications, terms and conditions remain the same.

ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.

- b. Receipt acknowledged by:



Authorized Signer

03/21/17

Date Signed

Vice President

Title

Bound Tree Medical LLC

Name of Bidder

March 14, 2017

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

ADDENDUM #2

IFB #Y17-108-MG
EMS SUPPLIES
TERM CONTRACT

The above Invitation for Bids is changed as follows:

1. The acceptance date has been changed as follows: Sealed bid offers will be accepted up to 2:00 PM (local time), **Thursday, March 23, 2017.**
2. Bid Form Pages 27-78 are replaced with pages 27A-78A as attached.

IMPORTANT: Failure to submit your bid with the "Revised Bid Response Form" per this Addendum shall be cause for your bid to be rejected as non-responsive.

The following are questions, with respective answers, for the above Invitation for Bids:

1. **QUESTION** – I would like the most recent award information for the above mentioned bid?

ANSWER – Below are the contract numbers and awarded vendor:

Y12-148A awarded to Ever Ready First Aid,

Y12-148B awarded to Midwest Medical Supply Co., LLC,

Y12-148C awarded to Quadmed, Inc.,

Y12-148F awarded to Guardian EMS Products

Y12-148G awarded to Bound Tree Medical, LLC

Y12-148I awarded to Henry Schein Inc.

Y12-148K awarded to PSS World Medical, Inc. d/b/a Physicians Sales & Services

Y12-148M awarded to Physio-Control, Inc.

Y12-148N awarded to North American Rescue LLC

You may search the Orange County website under Term Contracts for more information.

<http://apps.ocfl.net/OrangeBids/TermContracts/listtermcontract.asp?submitted=1>

2. **QUESTION** – You have items in the Lots that are exclusive to only one distributor with the words "BRAND SPECIFIC", does this mean the rest of the bids are not going to be considered for that LOT and only one vendor will be looked at?

ANSWER – Please see addendum #1, the Award provision has been changed to also allow an “Item-by-Item” award.

3. **QUESTION** – LOT A line items #1 through #7; Cath are packaged 50/box 4 boxes per case, the bid reads 50/box, 200bx/case.

ANSWER – Please see attached Revised Bid Form. LOT A line items #1 through #7 have been revised.

4. **QUESTION** – LOT A line item #9; IV Three Way Stopcock w/swivel Baxter #C6240 this item has been discontinued by Baxter.

ANSWER – Please see attached Revised Bid Form. LOT A line item #9 has been revised.

5. **QUESTION** – LOT A line item #11; can you confirm the part number?

ANSWER – Please see attached Revised Bid Form. LOT A line item #11 has been revised.

6. **QUESTION** – LOT A line item #13; IV Tourniquets 1x18 rolled ADI #3139, this is a Dynarex #3139 item not ADI- do you want ADI? What is the Product #, or do you want Dynarex?

ANSWER – Please see attached Revised Bid Form. LOT A line item #13 has been revised.

7. **QUESTION** – LOT B line item #4; has # 313-7029 (Bi-Trac Facemask), Line 5 lists the same part number but also refers to the O2 ResQ circuit. We would like to make sure that we bid the correct part number, the manufacturer has phased out the O2 ResQ and the O2 Max took its place.

ANSWER – Please see attached Revised Bid Form. LOT B line item #4 and #5 have been revised.

8. **QUESTION** – LOT B line item #21; Pressure Manometer for INFANT 322-004-000, this is not a Manometer for an INFANT.

ANSWER – Please see attached Revised Bid Form. LOT B line item #21 has been corrected.

9. **QUESTION** – LOT B line items #36 and #37; Laryngoscope handle size MEDIUM #5-0246-80 is for a SMALL Penlite size, 5-0246-89 is for MEDIUM.

ANSWER – Please see attached Revised Bid Form. LOT B line items #36 and #37 have been corrected.

10. **QUESTION** – LOT B line item #44; Manual Resuscitator Pediatric Spur-II w/toddler mask #520-213-000 should be 530-213-000.

ANSWER – Please see attached Revised Bid Form. LOT B line item #44 has been corrected.

11. **QUESTION** – LOT C line item #28; Hand Tevy Pediatric MeasuringTape. This item is only available directly from the manufacturer. Would you consider removing it?

ANSWER – Please see attached Revised Bid Form. LOT C line item #28 for Hand Tevy Pediatric has been removed.

12. **QUESTION** – The backboard on LOT D line items #56; Scoop Stretcher, #57; Scoop Strecher Straps and #58; Stair Chair Strap have been discontinued. Do you have an alternative?

ANSWER – Please see attached Revised Bid Form. LOT D lines #56, #57 and #58 have been revised.

13. **QUESTION** – LOT D, Item #52; Airlaid Wipe do you have a mfg. name #61000 doesn't come up. Please verify which is correct.

ANSWER – Please see attached Revised Bid Form. LOT D line #52 has been revised.

14. **QUESTION** – LOT D, Item 60; Lancet Owen Mumford Unistik2, There are 4 Different models. What is the part number?

ANSWER – Please see attached Revised Bid Form. LOT D line #60 has been revised.

15. **QUESTION** – LOT D, Item 65 Sharps 1 gallon 31143699 this is packaged 32 per case not 20/case. Please verify which is correct.

ANSWER – Please see attached Revised Bid Form. LOT D line #65 has been revised.

16. **QUESTION** – Will the County consider deviation from the “BRAND SPECIFIC” items listed below to the items offered?

LOT A ITEM #10 deviate to a Dynarex #7062

LOT A ITEM #12 deviate to a Dynarex #4609

LOT A ITEM #12 deviate to a Medsource #MS11101

LOT B ITEM #7 deviate to a AIRCARE #100/103/030

LOT B ITEM #8 deviate to a AIRCARE #100/103/035

LOT B ITEM #9 deviate to a AIRCARE #100/103/040

LOT B ITEM #10 deviate to a AIRCARE #100/103/045

LOT B ITEM #11 deviate to a AIRCARE #100/102/050

LOT B ITEM #12 deviate to a AIRCARE #100/102/055

LOT B ITEM #13 deviate to a AIRCARE #100/102/060

LOT B ITEM #14 deviate to a AIRCARE #100/102/065

LOT B ITEM #15 deviate to a AIRCARE #100/102/070
LOT B ITEM #16 deviate to a AIRCARE #100/102/080
LOT B ITEM #17 deviate to a AIRCARE #100/102/090
LOT B ITEM #51 deviate to a Dynarex #4675
LOT C ITEM #2 deviate to a Medtronic Physio Control #3112-1730
LOT C ITEM #2 Medtronic #11996-000093 deviate to a Conmed part #2603M
LOT C ITEM #3 Medtronic #11996-000091 deviate to a Conmed part # 2516M
LOT C ITEM #3 deviate to a Medtronic Physio Control #3112-1731
LOT C ITEM #18 deviate to a REV MED X #RES-0001-01
LOT C ITEM #19 deviate to a REV MED X #FIN-0002-01
LOT C ITEM #25 deviate to a Medsource #MS-42210
LOT D ITEM #27 deviate to a Dickmedical #17152
LOT D ITEM #34 deviate to Ecolab Asepticare #1061-5261
LOT D ITEM #34 deviate to Ecolab TB Disinfectant #106-21032
LOT D ITEMS #35-39 deviate to APEX PRO LC100 #AP12-1X through AP12-6
LOT D ITEMS #54 deviate to a Dawnmist #HS8027
LOT D ITEM #56 deviate to a Medsource MS-SCP123

ANSWER – We have evaluated the literature submitted for the products listed above. As a result of our review for possible substitution/deviation, the items deemed acceptable to substitute are as follows:

LOT A ITEM #10 MEDSOURCE #1714-83092 for a Dynarex #7062
LOT A ITEM #12 CONMED #705-4431 for a Dynarex #4609
LOT B ITEM #7 RUSCH #506530 for a AIRCARE #100/103/030
LOT B ITEM #8 RUSCH #506535 for a AIRCARE #100/103/035
LOT B ITEM #9 RUSCH #506540 for a AIRCARE #100/103/040
LOT B ITEM #10 RUSCH #506545 for a AIRCARE #100/103/045
LOT B ITEM #11 RUSCH #504550 for a AIRCARE #100/102/050
LOT B ITEM #12 RUSCH #504555 for a AIRCARE #100/102/055
LOT B ITEM #13 RUSCH #504560 for a AIRCARE #100/102/060
LOT B ITEM #14 RUSCH #504565 for a AIRCARE #100/102/065
LOT B ITEM #15 RUSCH #504570 for a AIRCARE #100/102/070
LOT B ITEM #16 RUSCH #504580 for a AIRCARE #100/102/080
LOT B ITEM #17 RUSCH #504590 for a AIRCARE #100/102/090
LOT B ITEM #51 BEMIS #484410 for a Dynarex #4675
LOT C ITEM #2 Medtronic #11996-000093 a ConMed #3112-1730
LOT C ITEM #2 Medtronic #11996-000093 deviation for Conmed part #2603M
LOT C ITEM #3 Medtronic #11996-000091 deviation for Conmed part # 2516M
LOT C ITEM #3 Medtronic #11996-000091 for a ConMed#3112-1731
LOT D ITEM #27 Safety International #170536-ORPK for a DickMedical #17152
LOT D ITEM #34 Virex TB #4743 for a Ecolab TB Disinfectant #106-21032
LOT D ITEMS #54 Safetec of America #18350 for a Dawnmist #HS8027
LOT D ITEM #56 FERNO #0000325 for a Medsource MS-SCP123 **[must be the MS-SCP123 model, NOT the MS-SCP124]**

Please see attached Revised Bid Form. All line items listed above have been revised.

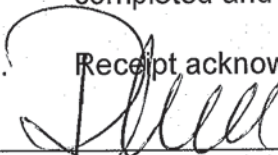
The following items are **NOT** approved for substitution:
LOT C ITEM #19 #FG08830911 for a REV MED X #FIN-0002-01
LOT C ITEM #25 #90-GFRC3690 for a Medsource #MS-42210
LOT D ITEMS #35-39 Ansell Microflex LSE-104-S through LSE-104-2XL for
APEX PRO LC100 #AP12-1X through AP12-6
LOT D ITEM #34 Ecolab Asepticare #1061-5261

All other specifications, terms and conditions remain the same.

ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.

b. Receipt acknowledged by:



Authorized Signer

03/21/17

Date Signed

Vice President

Title


Bound Tree Medical LLC

Name of Bidder

AUTHORIZED SIGNATORIES/NEGOTIATORS

The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email
Rhiannon Greene	Vice President	800-533-0523/submitbids@boundtree.com



 (Signature) 03/21/17

 (Date)

 Vice President

 (Title)

 Bound Tree Medical LLC

 (Name of Business)

The Bidder shall complete and submit the following information with the bid:

Type of Organization

Sole Proprietorship Partnership Non-Profit
 Joint Venture Corporation

State of Incorporation: Ohio

Principal Place of Business (Florida Statute Chapter 607): Dublin, Franklin, Ohio
City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.

Federal I.D. number is 31-1739487

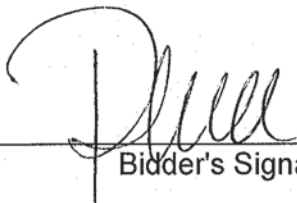
DRUG-FREE WORKPLACE FORM

The undersigned Bidder, in accordance with Florida Statute 287.087 hereby certifies that Bound Tree Medical LLC does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.


Bidder's Signature

03/21/17

Date

SCHEDULE OF SUBCONTRACTING

*Not Applicable

IFB NO. Y17-108-MG

As specified in the General Terms and Conditions and the Bid Preference Clause in the Special Terms and Conditions, bidders are to present the details of subcontractor participation.

Name Of Subcontractor	Is the Sub-Contractor a Certified M/WBE with Orange County Government?	Address	Type of Work to be Performed	Percent and dollar amount of Contract Amount to be Subcontracted

Company Name: Bound Tree Medical LLC

CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

CHECK ONE

To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

The undersigned bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

LITIGATION STATEMENT

CHECK ONE

The undersigned bidder has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

The undersigned bidder, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

Bound-Free/Medical

COMPANY NAME



AUTHORIZED SIGNATURE

Rhiannon Greene

NAME (PRINT OR TYPE)

Vice President

TITLE

Failure to check the appropriate blocks above may result in disqualification of your bid. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your bid.

E VERIFICATION CERTIFICATION

Contract No.Y17-108-MG

I hereby certify that I will utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing the use of the system to confirm the employment eligibility of the individuals classified below. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida statutes.

All persons, including subcontractors and their workforce, who will perform work under **Contract No.Y17-108-MG, EMS Supplies**, within the state of Florida.

NAME OF CONTRACTOR: Bound Tree Medical LLC

ADDRESS OF CONTRACTOR: 5000 Tuttle Crossing Blvd.

Dublin, Ohio 43016

AUTHORIZED SIGNATURE: 

TITLE: Vice President

DATE: 03/21/17

March 14, 2017

**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA**

ADDENDUM #2

**IFB #Y17-108-MG
EMS SUPPLIES
TERM CONTRACT**

The above Invitation for Bids is changed as follows:

1. The acceptance date has been changed as follows: Sealed bid offers will be accepted up to 2:00 PM (local time), **Thursday, March 23, 2017**.
2. Bid Form Pages 27-78 are replaced with pages 27A-78A as attached.

IMPORTANT: Failure to submit your bid with the "Revised Bid Response Form" per this Addendum shall be cause for your bid to be rejected as non-responsive.

The following are questions, with respective answers, for the above Invitation for Bids:

1. **QUESTION** – I would like the most recent award information for the above mentioned bid?

ANSWER – Below are the contract numbers and awarded vendor:

Y12-148A awarded to Ever Ready First Aid,

Y12-148B awarded to Midwest Medical Supply Co., LLC,

Y12-148C awarded to Quadmed, Inc.,

Y12-148F awarded to Guardian EMS Products

Y12-148G awarded to Bound Tree Medical, LLC

Y12-148I awarded to Henry Schein Inc.

Y12-148K awarded to PSS World Medical, Inc. d/b/a Physicians Sales & Services

Y12-148M awarded to Physio-Control, Inc.

Y12-148N awarded to North American Rescue LLC

You may search the Orange County website under Term Contracts for more information.

<http://apps.ocfl.net/OrangeBids/TermContracts/listtermcontract.asp?submitted=1>

2. **QUESTION** – You have items in the Lots that are exclusive to only one distributor with the words "BRAND SPECIFIC", does this mean the rest of the bids are not going to be considered for that LOT and only one vendor will be looked at?

ANSWER – Please see addendum #1, the Award provision has been changed to also allow an “Item-by-Item” award.

3. **QUESTION** – LOT A line items #1 through #7; Cath are packaged 50/box 4 boxes per case, the bid reads 50/box, 200bx/case.

ANSWER – Please see attached Revised Bid Form. LOT A line items #1 through #7 have been revised.

4. **QUESTION** – LOT A line item #9; IV Three Way Stopcock w/swivel Baxter #C6240 this item has been discontinued by Baxter.

ANSWER – Please see attached Revised Bid Form. LOT A line item #9 has been revised.

5. **QUESTION** – LOT A line item #11; can you confirm the part number?

ANSWER – Please see attached Revised Bid Form. LOT A line item #11 has been revised.

6. **QUESTION** – LOT A line item #13; IV Tourniquets 1x18 rolled ADI #3139, this is a Dynarex #3139 item not ADI- do you want ADI? What is the Product #, or do you want Dynarex?

ANSWER – Please see attached Revised Bid Form. LOT A line item #13 has been revised.

7. **QUESTION** – LOT B line item #4; has # 313-7029 (Bi-Trac Facemask), Line 5 lists the same part number but also refers to the O2 ResQ circuit. We would like to make sure that we bid the correct part number, the manufacturer has phased out the O2 ResQ and the O2 Max took its place.

ANSWER – Please see attached Revised Bid Form. LOT B line item #4 and #5 have been revised.

8. **QUESTION** – LOT B line item #21; Pressure Manometer for INFANT 322-004-000, this is not a Manometer for an INFANT.

ANSWER – Please see attached Revised Bid Form. LOT B line item #21 has been corrected.

9. **QUESTION** – LOT B line items #36 and #37; Laryngoscope handle size MEDIUM #5-0246-80 is for a SMALL Penlite size, 5-0246-89 is for MEDIUM.

ANSWER – Please see attached Revised Bid Form. LOT B line items #36 and #37 have been corrected.

10. **QUESTION** – LOT B line item #44; Manual Resuscitator Pediatric Spur-II w/toddler mask #520-213-000 should be 530-213-000.

ANSWER – Please see attached Revised Bid Form. LOT B line item #44 has been corrected.

11. **QUESTION** – LOT C line item #28; Hand Tevy Pediatric MeasuringTape. This item is only available directly from the manufacturer. Would you consider removing it?

ANSWER – Please see attached Revised Bid Form. LOT C line item #28 for Hand Tevy Pediatric has been removed.

12. **QUESTION** – The backboard on LOT D line items #56; Scoop Stretcher, #57; Scoop Strecher Straps and #58; Stair Chair Strap have been discontinued. Do you have an alternative?

ANSWER – Please see attached Revised Bid Form. LOT D lines #56, #57 and #58 have been revised.

13. **QUESTION** – LOT D, Item #52; Airlaid Wipe do you have a mfg. name #61000 doesn't come up. Please verify which is correct.

ANSWER – Please see attached Revised Bid Form. LOT D line #52 has been revised.

14. **QUESTION** – LOT D, Item 60; Lancet Owen Mumford Unistik2, There are 4 Different models. What is the part number?

ANSWER – Please see attached Revised Bid Form. LOT D line #60 has been revised.

15. **QUESTION** – LOT D, Item 65 Sharps 1-gallon 31143699 this is packaged 32 per case not 20/case. Please verify which is correct.

ANSWER – Please see attached Revised Bid Form. LOT D line #65 has been revised.

16. **QUESTION** – Will the County consider deviation from the "BRAND SPECIFIC" items listed below to the items offered?

LOT A ITEM #10 deviate to a Dynarex #7062

LOT A ITEM #12 deviate to a Dynarex #4609

LOT A ITEM #12 deviate to a Medsource #MS11101

LOT B ITEM #7 deviate to a AIRCARE #100/103/030

LOT B ITEM #8 deviate to a AIRCARE #100/103/035

LOT B ITEM #9 deviate to a AIRCARE #100/103/040

LOT B ITEM #10 deviate to a AIRCARE #100/103/045

LOT B ITEM #11 deviate to a AIRCARE #100/102/050

LOT B ITEM #12 deviate to a AIRCARE #100/102/055

LOT B ITEM #13 deviate to a AIRCARE #100/102/060

LOT B ITEM #14 deviate to a AIRCARE #100/102/065

LOT B ITEM #15 deviate to a AIRCARE #100/102/070
LOT B ITEM #16 deviate to a AIRCARE #100/102/080
LOT B ITEM #17 deviate to a AIRCARE #100/102/090
LOT B ITEM #51 deviate to a Dynarex #4675
LOT C ITEM #2 deviate to a Medtronic Physio Control #3112-1730
LOT C ITEM #2 Medtronic #11996-000093 deviate to a Conmed part #2603M
LOT C ITEM #3 Medtronic #11996-000091 deviate to a Conmed part # 2516M
LOT C ITEM #3 deviate to a Medtronic Physio Control #3112-1731
LOT C ITEM #18 deviate to a REV MED X #RES-0001-01
LOT C ITEM #19 deviate to a REV MED X #FIN-0002-01
LOT C ITEM #25 deviate to a Medsource #MS-42210
LOT D ITEM #27 deviate to a Dickmedical #17152
LOT D ITEM #34 deviate to Ecolab Asepticare #1061-5261
LOT D ITEM #34 deviate to Ecolab TB Disinfectant #106-21032
LOT D ITEMS #35-39 deviate to APEX PRO LC100 #AP12-1X through AP12-6
LOT D ITEMS #54 deviate to a Dawnmist #HS8027
LOT D ITEM #56 deviate to a Medsource MS-SCP123

ANSWER – We have evaluated the literature submitted for the products listed above. As a result of our review for possible substitution/deviation, the items deemed acceptable to substitute are as follows:

LOT A ITEM #10 MEDSOURCE #1714-83092 for a Dynarex #7062
LOT A ITEM #12 CONMED #705-4431 for a Dynarex #4609
LOT B ITEM #7 RUSCH #506530 for a AIRCARE #100/103/030
LOT B ITEM #8 RUSCH #506535 for a AIRCARE #100/103/035
LOT B ITEM #9 RUSCH #506540 for a AIRCARE #100/103/040
LOT B ITEM #10 RUSCH #506545 for a AIRCARE #100/103/045
LOT B ITEM #11 RUSCH #504550 for a AIRCARE #100/102/050
LOT B ITEM #12 RUSCH #504555 for a AIRCARE #100/102/055
LOT B ITEM #13 RUSCH #504560 for a AIRCARE #100/102/060
LOT B ITEM #14 RUSCH #504565 for a AIRCARE #100/102/065
LOT B ITEM #15 RUSCH #504570 for a AIRCARE #100/102/070
LOT B ITEM #16 RUSCH #504580 for a AIRCARE #100/102/080
LOT B ITEM #17 RUSCH #504590 for a AIRCARE #100/102/090
LOT B ITEM #51 BEMIS #484410 for a Dynarex #4675
LOT C ITEM #2 Medtronic #11996-000093 a ConMed #3112-1730
LOT C ITEM #2 Medtronic #11996-000093 deviation for Conmed part #2603M
LOT C ITEM #3 Medtronic #11996-000091 deviation for Conmed part # 2516M
LOT C ITEM #3 Medtronic #11996-000091 for a ConMed#3112-1731
LOT D ITEM #27 Safety International #170536-ORPK for a DickMedical #17152
LOT D ITEM #34 Virex TB #4743 for a Ecolab TB Disinfectant #106-21032
LOT D ITEMS #54 Safetec of America #18350 for a Dawnmist #HS8027
LOT D ITEM #56 FERNO #0000325 for a Medsource MS-SCP123 **must be the MS-SCP123 model, NOT the MS-SCP124**

Please see attached Revised Bid Form. All line items listed above have been revised.

The following items are **NOT** approved for substitution:
LOT C ITEM #19 #FG08830911 for a REV MED X #FIN-0002-01
LOT C ITEM #25 #90-GFRC3690 for a Medsource #MS-42210
LOT D ITEMS #35-39 Ansell Microflex LSE-104-S through LSE-104-2XL for
APEX PRO LC100 #AP12-1X through AP12-6
LOT D ITEM #34 Ecolab Asepticare #1061-5261

All other specifications, terms and conditions remain the same.

ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.

- b. Receipt acknowledged by:

Authorized Signer

Date Signed

Title

Name of Bidder

***REVISED* BID RESPONSE FORM
IFB #Y17-108-MG**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
1.	IV Catheter 14ga x 2" Pleural D, 50/box, 200 needles/case , Terumo #SR*OX1451CA <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	IV Catheter 14ga x 1 1/4" 50/box, 200 needles/case , ProtectIV Plus #3068 <i>or equal</i>	\$____/Case	X50	=\$____
----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	IV Catheter 16ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3062 <i>or equal</i>	\$____/Case	X100	=\$____
----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
4.	IV Catheter 18ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3065 or equal	\$____/Case	X150	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

5.	IV Catheter 20ga x 1 1/4", 50/box, 200 needles/case , ProtectIV Plus #3066 or equal	\$____/Case	X150	=\$____
----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	IV Catheter 22ga x 1", 50/box, 200 needles/case , ProtectIV Plus #3060 or equal	\$____/Case	X150	=\$____
----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	IV Catheter 24ga x 3/4", 50/box, 200 needles/case , ProtectIV Plus #3063 or equal	\$____/Case	X30	=\$____
----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

8.	Blunt Filter Tip Needle, size 18ga x 1.5", 1000 needles/case BD Medical style <u>BRAND SPECIFIC</u>	\$____/Case	X5	=\$____
----	--	-------------	----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

9	IV Three-Way Stopcock with swivel Male LuerLock, 50/box, Baxter #C6240 <i>Or equal</i>	\$____/box	X50	=\$____
---	--	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	IV Extension Set, Standard Bore With LuerLock Adapter, 100/case, Medsource #1714-83092 <u>OR</u> Dynarex # 7062 <u>BRAND SPECIFIC</u>	\$____/Case	X100	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	IV Adjustable Administration set With Ultra Site, 50/case, B.Braun Medical Inc #375173 <u>BRAND SPECIFIC</u>	\$____/case	X250	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
12.	IV Venigard, dressing, 100/box, Conmed #705-4431 <u>OR</u> Dynarex #4609 <u>BRAND SPECIFIC</u>	\$___/box	X350	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

13.	IV Tourniquets, non-latex, 1"x18" Rolled, 100/bag, 10 bags/case, ADI #10923 or equal	\$___/Case	X25	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	IV Pressure Infuser, 1000cc, ETHOX Corp #4010 <i>or equal</i>	\$___/each	X250	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Hypodermic Needle, size 18ga x 1", Safety Magellan Covidien/Kendall #8881850810 50ea/box <u>BRAND SPECIFIC</u>	\$___/box	X100	=\$_____
-----	---	-----------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
16.	Hypodermic Needle, size 20ga x 1", Safety Magellan Covidien/Kendall #8881850010 50ea/box <u>BRAND SPECIFIC</u>	\$____/box	X100	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

17.	Hypodermic Needle, size 22ga x 1", Safety Magellan Covidien/Kendall #8881850215 50ea/box <u>BRAND SPECIFIC</u>	\$____/box	X100	=\$____
-----	---	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Syringe, 1cc, Tuberculin, without Needle, LuerLock, EXEL Medical Product #26049 100ea/box <i>or equal</i>	\$____/box	X50	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Syringe, 5cc/6cc, without Needle, LuerLock, EXEL Medical Product #26230 100ea/box <i>or equal</i>	\$____/box	X50	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
20.	Syringe, 10cc/12cc, without Needle, LuerLock, EXEL Medical Product #26265 100ea/box or equal	\$ ____/box	X50	=\$ ____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

21.	Syringe, 50cc/60cc, without Needle, LuerLock, EXEL Medical Product #26300 100ea/box or equal	\$ ____/box	X50	=\$ ____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21): \$ _____
FOB DESTINATION

Company Name

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

1.	Microstream O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDI, 25/box, Physio-Control #11996-000081 <i>or equal</i>	\$____/box	X150	=\$____
----	---	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: PEDI, 25/bx, Physio-Control #11996-000128 <i>or equal</i>	\$____/box	X50	=\$____
----	--	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: ADULT, 100/case, Physio-Control #11996-000167 <i>or equal</i>	\$____/Case	X350	=\$____
----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	BiTrac ED Full Face Mask and Head Strap (size: ADULT MEDIUM), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 5.0cm CPAP Valve, FIXED Flow Generator w/ 4"(100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmonary #313-7536X <u>BRAND SPECIFIC</u>	\$____/Case	X150	=\$____
----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

5.	BiTrac ED Full Face Mask and Head Strap (size: ADULT LARGE), O2-MAX, Expandable Anti-Asphyxia Circuit w/CPAP 10.0cm CPAP Valve, FIXED Flow Generator w/ 4" (100mm) O2 Hose & DISS Connector, Adapter (22mmM x 30mmM), 10/case, Pulmodyne #313-7535X <u>BRAND SPECIFIC</u>	\$____/Case	X350	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	O2 CPAP valve 5cm H2O connector, 10/case, Pulmodyne #313-7716 <u>BRAND SPECIFIC</u>	\$____/Case	X125	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7	Endotracheal Tube, Flexi-set, size 3.0 Uncuffed, 10/box, Rusch #506530 <u>OR</u> AIRCARE #100/103/030 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
---	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	Endotracheal Tube, Flexi-set, size 3.5 Uncuffed, 10/box, w/styler, Rusch #506535 <u>OR</u> AIRCARE #100/103/035 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

9.	Endotracheal Tube, Flexi-set, size 4.0 Uncuffed, 10/box, w/stylet, Rusch #506540 <u>OR</u> AIRCARE #100/103/040 <u>BRAND SPECIFIC</u>	\$ ____/box	X50	=\$ ____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	Endotracheal Tube, Flexi-set, size 4.5 Uncuffed, 10/box, w/stylet, Rusch #506545 <u>OR</u> AIRCARE #100/103/045 <u>BRAND SPECIFIC</u>	\$ ____/box	X50	=\$ ____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	Endotracheal Tube, Flexi-set, size 5.0 Cuffed, 10/box, w/stylet, Rusch #504550 <u>OR</u> AIRCARE #100/103/050 <u>BRAND SPECIFIC</u>	\$ ____/box	X50	=\$ ____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

12.	Endotracheal Tube, Flexi-set, size 5.5 Cuffed, 10/box, w/stylet, Rusch #504555 <u>OR</u> AIRCARE #100/103/055 <u>BRAND SPECIFIC</u>	\$ ____/box	X50	=\$ ____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
13.	Endotracheal Tube, Flexi-set, size 6.0 Cuffed, 10/box, w/stylet, Rusch #504560 <u>OR</u> AIRCARE #100/103/060 <u>BRAND SPECIFIC</u>	\$ ___/box	X50	=\$ _____

Manufacturer _____ **Stock Number** _____

14.	Endotracheal Tube, Flexi-set, size 6.5 Cuffed, 10/box, w/stylet, Rusch #504565 <u>OR</u> AIRCARE #100/103/065 <u>BRAND SPECIFIC</u>	\$ ___/box	X50	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Endotracheal Tube, Flexi-set, size 7.0 Cuffed, 10/box, w/stylet, Rusch #504570 <u>OR</u> AIRCARE #100/103/070 <u>BRAND SPECIFIC</u>	\$ ___/box	X50	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Endotracheal Tube, Flexi-set, size 8.0 Cuffed, 10/box, w/stylet, Rusch #504580 <u>OR</u> AIRCARE #100/103/080 <u>BRAND SPECIFIC</u>	\$ ___/box	X50	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
17.	Endotracheal Tube, Flexi-set, size 9.0 Cuffed, 10/box, w/stylet, Rusch #504590 <u>OR AIRCARE #100/103/090</u> <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Mucosal Atomization Device without Syringe, Luer-Lock connector, intranasal, Teleflex model 25ea/box <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Endotracheal Tube Holder, Size ADULT, 100/case, Thomas Laerdal #600-10000 <u>BRAND SPECIFIC</u>	\$____/Case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

20.	Endotracheal Tube Holder, Size PEDIATRIC, 100case, Thomas Laerdal #600-20000 <u>BRAND SPECIFIC</u>	\$____/Case	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

21.	Pressure Manometer for INFANT Resuscitator, disposable, 20/case, AMBU #322-004-000 or equal	\$____/Case	X10	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	LMA Supreme, size 1, 10/box, 10 bx/case, Teleflex #175010 <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	LMA Supreme, size 1.5, 10/box, 10 bx/case, Teleflex #175015 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	LMA Supreme, size 2, 10/box, 10 bx/case, Teleflex #175020 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

25.	LMA Supreme, size 2.5, 10/box, 10 bx/case, Teleflex #175025 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

26.	LMA Supreme, size 3, 10/box, 10 bx/case, Teleflex #175030 <u>BRAND SPECIFIC</u>	\$____/Case	X50	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

27.	LMA Supreme, size 4, 10/box, 10 bx/case, Teleflex #175040 <u>BRAND SPECIFIC</u>	\$____/Case	X150	=\$____
-----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

28.	LMA Supreme, size 5, 10/box, 10 bx/case, Teleflex #175050 <u>BRAND SPECIFIC</u>	\$____/Case	X100	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

29.	Laryngoscope Blade, size Miller #0, 20/bx, \$____/box Greenline, disposable stainless steel, fiber optic, Model #5-5333-00 <u>BRAND SPECIFIC</u>		X50	=\$____
-----	---	--	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	Laryngoscope Blade, size Miller #1, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-01 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$____
-----	--	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	Laryngoscope Blade, size Miller #2, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-02 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$____
-----	--	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

32.	Laryngoscope Blade, size Miller #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5333-03 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
33.	Laryngoscope Blade, size Macintosh #2, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-02 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

34.	Laryngoscope Blade, size Macintosh #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-03 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

35.	Laryngoscope Blade, size Macintosh #4, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-04 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

36.	Laryngoscope Handle, Greenline D, Fiber optic LED, size: MEDIUM, SunMed GreenLine Model #5-0236-89 <u>BRAND SPECIFIC</u>	\$____/each	X150	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

37.	Laryngoscope Handle, stainless Steel, size: PENLITE SMALL, SunMed GreenLine Model #5-0236-80 <u>BRAND SPECIFIC</u>	\$ ___/each	X150	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #** _____
Packaging: _____

38.	Meconium Aspirator, Neotech Products #N0101 <i>or equal</i>	\$ ___/each	X50	=\$ _____
-----	---	-------------	-----	-----------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #** _____
Packaging: _____

39.	Nasopharyngeal Airway, latex-free Size: 14FR, soft PVC, 10/box, <i>or equal</i>	\$ ___/box	X20	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #** _____
Packaging: _____

40.	Nasopharyngeal Airway, latex-free Size: 20FR, soft PVC, 10/box, <i>or equal</i>	\$ ___/box	X20	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #** _____
Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

41.	Nasopharyngeal Airway, latex-free Size: 22FR, soft PVC, 10/box, or equal	\$ ____/box	X20	=\$ ____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Nasopharyngeal Airway, latex-free Size: 28FR, soft PVC, 10/box, or equal	\$ ____/box	X20	=\$ ____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	Manual Resuscitator, size ADULT SPUR-II Resuscitator w/Mask, 12 each/case, AMBU #325-002-000 or equal	\$ ____/Case	X150	=\$ ____
-----	---	--------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

44.	Manual Resuscitator, size PEDIATRIC SPUR-II Resuscitator w/Toddler Mask, 12ea/case, AMBU #330-004-000 or equal	\$ ____/Case	X150	=\$ ____
-----	---	--------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
45.	AMBU Manual Resuscitator, size INFANT SPUR-II Resuscitator w/Neonate Mask, 12ea/case, AMBU #335-103-000 <i>or equal</i>	\$ ____/Case	X150	=\$ ____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
46.	Nasal Cannula, size ADULT, Medstorm #30050, 100ea/box <i>or equal</i>	\$ ____/box	X20	=\$ ____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
47.	Nasal Cannula, size PEDIATRIC, Medstorm #30056 100ea/box <i>or equal</i>	\$ ____/box	X20	=\$ ____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
48.	Non-Rebreathing Mask, size ADULT, Elongated with 7ft tubing, Medline#HCS464OH 100ea/box, <i>or equal</i>	\$ ____/box	X250	=\$ ____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

49.	Non-Rebreathing Mask, size PEDIATRIC, Medline#HCS4642 100ea/box <i>or equal</i>	\$____/box	X50	=\$____
-----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

50.	Non-Rebreathing Mask, size INFANT, 50/case, Curaplex #30058 <i>or equal</i>	\$____/Case	X50	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

51.	Suction Canister, 1200cc, 48/case Bemis#484410 <u>OR</u> Dynarex #4675 <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

52.	Oral Airway, Berman, Colour-code, Size 50mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

53.	Oral Airway, Berman, Colour-code, Size 60mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

_____ Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

54.	Oral Airway, Berman, Colour-code, Size 70mm, Latex-free, 50/pack, or equal	\$____/pack	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

55.	Oral Airway, Berman, Colour-code, Size 80mm, Latex-free, 50/pack, or equal	\$____/pack	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

56.	Oral Airway, Berman, Colour-code, Size 90mm, Latex-free, 50/pack, or equal	\$____/pack	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

57.	Oral Airway, Berman, Colour-code, Size 100mm, Latex-free, 50/pack, or equal	\$____/pack	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

58.	Oral Airway, Berman, Colour-code, Size 110mm, Latex-free, 50/pack, or equal	\$____/pack	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

59.	Suction Yankauer, sterile, with bulb-tip and control vent, Dynarex Model or equal	\$____/each	X75	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

60.	Suction Catheter, size 6FR, sterile, Disposable, 50/case, Medsource or equal	\$____/Case	X10	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

61.	Suction Catheter, size 8FR, sterile, Disposable, 50/case, Medsource or equal	\$____/Case	X10	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

62.	Suction Catheter, size 10FR, sterile, Disposable, 50/case, Medsource or equal	\$____/Case	X10	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

63.	Suction Catheter, size 14FR, sterile, Disposable, 50/case, Medsource or equal	\$____/Case	X10	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

64.	Suction Catheter, size 18FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

65.	Suction Tubing for Suction Unit, 6ft, Conmed #0034300 <i>or equal</i>	\$____/each	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

66.	O2 Nebulizer Kit with BVM connector; Kit must have the following: 1 multi-adapter 15mm ID/22mm OD Connector, small volume nebulizer T-shaped Mouthpiece, flex tube, non-latex 7' inch tubing with universal connector, elbow adapter 22mm ID/22mm OD connector, sold by each, Curaplex model <u>BRAND SPECIFIC</u>	\$____/each	X450	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66): \$_____

FOB DESTINATION

Company Name

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

1.	EKG Paper for LIFEPAK 12/15, 2 rolls/box, Medtronic#11240-000016 <i>or equal</i>	\$____/box	X250	=\$____
----	--	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	EDGE Pediatric Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000093 OR Conmed #3112-1730 OR Conmed #2603M <u>BRAND SPECIFIC</u>	\$____/pair	X1000	=\$____
----	---	-------------	-------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	EDGE Adult Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000091 OR Conmed # 2516M OR Conmed #3112-1731 <u>BRAND SPECIFIC</u>	\$____/pair	X8500	=\$____
----	--	-------------	-------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	ECG Electrodes, size ADULT, 50 electrode wet gel "dots" per pouch, 20pack/bx, 2bx/case, AMBU#SP-00-S/50 <i>or equal</i>	\$____/Case	X500	=\$____
----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

5.	Diagnostix 750 series Wall-Mounted Aneroid Sphygmomanometer BP Cuff, Size: ADULT, latex-free, ADC#750W-11A <i>or equal</i>	\$____/each	X100	=\$_____
----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	BP Cuff, Size: INFANT, Reusable Aneroid Sphygmomanometer, Medline#ADC7007IBK <i>or equal</i>	\$____/each	X50	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	BP Cuff, Size: CHILD, Reusable Aneroid Sphygmomanometer, Medline#ADC7009CBK <i>or equal</i>	\$____/each	X50	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	BP Cuff, Size: ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70011ABK <i>or equal</i>	\$____/each	X150	=\$_____
----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
9.	BP Cuff, Size: LARGE ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70012XBK <i>or equal</i>	\$____/each	X100	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
10.	BP Cuff, Size: THIGH, Reusable Aneroid Sphygmomanometer, Medline#ADC70013TBK <i>or equal</i>	\$____/each	X50	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
11.	Stethoscope, ADSCOPE-lite ADULT, Color: Royal Blue, #609RB American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
12.	Stethoscope, ADSCOPE-lite PEDIATRIC, Color: Pink, #675P American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

13.	C-Collar Bag, Custom Equipment Bag, 26"L x 8"W x 12"H, Color: Royal Blue, Safety International #17114 <i>or equal</i>	\$____/each	X60	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	Oxygen Carry Kit "D" Size Cylinder, Color: Royal Blue, Ferno 5120 #081 9827 <i>or equal</i>	\$____/each	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Trauma Oxygen Deployment Kit Color: Blue, Safety International #16038 Custom <i>or equal</i>	\$____/each	X60	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Belt Glove Pouch, 4"x3", Color: Black, Safety International #61058 <i>or equal</i>	\$____/each	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

17.	MCI Triage Bag, Color: Red, screened with "MCI" in White, 12"W x 8"H x 2"D, Safety International #17115 or equal	\$____/each	X25	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #:** _____
Packaging: _____

18.	Combat Application Tourniquet (C-A-T) Color: Rescue Orange Part #CR-006604-000 <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #:** _____
Packaging: _____

19.	Celox Rapid "Z-Fold" Hemostatic Gauze, 3"x5", #FG08839011 <u>BRAND SPECIFIC</u>	\$____/each	X360	=\$____
-----	--	-------------	------	---------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #:** _____
Packaging: _____

20.	FoxSeal Occlusive Dressing, Sterile, 2 seals/pack, Medtrade #FG08814441 <u>BRAND SPECIFIC</u>	\$____/pack	X200	=\$____
-----	--	-------------	------	---------

Manufacturer Name: _____
Mfg. Part #: _____ **Vendor #:** _____
Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	---------------------------	--------------------------	----------------------------------	------------------------------

21.	Trauma Wound Dressing, 4" Hemorrhage Control "Israeli Bandage", PerSys Medical #100101050 <u>BRAND SPECIFIC</u>	\$ ___/each	X350	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	Trauma Wound Dressing, 6" Hemorrhage Control "Israeli Bandage", PerSys Medical #100201050 <u>BRAND SPECIFIC</u>	\$ ___/each	X350	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	Blanket, Disposable, 54"x80" Color: Yellow, 50/case, Dukal Corp#7303 or equal	\$ ___/case	X150	=\$ _____
-----	---	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	Burn Sheets, Sterile, 24/case, Roehampton #312 or equal	\$ ___/case	X60	=\$ _____
-----	--	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
25.	Stretcher Sheets, conformed for STRYKER PowerProXT, Taylor Healthcare "G-Force", blue, 36"x90", 30/case, #90-GFRC3690 <u>BRAND SPECIFIC</u>	\$____/case	X25	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

26.	Premium Flat Cot Sheet, color: Navy Blue, 40" x 85", 50/case, Dynarex #3517 <i>or equal</i>	\$____/case	X25	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

27.	Pillow, Disposable, 16" x 21", 12/case, CareLine #089-7010 <i>or equal</i>	\$____/case	X200	=\$____
-----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

28.	Blanket, Disposable, 72" x 90", Color: Sky Blue, 100% Polyester, 12/case, Ashland Mills # 79925 <i>or equal</i>	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

29.	S-SCOR VX-2 Portable Suction Unit, w/variable regulator, retention & charging bracket, SSCOR #592310BV <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	S-SCOR VX-2 Portable Suction Unit AC Converter 120V, SSCOR #80521-100 <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	S-SCOR VX-2 Portable Suction Unit DC Cord, SSCOR #80665 <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

32.	Triage Tags, 50/pack, Florida Disaster Management Systems, Inc. #DMS-05006F <u>BRAND SPECIFIC</u>	\$____/pack	X350	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

33.	Foil Baby Bunting, "Silver Swaddler", Sterile, Morrison Medical #0981 <i>or equal</i>	\$____/each	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

34.	Pelican #1400 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

35.	Pelican #1450 "Protector" Case, Pick and Pluck foam, color: Silver, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

36.	Pelican #1500 "Protector" Case With foam, color: Black, <u>BRAND SPECIFIC</u>	\$___/each	X10	=\$___
-----	---	------------	-----	--------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

37.	Pelican #1520 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$___/each	X10	=\$___
-----	--	------------	-----	--------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

38.	Pelican #1554 "Protector" Case, With Padded Dividers, color: Orange, <u>BRAND SPECIFIC</u>	\$___/each	X30	=\$___
-----	---	------------	-----	--------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

39.	Pelican #1600 "Protector" Case With foam, color: Yellow, <u>BRAND SPECIFIC</u>	\$___/each	X10	=\$___
-----	--	------------	-----	--------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	---------------------------	--------------------------	----------------------------------	------------------------------

40.	ALS Drug Box Insert, Custom For Pelican 1550, Safety International #83038-ALS <i>or equal</i>	\$ ___/each	X40	=\$ _____
-----	---	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

41.	Infrared, non-contact Thermometer MedSource model#MS-131000 <i>or equal</i>	\$ ___/each	X50	=\$ _____
-----	--	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Finger-tip Pulse Oximeter, portable, Curaplex model <i>or equal</i>	\$ ___/each	X110	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	ECG Electrodes, size Pediatric, 50 electrode wet gel "dots"/pouch, 40packs/case, AMBU BlueSensor model <i>or equal</i>	\$ ___/case	X300	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
44.	Oxygen Tubing, 7 inch length with Standard connectors, latex-free, non-sterile, 50/case, VentLab #3007 <i>or equal</i>	\$____/case	X100	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #:** _____

Packaging: _____

45.	G5 Intellisense Adult Defibrillation pads for Powerheart G5, model #XELAED001A <u>BRAND SPECIFIC</u>	\$____/Each	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #:** _____

Packaging: _____

46.	G5 Intellisense Pediatric Defibrillation pads for Powerheart G5, model #XELAED003A <u>BRAND SPECIFIC</u>	\$____/Each	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #:** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 46): \$ _____
FOB DESTINATION

 Company Name

Indicate if items are to be delivered:
 via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

1.	Hypoallergenic silk-like Tape 1". 12 Rolls/box, 10 Boxes/case, Durapore 3M #1538-1 <i>or equal</i>	\$____/case	X40	=\$____
----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	Hypoallergenic silk-like Tape 3", 4 Rolls/box, 10 Boxes/case, Durapore 3M #1538-3 <i>or equal</i>	\$____/case	X40	=\$____
----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	Flexible Fabric Bandage, 1" x 3", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3612 <i>or equal</i>	\$____/case	X50	=\$____
----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	Flexible Fabric Bandage, 2" x 4½", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3614 <i>or equal</i>	\$____/case	X50	=\$____
----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

5.	Swabstick Tincture of Benzoin, 50/Box, Dynarex #P-S42450 <i>or equal</i>	\$____/box	X35	=\$____
----	---	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	Prep-Pad, 70% Isopropyl Alcohol, 200/box, 10 Boxes/case Dynarex #1103 <i>or equal</i>	\$____/case	X75	=\$____
----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	Nail Polish Remover Pads, 100/box, 10 Boxes/case, Dukal #862 <i>or equal</i>	\$____/case	X20	=\$____
----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	Sterile Water for Irrigation, USP, 500ml, 18/case, Baxter #2F7113 <i>or equal</i>	\$____/case	X200	=\$____
----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

9.	Petroleum Gauze, size: 3in. X 9 in., 12/box, IntegrityMedical #25-1390 <i>or equal</i>	\$____/box	X50	=\$____
----	--	------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	Sterile Lube Jelly, 2.7 gram, 144/box, Dynarex #P-T001258 <i>or equal</i>	\$____/box	X100	=\$____
-----	--	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	Triple Antibiotic Ointment, Single Use Packs, 25 Packs/box, WaterJel Technologies #WJTA1800 <i>or equal</i>	\$____/box	X600	=\$____
-----	---	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

12.	Hydrogen Peroxide, Size: 16 oz, 3% U.S.P., 10% Volume, 12/case <i>or equal</i>	\$____/case	X300	=\$____
-----	--	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

13.	Penlight, Disposable, color: White with Pupil Gauge, 6/pack. <i>Needi Safety Supply Corp, #R-073PG or equal</i>	\$____/pack	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	OB Kit, Plastic Bag With Infant Stockinette Cap, no scalpel, Umbilical scissors, Morrison <i>Medical #0960 or equal</i>	\$____/each	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Triangular Bandages, 10"x 40"x 56", 12/box, 20 Boxes/case, <i>Dynarex #3680 or equal</i>	\$____/case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Cold Packs, Instant, 4" x 5", 24/case, <i>Dynarex #4512 or equal</i>	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

17.	Dressing, Multi-Trauma, Sterile, 12" x 30", 25/case, MedSource #MS-GZM001 <u>BRAND SPECIFIC</u>	\$ ____/case	X100	=\$ ____
-----	--	--------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Gauze Sponges, 4"x 4", Non-Sterile, 8-ply, 200/bag, 20 Bags/case Dukal Corp. #8509 or equal	\$ ____/case	X200	=\$ ____
-----	---	--------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Combine Pad, 8" x 10", Sterile, 24 Pouches/tray, 15 Trays/case, Dynarex #3503 or equal	\$ ____/case	X50	=\$ ____
-----	--	--------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

20.	Clipboard, Aluminum, lower hinge, 9" x 14" x 1", Saunders Redi-Rite #RR8514 or equal	\$ ____/each	X50	=\$ ____
-----	--	--------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	---------------------------	--------------------------	----------------------------------	------------------------------

21.	Limb Restraints with "D-Ring", Disposable, 2 Restraints per Pair, 48 pair/case, DMS #501110M or equal	\$____/case	X100	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	Battery, 3 Volt, Lithium Cell CR2032 <i>BRAND SPECIFIC</i> NOTE: Items must be individually packed with a minimum remaining life of 12 months clearly marked on each package	\$____/each	X250	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	Stretch "KLING" Gauze Bandage, 4" Non Sterile, 12/box, 96/case Dynarex #3104 or equal	\$____/case	X500	=\$____
-----	---	-------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	IV Arm Board, size PEDIATRIC, 2" x 6", 100/case, Morrison Medical #1006 or equal	\$____/case	X10	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

25.	Flex-All or SAM-style Splint, 36" roll, 60 splints/case, bendable, colour: Orange/Blue, or equal	\$/case	X75	=\$ _____
-----	--	---------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

26.	Head Immobilizer Sta-Blok, 30/case, Laerdal Medical Corp. #700-00001 <u>BRAND SPECIFIC</u>	\$/case	X250	=\$ _____
-----	---	---------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

27.	Backboard Straps Set, 5ft, color: Orange, 2 piece, Polypropylene with Plastic side-release buckle, loop lock, 3/pack, Safety International #170536-ORPK <u>OR</u> DickMedical #17152 <u>BRAND SPECIFIC</u>	\$/case	X100	=\$ _____
-----	--	---------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

28.	NAJO Backboard , Plastic Long Spine Board with Pins, must have "Orange County Fire Rescue" logo Please see ATTACHMENT A , FERNO #275301108 or equal	\$/each	X50	=\$ _____
-----	---	---------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

29.	Cervical Collar, Adjustable 30/case, Ambu Perfit Ace #000-281-000 <u>BRAND SPECIFIC</u>	\$____/case	X400	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	Cervical Collar, Adjustable 30/case, Ambu Mini Perfit Ace #000-281-106 <u>BRAND SPECIFIC</u>	\$____/case	X40	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	Convenience/Emesis Bags, color: White/Opaque, 240/case, GKR Industries#1000/7000 or equal	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

32.	Urinal, Clear with Cover 50/case, Medline DYND80235 or equal	\$____/case	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

33.	Steris Coverage Spray TB, 710ml, 12 bottles/case, SKU#142977, Order#1629-B4, <u>BRAND SPECIFIC</u>	\$____/case	X75	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

34.	Virex TB, ready-to-use disinfectant Cleaner #4743 32oz spray bottle, 12/case, <u>OR</u> Ecolab TB Disinfectant #106-21032, <u>BRAND SPECIFIC</u>	\$____/case	X50	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

35.	Gloves, size: SMALL, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-S <u>BRAND SPECIFIC</u>	\$____/case	X80	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

36.	Gloves, size: MEDIUM, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-M <u>BRAND SPECIFIC</u>	\$____/case	X800	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
37.	Gloves, size: LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-L <u>BRAND SPECIFIC</u>	\$____/case	X1100	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
38.	Gloves, size: EXTRA LARGE, 12", Powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-XL <u>BRAND SPECIFIC</u>	\$____/case	X750	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
39.	Gloves, size: 2X LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-2XL <u>BRAND SPECIFIC</u>	\$____/case	X450	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
40.	Biohazard Waste Bags, 10 Gallon, 24" x 24" x 1.3mic, w/Biohazard Symbol, 1000/case, Medline Industries #NONHDR24RL <i>or equal</i>	\$____/case	X100	=\$____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
41.	Biohazard Red Bags, 15 gallon, 24" x 33" x 1.2mil, w/Biohazard Symbol, 250/case, Medline Industries #NON122433 or equal	\$____/case	X50	=\$____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Infectious Linen Bag, Yellow, Biohazard Symbol, 23"x41"x8", 250/case, Med Action Industries #47-07 or equal	\$____/case	X20	=\$____
-----	---	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	PPE Tyvex Sleeves 18", Impervious Elastic Ends, 100 Pair/case, Lakeland Industries Inc. Style 850 or equal	\$____/case	X80	=\$____
-----	--	-------------	-----	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

44.	PPE Shoe Covers, Disposable, Non-Skid, 50 Pair/box, Dukal #350 or equal	\$____/box	X100	=\$____
-----	--	------------	------	---------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
45.	PPE Protective Gowns, Impervious type, White/Latex Free, 50/case, Dynarex #2145 <u>BRAND SPECIFIC</u>	\$____/case	X100	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

46.	PPE Safety Glasses, Clear Lens, Pyramex Ztek #S2510ST 12 Pair/box or equal	\$____/box	X300	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

47.	PPE Safety Glasses, Grey Lens, Pyramex Ztek, #S2520ST, 12 Pair/box or equal	\$____/box	X200	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

48.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 or equal	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
-----------------	--------------------	-------------------	---------------------------	-----------------------

49.	Wash Basin, Rectangular 50/case, Medline DYND80301 <i>or equal</i>	\$ ___/case	X20	=\$ _____
-----	---	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

50.	PDI Super Sani-Cloth, Germicidal Disposable Wipe, 6/case, #Q86984	\$ ___/case	X300	=\$ _____
-----	--	-------------	------	-----------

BRAND SPECIFIC

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

51.	Brush, Scrub, Hand Style Scrubber RubberMaid Product #6360 <i>or equal</i>	\$ ___/each	X200	=\$ _____
-----	---	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

52.	AirLay/AirLaid Wipes, 12" x13¼", 75 wipes/pack, 12pack/case, SPILFYTER#61000 <i>or equal</i>	\$ ___/case	X150	=\$ _____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

53.	Surgical Shave Prep Razor, double edge, Dual side, 100/box, Medline model #DYND70837 <i>or equal</i>	\$ ___/box	X200	=\$ _____
-----	--	------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
-----------------	--------------------	-------------------	---------------------------	-----------------------

54.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 OR Dawnmist #HS8027 <u>BRAND SPECIFIC</u>	\$ ___/case	X200	=\$ _____
-----	---	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ Vendor # _____

Packaging: _____

55.	Sharps Dart, 24/case, Medsource #MS-64250 or equal	\$ ___/case	X200	=\$ _____
-----	---	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ Vendor # _____

Packaging: _____

56.	Scoop Stretcher metal, FERNO Model 65 with pins, #0000325 OR Medsource MS-SCP123 <u>BRAND SPECIFIC</u>	\$ ___/each	X20	=\$ _____
-----	--	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ Vendor # _____

Packaging: _____

57.	Scoop Stretcher Straps for Model 65, 2 Straps per Set, FERNO #0000325 <u>BRAND SPECIFIC</u>	\$ ___/set	X50	=\$ _____
-----	---	------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ Vendor # _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
58.	Stair Chair Straps for Model 107, 2 Piece Set, FERNO #010-7714 <u>BRAND SPECIFIC</u>	\$____/set	X50	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

59.	Taylor Healthcare "Titan Soft Stretcher" Patient tarps, 5/case, #44-TT4080 <u>BRAND SPECIFIC</u>	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

60.	Lancet, 100x single use safety lancets per box, Owen Mumford Unistik2 model #AT0702 <i>or equal</i>	\$____/box	X250	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

61.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 6Boxes/case, 3M #1870 <u>BRAND SPECIFIC</u>	\$____/case	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

62.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 8Boxes/case 3M #8110S <u>BRAND SPECIFIC</u>	\$ ___/case	X10	=\$ _____
-----	--	-------------	-----	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

63.	Dressing, 4"x4" sterile, 25/box, Dynarex model #3342 or equal	\$ ___/box	X250	=\$ _____
-----	--	------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

64.	Sharps Collector, multi-use sharps Collector, 8 QUART, 24/box, BD model #305344 <u>BRAND SPECIFIC</u>	\$ ___/box	X250	=\$ _____
-----	--	------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

65.	Sharps Collector, 1 GALLON, Collector, 32/case, Covidien model #31143699 <u>BRAND SPECIFIC</u>	\$ ___/case	X250	=\$ _____
-----	---	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

ITEM NO.	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
---------------------	---------------------------	------------------------------	----------------------------------	----------------------------------

66.	Ear/Ulcer "Bulb" Syringe, 2oz, 50ea/case, \$____/case Amsion/AMSure model #AS00502S or equal		X250	=\$_____
-----	---	--	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

67.	Blood Glucose Monitoring System Glucometer, Assure Prism model #530001 <u>BRAND SPECIFIC</u>	\$____/each	X250	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

68.	Blood Glucose Monitoring Test Strips for Glucometer, Assure Prism model #530050 <u>BRAND SPECIFIC</u>	\$____/each	X250	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68): \$ _____

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21):- \$ _____
ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66):- \$ _____
ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 47):- \$ _____
ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68):- \$ _____

**TOTAL ESTIMATED BID FOR ALL LOTS (LOTS A-D)
 FOB DESTINATION** \$ _____

 Company Name

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Delivery shall be not later than seven (7) business days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Maria Guevara-Hall, Senior Purchasing Agent, at maria.guevara-hall@ocfl.net

Bid Response Documents - The following documents constitute your bid:

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.
- D. Descriptive literature or detailed specifications for any equal goods proposed.
- E. Examples: Bid Deposit, Sub-contractor, per Special Terms and Conditions.

March 6, 2017

BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA

ADDENDUM #1

IFB #Y17-108-MG
EMS SUPPLIES
TERM CONTRACT

The above Invitation for Bids is changed as follows:

1. The Special Terms and Conditions are changed as follows; additions are indicated by underline, deletions are indicated by strikethrough.

4.AWARD

~~Award shall be made on an "All-or-None Total Estimated Bid per Lot" basis to the lowest responsive and responsible Bidder. If the Bidder fails to respond, they will be considered non-responsive.~~

4. AWARD

Orange County reserves the right to award on a "Lot-by-Lot" basis to the lowest responsive Bidder or to award on an "Item-by-Item" basis to the lowest responsive and responsible Bidder, whichever is in the best interest of the County. If the Bidder fails to respond, they will be considered non-responsive.

All other specifications, terms and conditions remain the same.

ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.
- b. Receipt acknowledged by:

Authorized Signer

Date Signed

Title

Name of Bidder

Issue Date: March 1, 2017

INVITATION FOR BIDS #Y17-108-MG

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Orange County, Florida, henceforth referred to as the County is accepting sealed bids for:

**EMS SUPPLIES
TERM CONTRACT**

Sealed bid offers in an **original** and **three (3) copies** for furnishing the above will be accepted up to **2:00 PM (local time), Tuesday, March 21, 2017**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

Note: Bidder's mandatory product samples shall arrive on or before the deadline above.

Copies of the bid documents may be obtained from the Orange County Procurement Division at the above address. Copies may be requested by phoning (407) 836-5635 or by download from the Internet at:

<http://apps.ocfl.net/orangebids/bidopen.asp>

Carrie Woodell, MPA, CFCM, CPPO, C.P.M.
Manager, Procurement Division

NOTICE TO BIDDERS

To ensure that your bid is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Maria Guevara-Hall, Senior Purchasing Agent at maria.guevara-hall@ocfl.net.

TABLE OF CONTENTS

<u>DESCRIPTION</u>	<u>PAGE</u>
GENERAL TERMS AND CONDITIONS	2-14
SPECIAL TERMS AND CONDITIONS	15-26
BID RESPONSE FORM	27-78
EMERGENCY CONTACTS	79
ACKNOWLEDGEMENT OF ADDENDA	79
AUTHORIZED SIGNATORIES/NEGOTIATORS	80
REFERENCES	81-82
DRUG-FREE WORKPLACE FORM	
SCHEDULE OF SUBCONTRACTING FORM	
CONFLICT/NON-CONFLICT OF INTEREST FORM	
E-VERIFICATION CERTIFICATION	
RELATIONSHIP DISCLOSURE FORM	
RELATIONSHIP DISCLOSURE FORM - FREQUENTLY ASKED QUESTIONS (FAQ)	
ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT	
EXPENDITURE REPORT- FREQUENTLY ASKED QUESTIONS (FAQ)	
AGENT AUTHORIZATION FORM	
EXHIBIT A – LEASED EMPLOYEE AFFIDAVIT	
EXHIBIT B – COMMERCIAL GENERAL LIABILITY	
EXHIBIT C – COMMERCIAL GENERAL LIABILITY	
EXHIBIT D – WORKERS COMPENSATION & EMPLOYEES LIABILITY INSURANCE POLICY	
EXHIBIT E – WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	
ATTACHMENT A – FIRE RESCUE LOGO	

GENERAL TERMS AND CONDITIONS

1. GENERAL INFORMATION

These specifications constitute the complete set of requirements and bid forms. The bid response page(s), and all forms listed on the bid response page(s) shall be completed, signed, and sealed in an envelope bearing the bid number on the outside and mailed or presented to the Procurement Division on or before the specified time and date. **Failure to comply with the preceding requirements shall result in the rejection of the bid.**

Bids submitted by e-mail, telephone or fax shall not be accepted. An e-mailed or a faxed bid shall be rejected as non-responsive regardless of where it is received.

It is the sole responsibility of the Bidder to ensure that their bid reaches the Procurement Division. All bids, unless otherwise specified, must be delivered to the following address no later than the time and date specified in the solicitation:

Procurement Division
Internal Operations Centre II
400 E. South Street, 2nd Floor
Orlando, FL 32801

Bidders are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

The County shall not be responsible for delays caused by any occurrence. The time/date stamp clock located in the Procurement Division shall serve as the official authority to determine lateness of any bid. The bid time shall be scrupulously observed. Under no circumstances shall bids delivered after the time specified be considered. Late bids will be returned to the Bidder unopened. The decision to refuse to consider a bid that was received beyond the date/time established in the solicitation shall not be the basis for a protest pursuant to the Orange County Code (Procurement Ordinance).

All bids must be typewritten or filled in with pen and ink, and must be signed in ink by an officer or employee having authority to bind the company or firm. Errors, corrections, or changes on any document must be initialed by the signatory of the bid.

Bidders shall not be allowed to modify their bids after the opening time and date. Bid files may be examined during normal working hours, thirty (30) days after bid opening or upon recommendation for award, whichever occurs first. Bidders desiring to view these documents are urged to schedule an appointment.

For information concerning this bid, please contact the Procurement Division at the address listed above or by calling 407-836-5635. Please specify the bid number for which you are inquiring.

2. QUESTIONS REGARDING THIS SOLICITATION

All questions or concerns regarding this Invitation for Bids shall be submitted by email to maria.guevara-hall@ocfl.net, no later than 5:00 PM Friday, March 10, 2017, to the attention of Maria Guevara-Hall, Procurement Division, referencing the IFB number. When required the Procurement Division shall issue an addendum to the Invitation for Bids. The addendum shall be available on the Internet for access by potential Bidders. Bidders are instructed not to contact the initiating division directly. No oral interpretation of this Invitation for Bids shall be considered binding. The County shall be bound by information and statements only when such statements are written and executed under the authority of the Manager, Procurement Division.

This provision exists solely for the convenience and administrative efficiency of Orange County. No Bidder or other third party gains any rights by virtue of this provision or the application thereof, nor shall any Bidder or third party have any standing to sue or cause of action arising there from.

3. PRICE/DELIVERY

Price(s) bid must be the price(s) for new goods, unless otherwise specified. Any bids containing modifying or “escalator” clauses will not be considered unless specifically requested in the bid specifications.

“Acceptance” as herein used means the acceptance by Orange County after the Manager, Procurement Division or authorized agent has, by inspection or test of such items, determined that they fully comply with specifications.

Deliveries resulting from this bid are to be performed during the normal working hours of the County. Time is of the essence and the Contractor’s delivery date must be specified and adhered to. Should the Contractor, to whom the order or contract is awarded, fail to deliver on or before the stated date, the County reserves the right to **CANCEL** the order or contract and make the purchase elsewhere, and the Contractor shall be required to compensate the County for the difference in price paid for the alternate goods. The Contractor shall be responsible for making any and all claims against carriers for missing or damage goods. Partial shipments will be acceptable unless otherwise stated.

4. FEDERAL AND STATE TAX

The County is exempt from Federal and State Sales and Use Taxes for tangible personal property (Certificate of Registry for tax transactions under Chapter 32, Internal Revenue Code and Florida Sales/Use Tax Exemption Certificate). The Manager, Procurement Division will sign an exemption certificate submitted by the Contractor.

Contractors doing business with the County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Contractor be authorized to use the County’s Tax Exemption Number in securing such materials.

5. ACCEPTANCE/REJECTION/CANCELLATION

The County reserves the right to accept or to reject any or all bids and to make the award to that bidder who, in the opinion of the County, will be in the best interest of and/or the most advantageous to the County. The County also reserves the right to reject the bid of any bidder who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who, in the County's opinion, is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of bidders in order to make a determination as to the foregoing. The County reserves the right to waive any irregularities and technicalities and may, at its discretion, request a re-bid. Award will be made to the lowest responsive and responsible bidder as determined by the County.

The County reserves the right, and the Manager, Procurement Division has absolute and sole discretion, to cancel a solicitation at any time prior to approval of the award by the Board of County Commissioners when such approval is required. The decision to cancel a solicitation cannot be the basis for a protest pursuant to the Orange County Code.

6. BRAND NAME OR EQUALS/DEVIATIONS

Unless otherwise specified, the mention of a particular manufacturer's brand name or number in the specifications does not imply that this particular good is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of good that will be acceptable. Equal offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with equal offers will result in the disqualification of the bid.

The determination as to whether any alternate good or service is or is not equal shall be made solely by the County and such determination shall be final and binding upon all bidders. The County reserves the right to request and review additional information to make such a determination.

Although the County provides for the consideration of alternate bids, it reserves the right to make an award in the best interest of the County. Award may not necessarily be given to the lowest bid offered.

The Bidder shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items bid upon. Unless the bid is in response to a "Brand Name or Equal" requirement, deviations from the specifications will only be considered if requested in writing prior to the date and time specified for receipt of bids.

Deviations, if accepted, will be specifically addressed in writing via an addendum to this Invitation for Bids. Any goods or services that are not in compliance with the specifications will not be accepted.

7. NO BID

Where more than one item is listed, any items not bid upon shall be indicated as "NO BID".

8. CONFLICT OF INTEREST

The award is subject to provisions of applicable State Statutes and County Ordinances. All bidders must disclose with their bid the name of any officer, director, or agent who is also an employee of Orange County. Further, all bidders must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the Bidder's firm or any of its branches. Should the Contractor permanently or temporarily hire any County employee who is, or has been, directly involved with the Contractor prior to or during performance of the resulting contract, the contract shall be subject to immediate termination by the County.

9. LEGAL REQUIREMENTS

All applicable Federal and State laws and County ordinances that in any manner affect the items covered herein apply. Lack of knowledge by the Bidder shall in no way be a cause for relief from responsibility.

- A. Contractors doing business with the County are prohibited from discriminating against any employees, applicant, or client because of race, religion, color, disability, national origin, gender, or age with regard to but not limited to the following: employment practices, rates of pay or other compensation methods, and training selection.
- B. Businesses wishing to participate in the County procurement process as an Orange County Certified M/WBE firm are required to complete a certification application to attain recognition as such. You may contact the Procurement Division or the Business Development Division for information and assistance.

10. UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the Contractor and the County for any terms and conditions not specifically stated in this Invitation for Bids.

11. MISTAKES

In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly. In the event of addition errors, the extended totals will prevail and the Bidder's total will be corrected accordingly. Bidders must check their bid where applicable. Failure to do so will be at the Bidder's risk. Bids having erasures or corrections must be initialed in ink by the Bidder.

12. AVAILABILITY OF FUNDS

The obligations of the County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and the Orange County Board of County Commissioners, or other specified funding source for this procurement.

13. EEO STATEMENT

It is hereby declared that equal opportunity and nondiscrimination shall be the County's policy intended to assure equal opportunities to every person, regardless of race, religion, sex, sexual orientation and gender expression/identity, color, age, disability or national origin, in securing or holding employment in a field of work or labor for which the person is qualified, as provided by Section 17-314 of the Orange County Code and the County Administrative Regulations.

Further, the Contractor shall abide by the following provisions:

- A. The Contractor shall represent that the Contractor has adopted and maintains a policy of nondiscrimination as defined by applicable County ordinance throughout the term of this contract.
- B. The Contractor shall allow reasonable access to all business and employment records for the purpose of ascertaining compliance with the non-discrimination provision of the contract.

The provisions of the prime contract shall be incorporate by the Contractor into the contracts of any applicable subcontractors.

14. BID TABULATION AND RESULTS

Bid tabulations shall be available thirty (30) days after opening on the Orange County website at: <http://apps.ocfl.net/orangebids/bidresults/results.asp> or upon notice of intended action, whichever is sooner.

15. BID FORMS

All bids must be submitted on the County's standard Bid Response Form. Bids on Bidder's quotation forms shall not be accepted.

16. FLORIDA PREFERENCE

In the event this Invitation for Bids is to acquire personal property and the lowest responsive and responsible bid submitted in response to this Invitation for Bids, is by a bidder whose principal place of business is in a state other than Florida and such state or political subdivision thereof grants a preference for the purchase of personal property to a person whose principal place of business is in said state, then Orange County Florida may award a preference to the lowest responsive and responsible bidder having a principal place of business within the State of Florida. Such preference shall be equal to the preference granted by the state in which the lowest responsive and responsible bidder has its principal place of business. This section shall not apply to transportation projects in which Federal aid funds are used.

Any bidder whose principal place of business is outside the State of Florida must accompany any written bid documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts. Reference Florida Statutes 287.084.

17. RECIPROCAL PREFERENCE

In the event the lowest responsive and responsible bid submitted in response to any Invitation for Bids is by a bidder whose principal place of business is in a county other than Orange County, and such county grants a bid preference for purchases to a bidder whose principal place of business is in such county, then Orange County may award a preference to the (next) lowest responsive and responsible bidder having a principal place of business within Orange County, Florida. Such preference will be equal to the preference granted by the county in which the lowest responsive and responsible bidder has its principal place of business **except as provided below.**

1. **Effective July 1, 2015 the reciprocal local preference will not apply to construction services in which 50 percent or more of the cost will be paid from state-appropriated funds which have been appropriated at the time of the competitive solicitation.**
2. **If the solicitation involves a federally funded project where the funding source requirements prohibit the use of state and/or local preferences, the reciprocal local preference will not be applied.**

18. POSTING OF RECOMMENDED AWARD AND PROTESTS

The recommended award will be posted for review by interested parties at the Procurement Division and at:

<http://apps.ocfl.net/OrangeBids/AwardsRec/default.asp> prior to submission through the appropriate approval process and will remain posted for a period of five (5) full business days.

- **Orange County Lobbyist Regulations General Information**
<http://www.orangecountyfl.net/OpenGovernment/LobbingAtOrangeCounty.aspx>

A lobbying blackout period shall commence upon issuance of the solicitation until the Board selects the Contractor. For procurements that do not require Board approval, the blackout period commences upon solicitation issuance and concludes upon contract award.

The Board of County Commissioners may void any contract where the County Mayor, one or more County Commissioners, or a County staff person has been lobbied in violation of the black-out period restrictions of Ordinance No. 2002-15.

- **Orange County Protest Procedures**
<http://www.orangecountyfl.net/VendorServices/VendorProtestProcedures.aspx>

Failure to file a protest with the Manager, Procurement Division by 5:00 PM on the fifth full business day after posting, shall constitute a waiver of bid protest proceedings.

19. BID AND RELATED COSTS

By submission of a bid, the Bidder agrees that any and all costs associated with the preparation of the bid will be the sole responsibility of the Bidder. The Bidder also agrees that the County shall bear no responsibility for any costs associated with the preparation of the bid including but not limited to any administrative or judicial proceedings resulting from the solicitation process.

20. CONTRACTUAL AGREEMENT

This Invitation for Bids shall be included and incorporated in the final contract or purchase order. The order of contract precedence will be the contract (purchase order), bid document, and response. Any and all legal actions associated with this Invitation for Bids and/or the resultant contract (purchase order) shall be governed by the laws of the State of Florida. Venue for any litigation involving this contract shall be the Ninth Circuit Court in and for Orange County, Florida.

21. PUBLIC ENTITY CRIME

Section 287.133(3)(d), Florida Statutes, provides that the Florida Department of Management Services shall maintain a list of the names and addresses of those who have been disqualified from participating in the public contracting process under this section.

http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/convicted_suspended_discriminatory_complaints_vendor_lists/convicted_vendor_list

A person or affiliate who has been placed on The Convicted Vendor list following a conviction for a public entity crime shall not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, shall not submit bids on leases of real property to a public entity, shall not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and shall not transact business with any public entity in excess of the threshold amount provided in Florida Statute Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on The Convicted Vendor List.

22. DRUG-FREE WORKPLACE FORM

The Drug-Free Workplace Form is attached and shall be completed and submitted with your bid.

23. SUBCONTRACTING

Bidders subcontracting any portion of the work shall state name and address of subcontractor and the name of the person to be contacted on the attached "Schedule of Subcontractors Form".

24. CONFLICT OF INTEREST FORM

Bidder shall complete the Conflict of Interest Form attached hereto and submit it with their bid.

25. ETHICS COMPLIANCE

The following forms are included in this solicitation and shall be completed and submitted as indicated below:

- A. **Orange County Specific Project Expenditure Report** -The purpose of this form is to document any expenses incurred by a lobbyist for the purposes described in **Section 2-351, Orange County Code**. This form shall be completed and submitted with all bid responses to an Orange County solicitation. Any questions concerning this form shall be addressed to the purchasing agent identified in the applicable solicitation.
- B. **Relationship Disclosure Form** – The purpose of this form is to document any relationships between a bidder to an Orange County solicitation and the Mayor or any other member of the Orange County Board of County Commissioners. This form shall be completed and submitted with the applicable bid to an Orange County solicitation.

No contract award shall be made unless these forms have been completed and submitted with the bid. Any questions concerning these forms shall be addressed to the purchasing agent identified in this solicitation. Also, a listing of the most frequently asked questions concerning these forms is attached to each for your information.

26. SUBMISSION OF BID

The bid must be mailed or hand delivered in a sealed envelope to:

ORANGE COUNTY PROCUREMENT DIVISION
Internal Operations Centre II
400 E. South Street, 2nd Floor
Orlando, Florida 32801

Bidders must indicate on the sealed envelope the following:

- A. **Invitation for Bids Number**
- B. **Hour and Date of Opening**
- C. **Name of Bidder**

Bids received after the time, date, and/or at the location specified, due to failure to identify the envelope with the above information shall be rejected.

27. COPIES

Copies of documents, records, materials, and/or reproductions requests will be charged in accordance with Orange County's fee schedule. Copyrighted materials may be inspected, but cannot be copied or reproduced per Federal law.

28. PROPRIETARY/RESTRICTIVE SPECIFICATIONS

If a prospective bidder considers the specification contained herein to be proprietary or restrictive in nature, thus potentially resulting in reduced competition, they are urged to contact the Procurement Division prior to bid opening. Specifications which are unrelated to performance will be considered for deletion via addendum to this Invitation for Bids.

29. ASSISTANCE WITH SPECIFICATIONS

Any prospective bidder who assisted the County in developing or writing the specifications contained herein are requested to so note such on the bid response page.

30. PAYMENT TERMS/DISCOUNTS

The County's payment terms are in accordance with Florida Statute 218, Local Government Prompt Payment Act. Cash discounts for prompt payment shall not be considered in determining the lowest net cost for bid evaluation purposes.

31. PATENTS AND ROYALTIES

Unless otherwise provided, the Contractor shall be solely responsible for obtaining the right to use any patented or copyrighted materials in the performance of the contract resulting from this Invitation for Bids.

The Contractor, without exception, shall indemnify and save harmless the County and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Contractor. In the event of any claim against the County of copyright or patent infringement, the County shall promptly provide written notification to the Contractor. If such a claim is made, the Contractor shall use its best efforts to promptly purchase for the County any infringing products or services or procure a license, at no cost to the County, which will allow continued use of the service or product.

If none of the alternatives are reasonably available, the County agrees to return the article on request to the Contractor and receive reimbursement, if any, as may be determined by a court of competent jurisdiction.

32. INDEMNIFICATION

To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, cost and expenses including attorney's fees of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of the Contractor or its subcontractors, anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable; excepting those acts or omissions arising out of the sole negligence of the County.

33. CLARIFICATIONS

It is the Bidder's responsibility to become familiar with and fully informed regarding the terms, conditions and specifications of this Invitation for Bids. Lack of understanding and/or misinterpretation of any portions of this Invitation for Bids shall not be cause for withdrawal of your bid after opening or for subsequent protest of award. Bidder's must contact the Procurement Division, at the phone number on the bid cover sheet **prior** to bid opening, should clarification be required.

Modification or alteration of the documents contained in the solicitation or contract shall only be valid if mutually agreed to in writing by the Bidder and the County.

34. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

By submission of this bid, the Bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, that in connection with this procurement:

- A. The prices in this bid have been arrived at independently, without consultation, collusion, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
- B. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly to any other Bidder or to any competitor; and,
- C. No attempt has been made or shall be made by the Bidder to induce any other person or bidder to submit or not to submit a bid for the purpose of restricting competition.

35. SUCCESSORS AND ASSIGNS

The County and the Contractor each binds itself and its partners, successors, executors, administrators, and assigns to the other party of this Contract and to the partners, successors, executors, administrators, and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the County nor the Contractor shall assign, sublet, convey or transfer its interest in this Contract without the written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the County which may be a party hereto, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the County and the Contractor.

36. PRICING/AUDIT

The Contractor shall establish and maintain a reasonable accounting system, which enables ready identification of Contractor's cost of goods and use of funds. Such accounting system shall also include adequate records and documents to justify all prices for all items invoiced as well as all charges, expenses and costs incurred in providing the goods for at least five (5) years after completion of this contract. The County or its designee shall have access to such books, records, subcontract(s), financial operations, and documents of the Contractor or its subcontractors, as required to comply with this section for the purpose of inspection or audit anytime during normal business hours at the Contractor's place of business. This right to audit shall include the Contractor's subcontractors used to procure goods under the contract with the County. Contractor shall ensure the County has these same rights with subcontractors and suppliers.

37. EMPLOYEES OF THE CONTRACTOR

All work under this contract shall be performed in a professional and skillful manner. The County may require, in writing, that the Contractor, remove from this contract any employee the County deems incompetent, careless, or otherwise objectionable.

38. TOBACCO FREE CAMPUS

All Orange County operations under the Board of County Commissioners shall be tobacco free. This policy shall apply to parking lots, parks, break areas and worksites. It is also applicable to Contractors and their personnel during contract performance on County owned property. Tobacco is defined as tobacco products including, but not limited to, cigars, cigarettes, e-cigarettes, pipes, chewing tobacco and snuff. Failure to abide by this policy may result in civil penalties levied under Chapter 386, Florida Statutes and/or contract enforcement remedies.

39. CONTRACT CLAIMS

“Claim” as used in this provision means a written demand or written assertion by one of the contracting parties seeking as a matter of right, the payment of a certain sum of money, the adjustment or interpretation of contract terms, or other relief arising under or relating to this contract.

Claims made by a Contractor against the County, relating to a particular contract shall be submitted to the Manager, Procurement Division in writing clearly labeled “Contract Claim” requesting a final decision. The Contractor also shall provide with the claim a certification as follows: “I certify that the claim is made in good faith; that the supporting data are accurate and complete to the best of my knowledge and belief; that the amount requested accurately reflects the contract adjustment for which the Contractor believes the County is liable; and that I am duly authorized to certify the claim on behalf of the Contractor.”

Failure to document a claim in this manner shall render the claim null and void. No claim shall be accepted after final payment of the contract.

The decision of the Manager, Procurement Division shall be issued in writing and furnished to the Contractor. The decision shall state the reasons for the decision reached. The Manager, Procurement Division shall render the final decision within sixty (60) days after receipt of Contractor’s written request for a final decision. The Manager, Procurement Division decision shall be final and conclusive.

The Contractor shall proceed diligently with performance of this contract pending final resolution of any request for relief, claim, appeal or action arising under the contract and shall comply with any final decision rendered by the Manager, Procurement Division.

40. VERIFICATION OF EMPLOYMENT STATUS

Prior to the employment of any person under this contract, the Contractor shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the

contract term, and an express requirement that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. For more information on this process, please refer to United States Citizenship and Immigration Service site at:

<http://www.uscis.gov/portal/site/uscis>.

Only those employees determined eligible to work within the United States shall be employed under this contract.

By submission of a bid in response to this solicitation, the Contractor affirms that all employees in the above categories shall undergo e-verification before placement on this contract. The Contractor shall commit to comply with this requirement by completing the E-Verification certification, attached to this solicitation.

41. CONFIDENTIAL INFORMATION

In accordance with Chapter 119 of the Florida Statutes (Public Records Law), and except as may be provided by other applicable State or Federal Law, all proposers should be aware that Invitation for Bids and the responses thereto are in the public domain. Bidders must identify specifically any information contained in their response which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, **citing specifically the applicable exempting law**. If a Bidder fails to cite the applicable exempting law, we will treat the information as public.

42. FEDERAL REQUIREMENTS

In the event this Contract is paid in whole or in part from any federal government agency or source, the specific terms, regulations and requirements governing the disbursement of these funds shall be specified herein and become a part of this clause.

All Contracts in excess of one hundred thousand dollars (\$100,000) shall comply with all the requirements of Section 114 of the Clean Air Act (42 USC 7401 et seq.) as amended and Section 308 of the Federal Water Pollution Control Act (33 USC 1251 et seq.) as amended.

43. PUBLIC RECORDS COMPLIANCE (APPLICABLE FOR SERVICE CONTRACTS)

Orange County is a public agency subject to Chapter 119, Florida Statutes. The Contractor agrees to comply with Florida's Public Records Law. Specifically, the Contractor shall:

1. Keep and maintain public records required by Orange County to perform the service.
2. Upon request from Orange County's custodian of public records, provide Orange County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from the public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Contractor does not transfer the records to Orange County.
4. Upon completion of the contract, Contractor agrees to transfer at no cost to Orange County all public records in possession of the Contractor or keep and maintain public records required by Orange County to perform the service. If the Contractor transfers all public record to Orange County upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to Orange County, upon request from Orange County's custodian of public records, in a format that is compatible with the information technology systems of Orange County.
5. A Contractor who fails to provide the public records to Orange County within a reasonable time may be subject to penalties under section 119.10, Florida Statutes.

6. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT :

**Procurement Public Records Liaison
400 E. South Street, 2nd Floor, Orlando, FL 32801
ProcurementRecords@ocfl.net, 407-836-5897**

SPECIAL TERMS AND CONDITIONS

1. QUALIFICATION OF BIDDERS

This bid shall be awarded to a responsible, responsive bidder, qualified by experience to provide the work specified. The Bidder shall submit the following information with the bid:

- A. List and brief description of similar work satisfactorily completed with location, dates of contract, names, addresses, email addresses and telephone numbers of owners by completing the attached reference sheets.
- B. List of equipment and facilities available to do the work.
- C. List Account Manager, by name and title, contemplated to perform the work.
- D. **SAMPLES REQUIRED**

Bidder(s) shall be required to submit, at no charge to the County, a full and complete sample of **each item offered, considered to be an equivalent item offered for the items listed below.** Bidders are not required to submit samples if the item being bid is the same brand/model listed as specified. If no brand/model is listed, a sample is required from all bidders bidding that item.

LOT A: IV SUPPLIES

ITEM 13: IV Tourniquets, non-latex, 1"x18" rolled, 100/bag, 10 bags/case, ADI #3139 *or equal*

ITEM 14: IV Pressure Infuser, 1000cc, ETHOX Corp #4010 *or equal*

LOT B: AIRWAY MANAGEMENT

ITEM 1: Microstream O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDI, 25/box, Physio-Control #11996-000081 *or equal*

ITEM 2: Microstream O2/ETCO2 SmartCapnoline with O2 Delivery, size: PEDI, 25/bx, Physio-Control #11996-000128 *or equal*

ITEM 3: Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: ADULT, 100/case, Physio-Control #11996-000167 *or equal*

ITEM 18: Mucosal Atomization Device without Syringe, Luer-Lock connector, intranasal, Teleflex model **ONLY**

ITEM 43: Manual Resuscitator, size ADULT SPUR-II Resuscitator w/Mask, AMBU #520-211-000 *or equal*

ITEM 44: Manual Resuscitator, size PEDIATRIC SPUR-II Resuscitator w/Toddler Mask, AMBU #520-213-000 *or equal*

ITEM 45: AMBU Manual Resuscitator, size INFANT SPUR-II Resuscitator w/Neonate Mask, AMBU #540-211-000 *or equal*

ITEM 66: O2 Nebulizer Kit with BVM connector; **Kit must have the following:** 1 multi-adapter 15mm, ID/22mm OD Connector, small volume nebulizer T-shaped Mouthpiece, flex tube, non-latex 7' inch tubing with universal connector, elbow adapter 22mm ID/22mm OD connector, sold by each, Curaplex model **ONLY**

LOT C: DIAGNOSTIC EQUIPMENT

ITEM 4: ECG Electrodes, size ADULT, 50 electrode wet gel "dots" per pouch, 20pack/bx, 2bx/case, AMBU#SP-00-S/50 *or equal*

ITEM 42: Infrared, non-contact Thermometer MedSource model#MS-131000 *or equal*

ITEM 43: Finger-tip Pulse Oximeter, portable, Curaplex model *or equal*

ITEM 44. ECG Electrodes, size Pediatric, 50 electrode wet gel "dots"/pouch, AMBU BlueSensor model *or equal*

LOT D: BLS EQUIPMENT

ITEM 14: OB Kit, Plastic Bag with Infant Stockinette Cap, no scalpel, Umbilical scissors, Morrison Medical #0960 *or equal*

ITEM 25: Flex-All or SAM-style Splint, 36" roll, 60 splints/case, bendable, color: Orange/Blue, *or equal*

ITEM 61: Lancet, 100x single use safety lancets, OwenMumford Unistik2 model *or equal*

Samples shall be delivered to Maria Guevara-Hall, Purchasing and Contracts Division, 400 E. South Street, 2nd Floor, Orlando, Florida, 32802, for evaluation purposes **prior to bid submittal date and time**. Each sample shall be labeled with the **Item bid number, IFB Number (Y17-108-MG)** and the bidder's name. Samples may be subject to heat and stress tests, with the possibility of being destroyed, as part of the bid evaluation process. **All bids submitted without required samples shall be determined non-responsive for each of the above items.**

Samples will be returned at Bidder's expense upon written request to Maria Guevara-Hall, at the address shown on IFB's front page, within seven (7) days after contract award. If return is not requested within this time period, Bidder forfeits all rights and said samples shall become property of the County and shall be disposed of as the County deems appropriate. Bidder shall have seven (7) days after return request is submitted to remove samples from Orange County property. If samples are not removed within the seven (7) day time period, bidder forfeits all rights and said samples shall become property of the County and shall be disposed of as the County deems appropriate.

Failure to submit the above requested information shall be cause for rejection of your bid.

The determination on whether a bidder is responsible or not shall be at the sole discretion of the County. Although the County may request the submission of a minimum number of contracts similar to the requirements of this solicitation with certain minimum dimensions, quantities, dollar values, etc., the County's determination of a bidder's responsibility shall not be solely based on the number of similar procurements the bidder provides but the entirety of the bidder's qualifications.

3. BID ACCEPTANCE PERIOD

A bid shall constitute an irrevocable offer for a period of ninety (90) days from the bid opening date or until the date of award. In the event that an award is not made by the County within ninety (90) days from the bid opening date, the Bidder may withdraw their bid or provide a written extension of their bid.

4. AWARD

Award shall be made on an "**All-or-None Total Estimated Bid per Lot**" basis to the lowest responsive and responsible Bidder. If the Bidder fails to respond, they will be considered non-responsive.

5. POST AWARD MEETING

Within **ten** (10) calendar days after receipt of notification of award of bid, Contractor shall meet in-person or via teleconference with the County's representative(s) to discuss job procedures and scheduling.

6. F.O.B. POINT

The F.O.B. will be **Orange County Fire Rescue EMS Supply Bureau, 400 South Gaston Foster Road, Orlando, Florida 32807, telephone (407) 254-7774, email: EMSSupplies@ocfl.net**. Bids showing other than F.O.B. Destination will not be accepted. The bid shall include all costs of packaging, transporting, delivery and unloading. **This shall include inside delivery if requested to the designated point within Orange County.**

7. DELIVERY

Delivery is requested within **seven (7)** business days after receipt of delivery order. The delivery date stated on the Bid Response Form shall be the maximum acceptable delivery date. Vendors who are unable to supply delivery orders due to manufacturer allocation or back-order must contact OCFRD EMS Supply within the allotted seven (7) business days expected for delivery, with documentation to support the lack of stock. Failure to deliver within the time stated shall be cause for cancellation of the contract with all applicable remedies available to the County under State Law.

8. TERMINATION

A. Termination for Default:

The County may, by written notice to the Contractor terminate this contract for default in whole or in part (delivery orders, if applicable) if the Contractor fails to:

1. Provide goods or services that comply with the specifications herein or fails to meet the County's performance standards
2. Deliver the goods or to perform the services within the time specified in this contract or any extension.
3. Make progress so as to endanger performance of this contract
4. Perform any of the other provisions of this contract.

Prior to termination for default, the County shall provide adequate written notice to the Contractor through the Manager, Procurement Division, affording the opportunity to cure the deficiencies or to submit a specific plan to resolve the deficiencies within ten (10) calendar days (or the period specified in the notice) after receipt of the notice. Failure to adequately cure the deficiency shall result in termination action. Such termination may also result in suspension or debarment of the Contractor in accordance with the County's Procurement Ordinance. The Contractor and its sureties (if any) shall be liable for any damage to the County resulting from the Contractor's default of the contract. This liability includes any increased costs incurred by the County in completing contract performance.

In the event of termination by the County for any cause, the Contractor shall have, in no event, any claim against the County for lost profits or compensation for lost opportunities. After a receipt of a Termination Notice and except as otherwise directed by the County the Contractor shall:

1. Stop work on the date and to the extent specified.
2. Terminate and settle all orders and subcontracts relating to the performance of the terminated work
3. Transfer all work in process, completed work, and other materials related to the terminated work as directed by the County.
4. Continue and complete all parts of that work that have not been terminated.

If the Contractor's failure to perform the contract arises from causes beyond the control and without the fault or negligence of the Contractor the contract shall not be terminated for default. Examples of such causes include (1) acts of God or the public enemy, (2) acts of a government in its sovereign capacity, (3) fires, (4) floods, (5) epidemics, (6) strikes and (7) unusually severe weather.

B. Termination for Convenience:

The County, by written notice, may terminate this contract, in whole or in part, when it is in the County's interest. If this contract is terminated, the County shall be liable only for goods or services delivered and accepted. The County Notice of Termination shall provide the Contractor thirty (30) calendar days prior notice before it becomes effective. **A termination for convenience may apply to individual delivery orders, purchase orders or to the contract in its entirety.**

9. AS SPECIFIED

All goods delivered shall meet the specifications herein. Goods delivered not as specified shall be returned at no expense by Orange County. The County may return, for full credit, any unused goods received which fail to meet the County's performance standards. Replacement goods meeting specifications shall be submitted within a reasonable time after rejection of the non-conforming goods.

10. COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH

By submission of a bid in response to this solicitation, the Bidder certifies that all material, equipment, etc., contained in their bid meets all OSHA requirements. Bidder further certifies that if they are the awarded Contractor, and the material, equipment, etc., delivered is subsequently found to be deficient in any OSHA requirements in effect on date of delivery, all costs necessary to bring the material, equipment, etc., into compliance with the aforementioned requirements shall be borne by the Contractor.

11. PAYMENT

Partial billing shall be accepted only for goods received within the specified delivery period. Payments for goods delivered after this specified delivery period shall be made after the entire order is completed and accepted by Orange County. Payment shall be made in accordance with Florida Statute 218, Local Government Prompt Payment Act. Payment for accepted equipment/goods/services shall be accomplished by submission of an invoice, in duplicate, to:

Orange County Fire Rescue Department
Financial Services Division
P O Box 5879
Winter Park, FL 32793-5879
Phone (407) 836-9871

In the event additional County Departments/Divisions or other public entities utilize this contract, invoices are to be sent directly to the Department or entity placing the order.

12. INFORMATION AND DESCRIPTIVE LITERATURE

Bidders shall furnish all information requested and in the space provided on the bid form. Each Bidder offering an equal to the brand(s) specified (or if no brand is specified) shall submit with their bid, descriptive literature and/or detailed specifications covering the products offered. Reference to literature submitted with a previous bid shall not satisfy this provision. Bids which do not comply with these requirements may be rejected.

13. EQUIVALENTS

Please note Paragraph six (6), General Terms and Conditions. In addition to the equivalency requirement, Bidders offering equivalent goods shall meet the general design and style given for the "as specified" goods.

14. SAMPLES/DEMONSTRATIONS

Samples of any goods for demonstration shall be furnished upon request for a quality test or comparison without cost to the County.

15. WARRANTY

The Contractor shall fully warrant all equipment furnished hereunder against defect in materials and/or workmanship for the full standard manufacturer's warranty. Should any defect in materials or workmanship, except ordinary wear and tear, appear during the above stated warranty period, the Contractor shall repair or replace same at no cost to the County, immediately upon written notice from the County's authorized representative. The Contractor shall be responsible for either repairing the equipment on site or transporting the equipment to their repair facility at no cost to the County. All warranty provisions of the Uniform Commercial Code shall additionally apply.

All Items accepted shall have at least 75% shelf life, expiring no less than three-fourths from its time of delivery to Orange County Fire Rescue Department.

16. PACKAGING/SHIPPING LABELS

Shipping labels shall be attached to each carton and shall contain the following information: delivery order number, quantity contained in each package and total number of items being delivered.

17. INSURANCE REQUIREMENTS

Vendor/Contractor agrees to maintain on a primary basis and at its sole expense, at all times throughout the duration of this contract the following types of insurance coverage with limits and on forms (including endorsements) as described herein. These requirements, as well as the County's review or acceptance of insurance maintained by Vendor/Contractor is not intended to and shall not in any manner limit or qualify the liabilities assumed by Vendor/Contractor under this contract. Vendor/Contractor is required to maintain any coverage required by federal and state workers' compensation or financial responsibility laws including but not limited to Chapter 324 and 440, Florida Statutes, as may be amended from time to time.

The Vendor/Contractor shall require and ensure that each of its sub-Vendors/sub-Contractors providing services hereunder (if any) procures and maintains until the completion of their respective services, insurance of the types and to the limits specified herein.

Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A- Class VIII or better.

(Note: State licenses can be checked via www.floir.com/companysearch/ and A.M. Best Ratings are available at www.ambest.com)

Required Coverage:

- Commercial General Liability - The Vendor/Contractor shall maintain coverage issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with a limit of liability of not less than \$2,000,000 per occurrence. Vendor/Contractor further agrees coverage shall not contain any endorsement(s) excluding or limiting Product/Completed Operations, Contractual Liability, or Separation of Insureds. The General Aggregate limit shall either apply separately to this contract or shall be at least twice the required occurrence limit.
Required Endorsements:

- Additional Insured- CG 20 26 or CG 20 10/CG 20 37 or their equivalents.

Note: CG 20 10 must be accompanied by CG 20 37 to include products/completed operations

- Waiver of Transfer of Rights of Recovery- CG 24 04 or its equivalent.

Note: If blanket endorsements are being submitted please include the entire endorsement and the applicable policy number.

- Business Automobile Liability - The Vendor/Contractor shall maintain coverage for all owned; non-owned and hired vehicles issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with limits of not less than \$1,000,000 (one million dollars) per accident. In the event the Vendor/Contractor does not own automobiles the Vendor/Contractor shall maintain coverage for hired and non-owned auto liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

- Workers' Compensation - The Vendor/Contractor shall maintain coverage for its employees with statutory workers' compensation limits, and no less than \$100,000 each incident of bodily injury or disease for Employers' Liability. Elective exemptions as defined in Florida Statute 440 will be considered on a case-by-case basis. Any Vendor/Contractor using an employee leasing company shall complete the Leased Employee Affidavit.

When a self-insured retention or deductible exceeds \$100,000 the COUNTY reserves the right to request a copy of Vendor/Contractor most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis the Vendor/Contractor agrees to maintain a retroactive date prior to or equal to the effective date of this contract. In the event the policy is canceled, non-renewed, switched to occurrence form, or any other event which triggers the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this contract the Vendor/Contractor agrees to purchase the SERP with a minimum reporting period of not less than two years. Purchase of the SERP shall not relieve the Vendor/Contractor of the obligation to provide replacement coverage.

By entering into this contract Vendor/Contractor agrees to provide a waiver of subrogation or a waiver of transfer of rights of recovery, in favor of the County for the workers' compensation and general liability policies as required herein. When required by the insurer or should a policy condition not permit the Vendor/Contractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Vendor/Contractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Subrogation or a Waiver of Transfer of Rights of Recovery Against Others endorsement.

Prior to execution and commencement of any operations/services provided under this contract the Vendor/Contractor shall provide the COUNTY with current certificates of insurance evidencing all required coverage. In addition to the certificate(s) of insurance the Vendor/Contractor shall also provide endorsements for each policy as specified above. All specific policy endorsements shall be in the name of the Orange County Board of County Commissioners.

For continuing service contracts renewal certificates shall be submitted immediately upon request by either the COUNTY or the COUNTY's contracted certificate compliance management firm. The certificates shall clearly indicate that the Vendor/Contractor has obtained insurance of the type, amount and classification as required for strict compliance with this insurance section. Vendor/Contractor shall notify the COUNTY not less than thirty (30) business days (ten business days for non-payment of premium) of any material change in or cancellation/non-renewal of insurance coverage. The Vendor/Contractor shall provide evidence of replacement coverage to maintain compliance with the aforementioned insurance requirements to the COUNTY or its certificate management representative five (5) business days prior to the effective date of the replacement policy (ies).

The certificate holder shall read:

Orange County Board of County Commissioners
c/o Procurement Division
400 E. South Street, 2nd Floor
Orlando, Florida 32801

18. CONTRACT TERM/RENEWAL

- A. The contract resulting from this Invitation for Bids shall commence effective upon issuance of a term contract by the County and extend for a period of one (1) year. The contract may be renewed for four (4) additional one (1) year periods, upon mutual agreement of both parties. If any such renewal results in changes in the terms and conditions, such changes shall be reduced to writing as an amendment to this contract and such amendment shall be executed by both parties.
- B. The initiating County department(s) shall issue delivery/purchase orders against the term contract on an "as needed" basis.

- C. If the quantity of a unit priced item in this contract is an estimated quantity and the actual quantities ordered are more than 50% above the estimated quantity, the County shall enter into negotiations with the Contractor for a lower unit price which shall be incorporated into the contract. Failure of the Contractor to agree to a reduced unit price may result in the termination of the contract and re-solicitation of the requirement.
- D. Any order issued during the effective period of this contract, but not completed within that period, shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and the County's rights and obligations with respect to that order to the extent as if the order were completed during the contract performance period.

19. PRICING

The County requires a firm price for the entire contract period. Invoices shall be reviewed to confirm compliance with contract pricing. Failure to hold prices firm shall be grounds for immediate termination of the contract.

20. PRICE ESCALATION/DE-ESCALATION (PPI)

The County may allow a price escalation provision within this award.

The original contract prices shall be firm for the entirety of the initial (1 year) contract period. A price escalation/de-escalation will be considered at the time of contract renewal and at 1-year intervals thereafter, provided the Contractor notifies the County, in writing, of the pending price escalation/de-escalation a minimum of sixty (60) days prior to the contract renewal date. Price adjustments shall be based on the latest version of the Producer Price Index (PPI) – Industry Data, as published by the U.S. Department of Labor, Bureau of Labor Statistics. This information is available at www.bls.gov. Contractor shall utilize the North American Industry Classification System (NAICS) to identify the industry code most similar to the contracted commodity for the required calculation below. This information is available at www.census.gov/eos/www/naics/.

Price adjustment shall be calculated by applying the simple percentage model to the PPI data. This method is defined as subtracting the base period index value (at the time of initial award) from the index value at time of calculation (latest version of the PPI published as of the date of request for price adjustment), divided by the base period index value to identify percentage of change, then multiplying the percentage of change by 100 to identify the percentage change. Formula is as follows:

$$\text{Current Index} - \text{Base Index} / \text{Base Index} = \% \text{ of Change}$$

$$\% \text{ of Change} \times 100 = \text{Percentage Change}$$

PPI Calculation Example:

PPI for current period	232.945
Less PPI for base period	229.815
Equals index point change	3.130
Divided by base period PPI	229.815
Equals	0.0136
Result multiplied by 100	0.0136 x 100
Equals percent change	1.4%

A price increase may be requested only at each time interval specified above, using the methodology outlined in this section. To request a price increase, Contractor shall submit a letter stating the percentage amount of the requested increase and adjusted price to the Orange County Procurement Division. The letter shall include the complete calculation utilizing the formula above, and a copy of the PPI – Industry Data index table used in the calculation. The maximum allowable increase shall not exceed 4%, unless authorized by the Manager, Procurement Division. If approved, the price adjustment shall become effective on the contract renewal date. All price adjustments must be accepted by the Manager, Procurement Division and shall be memorialized by written amendment to this contract. No retroactive contract price adjustments will be allowed. Only final PPI data will be used to adjust contract pricing.

Should the PPI – Industry Data as published by the U.S. Department of Labor, Bureau of Labor Statistics decrease during the term of the contract, or any renewals, the Contractor shall notify the Orange County Procurement Division of price decreases in the same method outlined above. If approved, the price adjustment shall become effective on the contract renewal date. If the Contractor fails to pass the decrease on to the County, the County reserves the right to place the Contractor in default, cancel the award, and remove the Contractor from the County Vendor List for a period of time deemed suitable by the County. In the event of this occurrence, the County further reserves the right to utilize any options as stated herein.

21. USE OF CONTRACT BY OTHER GOVERNMENT AGENCIES

At the option of the Contractor, the use of the contract resulting from this solicitation may be extended to other governmental agencies, including the State of Florida, its agencies, political subdivisions, counties, and cities.

Each governmental agency allowed by the Contractor to use this contract shall do so independent of any other governmental entity. Each agency shall be responsible for its own purchases and shall be liable only for goods or services ordered, received and accepted. No agency receives any liability by virtue of this bid and subsequent contract award.

22. BID PREFERENCE

In accordance with the Minority Women Owned Business Enterprise (MWBE) Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible Orange County certified MWBE bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

In accordance with the Registered Service Disabled Veteran Business Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible registered prime Service Disabled Veteran bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

In the event of a tie between an M/WBE and a registered prime SDV with all else being equal, the award shall be made to the firm with the lowest business net worth.

23. METHOD OF ORDERING

The County shall issue Delivery Orders against the contract on an as needed basis for the goods or services listed on the Bid Response Form.

24. ATTACHMENTS

The following attachment(s) is/are attached to, and made a part of this Invitation for Bids:

- A. Attachment A - FIRE RESCUE LOGO

25. CONDITIONS FOR EMERGENCY/HURRICANE OR DISASTER - TERM CONTRACTS

It is hereby made a part of this Invitation for Bids that before, during and after a public emergency, disaster, hurricane, flood, or other acts of God that Orange County shall require a "first priority" basis for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation which threatens public health and safety, as determined by the County. Contractor agrees to rent/sell/lease all goods and services to the County or other governmental entities as opposed to a private citizen, on a first priority basis. The County expects to pay contractual prices for all goods or services required during an emergency situation. Contractor shall furnish a twenty-four (24) hour phone number in the event of such an emergency.

26. REFERENCES

A contact person shall be someone who has personal knowledge of the Bidder's performance for the specific requirement listed. Contact person shall have been informed that they are being used as a reference and that the County may be contacting them. More than one person can be listed but all shall have knowledge of the project. The reference shall be the owner or a representative of the owner. Contractors who provided services under the referenced project (contract) shall not be accepted as references. **DO NOT** list principals or officers who shall not be able to answer specific questions regarding the project. Failure of references listed to respond to the County's inquiries may negatively impact the responsibility of the Bidder.

27. REQUIREMENTS CONTRACT

This is a Requirements Contract and the County's intent is to order from the Contractor all of the goods or services specified in the contract's price schedule that are required to be purchased by the County. If the County urgently requires delivery of goods or services before the earliest date that delivery may be required under this contract, and if the contractor will not accept an order providing for accelerated delivery, the County may acquire the goods or services from another source.

The County's requirements in this contract are estimated and there is no commitment by the County to order any specified amount. If the estimated quantities are not achieved, this shall not be the basis for an equitable adjustment.

If the Manager, Procurement Division determines that the Contractor's performance is less than satisfactory, the County may order the goods or services from other sources until the deficient performance has been cured or the contract terminated.

**BID RESPONSE FORM
IFB #Y17-108-MG**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

LOT A: IV SUPPLIES

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
1.	IV Catheter 14ga x 2" Pleural D, 50/box, 200box/case, Terumo #SR*OX1451CA <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	IV Catheter 14ga x 1 1/4" 50/box, 200box/case, ProtectIV Plus #3068 <i>or equal</i>	\$____/Case	X50	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	IV Catheter 16ga x 1 1/4", 50/box, 200box/case, ProtectIV Plus #3062 <i>or equal</i>	\$____/Case	X100	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
4.	IV Catheter 18ga x 1 1/4", 50/box, 200box/case, ProtectIV Plus #3065 <i>or equal</i>	\$____/Case	X150	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

5.	IV Catheter 20ga x 1 1/4", 50/box, 200box/case, ProtectIV Plus #3066 <i>or equal</i>	\$____/Case	X150	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	IV Catheter 22ga x 1", 50/box, 200box/case ProtectIV Plus #3060 <i>or equal</i>	\$____/Case	X150	=\$_____
----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	IV Catheter 24ga x 3/4", 50/box, 200box/case, ProtectIV Plus #3063 <i>or equal</i>	\$____/Case	X30	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

8.	Blunt Filter Tip Needle, size 18ga x 1.5", 1000 needles/case BD Medical style <u>BRAND SPECIFIC</u>	\$____/Case	X5	=\$_____
----	--	-------------	----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

9	IV Three-Way Stopcock with swivel Male LuerLock, 50/box, Baxter #C6240 <i>Or equal</i>	\$____/box	X50	=\$_____
---	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	IV Extension Set, Standard Bore With LuerLock Adapter, 100/case, Medsource #1714-83092 <u>BRAND SPECIFIC</u>	\$____/Case	X100	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	IV Adjustable Administration set With Ultra Site, 50/case, Braun #375153 <u>BRAND SPECIFIC</u>	\$____/case	X250	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
12.	IV Venigard, dressing, 100/box, Conmed #705-4431 <u>BRAND SPECIFIC</u>	\$____/box	X350	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

13.	IV Tourniquets, non-latex, 1"x18" Rolled, 100/bag, 10 bags/case, ADI #3139 <i>or equal</i>	\$____/Case	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	IV Pressure Infuser, 1000cc, ETHOX Corp #4010 <i>or equal</i>	\$____/each	X250	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Hypodermic Needle, size 18ga x 1", Safety Magellan Covidien/Kendall #8881850810 50ea/box <u>BRAND SPECIFIC</u>	\$____/box	X100	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
16.	Hypodermic Needle, size 20ga x 1", Safety Magellan Covidien/Kendall #8881850010 50ea/box <u>BRAND SPECIFIC</u>	\$____/box	X100	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

17.	Hypodermic Needle, size 22ga x 1", Safety Magellan Covidien/Kendall #8881850215 50ea/box <u>BRAND SPECIFIC</u>	\$____/box	X100	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Syringe, 1cc, Tuberculin, without Needle, LuerLock, EXEL Medical Product #26049 100ea/box <i>or equal</i>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Syringe, 5cc/6cc, without Needle, LuerLock, EXEL Medical Product #26230 100ea/box <i>or equal</i>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT A: IV SUPPLIES

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
20.	Syringe, 10cc/12cc, without Needle, LuerLock, EXEL Medical Product #26265 100ea/box <i>or equal</i>	\$____/box	X50	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

21.	Syringe, 50cc/60cc, without Needle, LuerLock, EXEL Medical Product #26300 100ea/box <i>or equal</i>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21): \$_____
FOB DESTINATION

Company Name

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

1.	Microstream O2/ETCO2 Circuit Filterline Set, size: ADULT/PEDI, 25/box, Physio-Control #11996-000081 <i>or equal</i>	\$____/box	X150	=\$_____
----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: PEDI, 25/bx, Physio-Control #11996-000128 <i>or equal</i>	\$____/box	X50	=\$_____
----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	Microstream O2/ETCO2 Smart Capnoline with O2 Delivery, size: ADULT, 100/case, Physio-Control #11996-000167 <i>or equal</i>	\$____/Case	X350	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	BiTrac O2 ResQ System CPAP, Full- Facemask with headstrap, size: ADULT MEDIUM, 10/case, Pulmodyne #313-7029 <u>BRAND SPECIFIC</u>	\$____/Case	X150	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
5.	BiTrac O2 ResQ System, CPAP Breathing Circuit, ADULT Circuit w/LARGE Mask & 10cm, O2-CPAP valve, 10/case, Pulmodyne #313-7029 <u>BRAND SPECIFIC</u>	\$____/Case	X350	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	O2 CPAP valve 5cm H2O connector, 10/case, Pulmodyne #313-7716 <u>BRAND SPECIFIC</u>	\$____/Case	X125	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7	Endotracheal Tube, Flexi-set, size 3.0 Uncuffed, 10/box, Rusch #506530 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
---	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	Endotracheal Tube, Flexi-set, size 3.5 Uncuffed, 10/box, w/stylet, Rusch #506535 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

9.	Endotracheal Tube, Flexi-set, size 4.0 Uncuffed, 10/box, w/stylet, Rusch #506540 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	Endotracheal Tube, Flexi-set, size 4.5 Uncuffed, 10/box, w/stylet, Rusch #506545 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	Endotracheal Tube, Flexi-set, size 5.0 Cuffed, 10/box, w/stylet, Rusch #504550 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

12.	Endotracheal Tube, Flexi-set, size 5.5 Cuffed, 10/box, w/stylet, Rusch #504555 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
13.	Endotracheal Tube, Flexi-set, size 6.0 Cuffed, 10/box, w/stylet, Rusch #504560 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____

Manufacturer **Stock Number**

14.	Endotracheal Tube, Flexi-set, size 6.5 Cuffed, 10/box, w/stylet, Rusch #504565 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Endotracheal Tube, Flexi-set, size 7.0 Cuffed, 10/box, w/stylet, Rusch #504570 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Endotracheal Tube, Flexi-set, size 8.0 Cuffed, 10/box, w/stylet, Rusch #504580 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

17.	Endotracheal Tube, Flexi-set, size 9.0 Cuffed, 10/box, w/stylet, Rusch #504590 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Mucosal Atomization Device without Syringe, Luer-Lock connector, intranasal, Teleflex model 25ea/box <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Endotracheal Tube Holder, Size ADULT, 100/case, Thomas Laerdal #600-10000 <u>BRAND SPECIFIC</u>	\$____/Case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

20.	Endotracheal Tube Holder, Size PEDIATRIC, 100case, Thomas Laerdal #600-20000 <u>BRAND SPECIFIC</u>	\$____/Case	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

21.	Pressure Manometer for INFANT Resuscitator, disposable, 20/case, AMBU #322-004-000 <i>or equal</i>	\$____/Case	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	LMA Supreme, size 1, 10/box, 10 bx/case, Teleflex #175010 <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	LMA Supreme, size 1.5, 10/box, 10 bx/case, Teleflex #175015 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	LMA Supreme, size 2, 10/box, 10 bx/case, Teleflex #175020 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

25.	LMA Supreme, size 2.5, 10/box, 10 bx/case, Teleflex #175025 <u>BRAND SPECIFIC</u>	\$____/Case	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

26.	LMA Supreme, size 3, 10/box, 10 bx/case, Teleflex #175030 <u>BRAND SPECIFIC</u>	\$____/Case	X50	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

27.	LMA Supreme, size 4, 10/box, 10 bx/case, Teleflex #175040 <u>BRAND SPECIFIC</u>	\$____/Case	X150	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

28.	LMA Supreme, size 5, 10/box, 10 bx/case, Teleflex #175050 <u>BRAND SPECIFIC</u>	\$____/Case	X100	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

29.	Laryngoscope Blade, size Miller #0, 20/bx, \$____/box Greenline, disposable stainless steel, fiber optic, Model #5-5333-00 <u>BRAND SPECIFIC</u>		X50	=\$_____
-----	---	--	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	Laryngoscope Blade, size Miller #1, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-01 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	Laryngoscope Blade, size Miller #2, 20/bx Greenline, disposable stainless steel, fiber optic, Model #5-5333-02 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

32.	Laryngoscope Blade, size Miller #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5333-03 <u>BRAND SPECIFIC</u>	\$____/box	X50	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

ITEM NO.	DESCRIPTION	UNIT PRICE	ESTIMATED QUANTITY	TOTAL EST. BID
33.	Laryngoscope Blade, size Macintosh #2, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-02 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
34.	Laryngoscope Blade, size Macintosh #3, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-03 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
35.	Laryngoscope Blade, size Macintosh #4, 20/bx, Greenline, disposable stainless steel, fiber optic, Model #5-5332-04 <u>BRAND SPECIFIC</u>	\$____/box	X75	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
36.	Laryngoscope Handle, Greenline D, Fiber optic LED, size: MEDIUM, Model #5-0246-80 <u>BRAND SPECIFIC</u>	\$____/each	X150	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

37.	Laryngoscope Handle, stainless Steel, size: SMALL, Model #5-0246-89 <u>BRAND SPECIFIC</u>	\$____/each	X150	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

38.	Meconium Aspirator, Neotech Products #N0101 <i>or equal</i>	\$____/each	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

39.	Nasopharyngeal Airway, latex-free Size: 14FR, soft PVC, 10/box, <i>or equal</i>	\$____/box	X20	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

40.	Nasopharyngeal Airway, latex-free Size: 20FR, soft PVC, 10/box, <i>or equal</i>	\$____/box	X20	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

41.	Nasopharyngeal Airway, latex-free Size: 22FR, soft PVC, 10/box, <i>or equal</i>	\$____/box	X20	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Nasopharyngeal Airway, latex-free Size: 28FR, soft PVC, 10/box, <i>or equal</i>	\$____/box	X20	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	Manual Resuscitator, size ADULT SPUR-II Resuscitator w/Mask, AMBU #520-211-000 12 each/case <i>or equal</i>	\$____/Case	X150	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

44.	Manual Resuscitator, size PEDIATRIC SPUR-II Resuscitator w/Toddler Mask, AMBU #520-213-000 12ea/case <i>or equal</i>	\$____/Case	X150	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

45.	AMBU Manual Resuscitator, size INFANT SPUR-II Resuscitator w/Neonate Mask, AMBU #540-211-000, 12ea/case <i>or equal</i>	\$____/Case	X150	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

46.	Nasal Cannula, size ADULT, Medstorm #30050, 100ea/box <i>or equal</i>	\$____/box	X20	=\$_____
-----	---	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

47.	Nasal Cannula, size PEDIATRIC, Medstorm #30056 100ea/box <i>or equal</i>	\$____/box	X20	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

48.	Non-Rebreathing Mask, size ADULT, Elongated with 7ft tubing, Medline#HCS464OH 100ea/box, <i>or equal</i>	\$____/box	X250	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
49.	Non-Rebreathing Mask, size PEDIATRIC, Medline#HCS4642 100ea/box <i>or equal</i>	\$____/box	X50	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
50.	Non-Rebreathing Mask, size INFANT, 50/case, Curaplex #30058 <i>or equal</i>	\$____/Case	X50	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
51.	Suction Canister, 1200cc, 48/case Bemis#484410 <u>BRAND SPECIFIC</u>	\$____/Case	X10	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
52.	Oral Airway, Berman, Colour-code, Size 50mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
53.	Oral Airway, Berman, Colour-code, Size 60mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
54.	Oral Airway, Berman, Colour-code, Size 70mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
55.	Oral Airway, Berman, Colour-code, Size 80mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
56.	Oral Airway, Berman, Colour-code, Size 90mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
57.	Oral Airway, Berman, Colour-code, Size 100mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			
58.	Oral Airway, Berman, Colour-code, Size 110mm, Latex-free, 50/pack, <i>or equal</i>	\$____/pack	X20	=\$_____
	Manufacturer Name: _____			
	Mfg. Part #: _____ Vendor # _____			
	Packaging: _____			

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
59.	Suction Yankauer, sterile, with bulb-tip and control vent, Dynarex Model <i>or equal</i>	\$____/each	X75	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
60.	Suction Catheter, size 6FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
61.	Suction Catheter, size 8FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
62.	Suction Catheter, size 10FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
63.	Suction Catheter, size 14FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				

Company Name

LOT B: AIRWAY MANAGEMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

64.	Suction Catheter, size 18FR, sterile, Disposable, 50/case, Medsource <i>or equal</i>	\$____/Case	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

65.	Suction Tubing for Suction Unit, 6ft, Conmed #0034300 <i>or equal</i>	\$____/each	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

66.	O2 Nebulizer Kit with BVM connector; Kit <u>must</u> have the following: 1 multi-adapter 15mm ID/22mm OD Connector, small volume nebulizer T-shaped Mouthpiece, flex tube, non-latex 7' inch tubing with universal connector, elbow adapter 22mm ID/22mm OD connector, sold by each, Curaplex model <u>BRAND SPECIFIC</u>	\$____/each	X450	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66): \$ _____
FOB DESTINATION

 Company Name

Indicate if items are to be delivered:
 via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

1.	EKG Paper for LIFEPAK 12/15, 2 rolls/box, Medtronic#11240-000016 <i>or equal</i>	\$____/box	X250	=\$_____
----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	EDGE Pediatric Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000093 <u>BRAND SPECIFIC</u>	\$____/pair	X1000	=\$_____
----	--	-------------	-------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	EDGE Adult Quick-Combo, Defibrillator Pads, 1 = 1 pair, Medtronic #11996-000091 <u>BRAND SPECIFIC</u>	\$____/pair	X8500	=\$_____
----	--	-------------	-------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	ECG Electrodes, size ADULT, 50 electrode wet gel "dots" per pouch, 20pack/bx, 2bx/case, AMBU#SP-00-S/50 <i>or equal</i>	\$____/Case	X500	=\$_____
----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
5.	Diagnostix 750 series Wall-Mounted Aneroid Sphygmomanometer BP Cuff, Size: ADULT, latex-free, ADC#750W-11A <i>or equal</i>	\$____/each	X100	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	BP Cuff, Size: INFANT, Reusable Aneroid Sphygmomanometer, Medline#ADC7007IBK <i>or equal</i>	\$____/each	X50	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	BP Cuff, Size: CHILD, Reusable Aneroid Sphygmomanometer, Medline#ADC7009CBK <i>or equal</i>	\$____/each	X50	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	BP Cuff, Size: ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70011ABK <i>or equal</i>	\$____/each	X150	=\$_____
----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

9.	BP Cuff, Size: LARGE ADULT, Reusable Aneroid Sphygmomanometer, Medline#ADC70012XBK <i>or equal</i>	\$____/each	X100	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	BP Cuff, Size: THIGH, Reusable Aneroid Sphygmomanometer, Medline#ADC70013TBK <i>or equal</i>	\$____/each	X50	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	Stethoscope, ADSCOPE-lite ADULT, Color: Royal Blue, #609RB American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

12.	Stethoscope, ADSCOPE-lite PEDIATRIC, Color: Pink, #675P American Diagnostic Corp. <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

_____ Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

13.	C-Collar Bag, Custom Equipment Bag, 26"L x 8"W x 12"H, Color: Royal Blue, Safety International #17114 <i>or equal</i>	\$____/each	X60	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	Oxygen Carry Kit "D" Size Cylinder, Color: Royal Blue, Ferno 5120 #081 9827 <i>or equal</i>	\$____/each	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Trauma Oxygen Deployment Kit Color: Blue, Safety International #16038 Custom <i>or equal</i>	\$____/each	X60	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Belt Glove Pouch, 4"x3", Color: Black, Safety International #61058 <i>or equal</i>	\$____/each	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
17.	MCI Triage Bag, Color: Red, screened with "MCI" in White, 12"W x 8"H x 2"D, Safety International #17115 <i>or equal</i>	\$____/each	X25	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Combat Application Tourniquet (C-A-T) Color: Rescue Orange Part #CR-006604-000 <u>BRAND SPECIFIC</u>	\$____/each	X300	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Celox Rapid "Z-Fold" Hemostatic Gauze, 3"x5", #FG08839011 <u>BRAND SPECIFIC</u>	\$____/each	X360	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

20.	FoxSeal Occlusive Dressing, Sterile, 2 seals/pack, Medtrade #FG08814441 <u>BRAND SPECIFIC</u>	\$____/pack	X200	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

21.	Trauma Wound Dressing, 4" Hemorrhage Control "Israeli Bandage", PerSys Medical #100101050 <u>BRAND SPECIFIC</u>	\$____/each	X350	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	Trauma Wound Dressing, 6" Hemorrhage Control "Israeli Bandage", PerSys Medical #100201050 <u>BRAND SPECIFIC</u>	\$____/each	X350	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	Blanket, Disposable, 54"x80" Color: Yellow, 50/case, Dukal Corp#7303 <i>or equal</i>	\$____/case	X150	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	Burn Sheets, Sterile, 24/case, Roehampton #312 <i>or equal</i>	\$____/case	X60	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
25.	Stretcher Sheets, conformed for STRYKER PowerProXT, Taylor Healthcare "G-Force", blue, 36"x90", 30/case, #90-GFRC3690 <u>BRAND SPECIFIC</u>	\$____/case	X25	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

26.	Premium Flat Cot Sheet, color: Navy Blue, 40" x 85", 50/case, Dynarex #3517 <i>or equal</i>	\$____/case	X25	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

27.	Pillow, Disposable, 16" x 21", 12/case, CareLine #089-7010 <i>or equal</i>	\$____/case	X200	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

28.	HandTevy Pediatric length-based Measuring tape, Pediatric Emergency Standards model #HPB004 <u>BRAND SPECIFIC</u>	\$____/each	X125	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

29.	Blanket, Disposable, 72" x 90", Color: Sky Blue, 100% Polyester, 12/case, Ashland Mills # 79925 <i>or equal</i>	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	S-SCOR VX-2 Portable Suction Unit, w/variable regulator, retention & charging bracket, SSCOR #592310BV <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	S-SCOR VX-2 Portable Suction Unit AC Converter 120V, SSCOR #80521-100 <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

32.	S-SCOR VX-2 Portable Suction Unit DC Cord, SSCOR #80665 <u>BRAND SPECIFIC</u>	\$____/each	X25	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

33.	Triage Tags, 50/pack, Florida Disaster Management Systems, Inc. #DMS-05006F <u>BRAND SPECIFIC</u>	\$____/pack	X350	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

34.	Foil Baby Bunting, "Silver Swaddler", Sterile, Morrison Medical #0981 <i>or equal</i>	\$____/each	X300	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

35.	Pelican #1400 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

36.	Pelican #1450 "Protector" Case, Pick and Pluck foam, color: Silver, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

37.	Pelican #1500 "Protector" Case With foam, color: Black, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

38.	Pelican #1520 "Protector" Case With foam, color: Silver, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

39.	Pelican #1554 "Protector" Case, With Padded Dividers, color: Orange, <u>BRAND SPECIFIC</u>	\$____/each	X30	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

40.	Pelican #1600 "Protector" Case With foam, color: Yellow, <u>BRAND SPECIFIC</u>	\$____/each	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

41.	ALS Drug Box Insert, Custom For Pelican 1550, Safety International #83038-ALS <i>or equal</i>	\$____/each	X40	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Infrared, non-contact Thermometer MedSource model#MS-131000 <i>or equal</i>	\$____/each	X50	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	Finger-tip Pulse Oximeter, portable, Curaplex model <i>or equal</i>	\$____/each	X110	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

44.	ECG Electrodes, size Pediatric, 50 electrode wet gel "dots"/pouch, 40packs/case, AMBU BlueSensor model <i>or equal</i>	\$____/case	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT C: DIAGNOSTIC EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

45.	Oxygen Tubing, 7 inch length with Standard connectors, latex-free, non-sterile, 50/case, VentLab #3007 <i>or equal</i>	\$/case	X100	=\$_____
-----	--	---------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

46.	G5 Intellisense Adult Defibrillation pads for Powerheart G5, model #XELAED001A <u>BRAND SPECIFIC</u>	\$/Each	X200	=\$_____
-----	---	---------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

47.	G5 Intellisense Pediatric Defibrillation pads for Powerheart G5, model #XELAED003A <u>BRAND SPECIFIC</u>	\$/Each	X200	=\$_____
-----	---	---------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 47): \$_____ **FOB DESTINATION**

Company Name

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

1.	Hypoallergenic silk-like Tape 1". 12 Rolls/box, 10 Boxes/case, Durapore 3M #1538-1 <i>or equal</i>	\$____/case	X40	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

2.	Hypoallergenic silk-like Tape 3", 4 Rolls/box, 10 Boxes/case, Durapore 3M #1538-3 <i>or equal</i>	\$____/case	X40	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

3.	Flexible Fabric Bandage, 1" x 3", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3612 <i>or equal</i>	\$____/case	X50	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

4.	Flexible Fabric Bandage, 2" x 4½", Sterile, Latex Free, 100/box, 24 Boxes/case, Dynarex #3614 <i>or equal</i>	\$____/case	X50	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
5.	Swabstick Tincture of Benzoin, 50/Box, Dynarex #P-S42450 <i>or equal</i>	\$____/box	X35	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

6.	Prep-Pad, 70% Isopropyl Alcohol, 200/box, 10 Boxes/case Dynarex #1103 <i>or equal</i>	\$____/case	X75	=\$_____
----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

7.	Nail Polish Remover Pads, 100/box, 10 Boxes/case, Dukal #862 <i>or equal</i>	\$____/case	X20	=\$_____
----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

8.	Sterile Water for Irrigation, USP, 500ml, 18/case, Baxter #2F7113 <i>or equal</i>	\$____/case	X200	=\$_____
----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

9.	Petroleum Gauze, size: 3in. X 9 in., 12/box, IntegrityMedical #25-1390 <i>or equal</i>	\$____/box	X50	=\$_____
----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

10.	Sterile Lube Jelly, 2.7 gram, 144/box, Dynarex #P-T001258 <i>or equal</i>	\$____/box	X100	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

11.	Triple Antibiotic Ointment, Single Use Packs, 25 Packs/box, WaterJel Technologies #WJTA1800 <i>or equal</i>	\$____/box	X600	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

12.	Hydrogen Peroxide, Size: 16 oz, 3% U.S.P., 10% Volume, 12/case <i>or equal</i>	\$____/case	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

13.	Penlight, Disposable, color: White with Pupil Gauge, 6/pack. Needi Safety Supply Corp, #R-073PG <i>or equal</i>	\$____/pack	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

14.	OB Kit, Plastic Bag With Infant Stockinette Cap, no scalpel, Umbilical scissors, Morrison Medical #0960 <i>or equal</i>	\$____/each	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

15.	Triangular Bandages, 10"x 40"x 56", 12/box, 20 Boxes/case, Dynarex #3680 <i>or equal</i>	\$____/case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

16.	Cold Packs, Instant, 4" x 5", 24/case, Dynarex #4512 <i>or equal</i>	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

17.	Dressing, Multi-Trauma, Sterile, 12" x 30", 25/case, MedSource #MS-GZM001 <u>BRAND SPECIFIC</u>	\$____/case	X100	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

18.	Gauze Sponges, 4"x 4", Non-Sterile, 8-ply, 200/bag, 20 Bags/case Dukal Corp. #8509 <i>or equal</i>	\$____/case	X200	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

19.	Combine Pad, 8" x 10", Sterile, 24 Pouches/tray, 15 Trays/case, Dynarex #3503 <i>or equal</i>	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

20.	Clipboard, Aluminum, lower hinge, 9" x 14" x 1", Saunders Redi-Rite #RR8514 <i>or equal</i>	\$____/each	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

21.	Limb Restraints with "D-Ring", Disposable, 2 Restraints per Pair, 48 pair/case, DMS #501110M <i>or equal</i>	\$____/case	X100	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

22.	Battery, 3 Volt, Lithium Cell CR2032 <i>BRAND SPECIFIC</i>	\$____/each	X250	=\$_____
-----	---	-------------	------	----------

NOTE: Items must be individually packed with a minimum remaining life of 12 months clearly marked on each package

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

23.	Stretch "KLING" Gauze Bandage, 4" Non Sterile, 12/box, 96/case Dynarex #3104 <i>or equal</i>	\$____/case	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

24.	IV Arm Board, size PEDIATRIC, 2" x 6", 100/case, Morrison Medical #1006 <i>or equal</i>	\$____/case	X10	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
25.	Flex-All or SAM-style Splint, 36" roll, 60 splints/case, bendable, colour: Orange/Blue, <i>or equal</i>	\$____/case	X75	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
26.	Head Immobilizer Sta-Blok, 30/case, Laerdal Medical Corp. #700-00001 <u>BRAND SPECIFIC</u>	\$____/case	X250	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
27.	Backboard Straps Set, 5ft, color: Orange, 2 piece, Polypropylene with Plastic side-release buckle, loop lock, 3/pack, Safety International #170536-ORPK <u>BRAND SPECIFIC</u>	\$____/case	X100	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				
28.	Najo Readiboard, LBB Plastic Long Spine Board with Pins, must have "Orange County Fire Rescue" logo Please see ATTACHMENT A, Color: Red, Ferno#275401204 <i>or equal</i>	\$____/each	X50	=\$_____
Manufacturer Name: _____				
Mfg. Part #: _____ Vendor # _____				
Packaging: _____				

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
29.	Cervical Collar, Adjustable 30/case, Ambu Perfit Ace #000-281-000 <u>BRAND SPECIFIC</u>	\$____/case	X400	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

30.	Cervical Collar, Adjustable 30/case, Ambu Mini Perfit Ace #000-281-106 <u>BRAND SPECIFIC</u>	\$____/case	X40	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

31.	Convenience/Emesis Bags, color: White/Opaque, 240/case, GKR Industries#1000/7000 <i>or equal</i>	\$____/case	X50	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

32.	Urinal, Clear with Cover 50/case, Medline DYND80235 <i>or equal</i>	\$____/case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

33.	Steris Coverage Spray TB, 710ml, 12 bottles/case, SKU#142977, Order#1629-B4, <u>BRAND SPECIFIC</u>	\$____/case	X75	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

34.	Virex TB, ready-to-use disinfectant Cleaner #4743, 32oz spray bottle, 12/case, <u>BRAND SPECIFIC</u>	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

35.	Gloves, size: SMALL, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-S <u>BRAND SPECIFIC</u>	\$____/case	X80	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

36.	Gloves, size: MEDIUM, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-M <u>BRAND SPECIFIC</u>	\$____/case	X800	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

37.	Gloves, size: LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-L <u>BRAND SPECIFIC</u>	\$____/case	X1100	=\$_____
-----	---	-------------	-------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

38.	Gloves, size: EXTRA LARGE, 12", Powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-XL <u>BRAND SPECIFIC</u>	\$____/case	X750	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

39.	Gloves, size: 2X LARGE, 12", powder & latex-free, 100 gloves/box, 10bx/case, Ansell Microflex LSE-104-2XL <u>BRAND SPECIFIC</u>	\$____/case	X450	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

40.	Biohazard Waste Bags, 10 Gallon, 24" x 24" x 1.3mic, w/Biohazard Symbol, 1000/case, Medline Industries #NONHDR24RL <i>or equal</i>	\$____/case	X100	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

41.	Biohazard Red Bags, 15 gallon, 24" x 33" x 1.2mil, w/Biohazard Symbol, 250/case, Medline Industries <i>#NON122433 or equal</i>	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

42.	Infectious Linen Bag, Yellow, Biohazard Symbol, 23"x41"x8", 250/case, Med Action Industries #47-07 <i>or equal</i>	\$____/case	X20	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

43.	PPE Tyvex Sleeves 18", Impervious Elastic Ends, 100 Pair/case, Lakeland Industries Inc. Style 850 <i>or equal</i>	\$____/case	X80	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

44.	PPE Shoe Covers, Disposable, Non-Skid, 50 Pair/box, Dukal #350 <i>or equal</i>	\$____/box	X100	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

45.	PPE Protective Gowns, Impervious type, White/Latex Free, 50/case, Dynarex #2145 <u>BRAND SPECIFIC</u>	\$____/case	X100	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

46.	PPE Safety Glasses, Clear Lens, Pyramex Ztek #S2510ST 12 Pair/box or equal	\$____/box	X300	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

47.	PPE Safety Glasses, Grey Lens, Pyramex Ztek, #S2520ST, 12 Pair/box or equal	\$____/box	X200	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

48.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 or equal	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
49.	Wash Basin, Rectangular 50/case, Medline DYND80301 <i>or equal</i>	\$____/case	X20	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

50.	PDI Super Sani-Cloth, Germicidal Disposable Wipe, 6/case, #Q86984 <u>BRAND SPECIFIC</u>	\$____/case	X300	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

51.	Brush, Scrub, Hand Style Scrubber RubberMaid Product #6360 <i>or equal</i>	\$____/each	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

52.	AirLay/AirLaid Wipes, 12" x13¼", 75 wipes/pack, 12pack/case, #61000 <i>or equal</i>	\$____/case	X150	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

53.	Surgical Shave Prep Razor, double edge, Dual side, 100/box, Medline model #DYND70837 <i>or equal</i>	\$____/box	X200	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
54.	Hand-Gel Sanitizer, Waterless, 4-oz Bottle with Flip Top Lid, 24/case, Safetec of America #18350 <u>BRAND SPECIFIC</u>	\$____/case	X200	=\$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

55.	Sharps Dart, 24/case, Medsource #MS-64250 <i>or equal</i>	\$____/case	X200	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

56.	Scoop Stretcher Model 65 <u>BRAND SPECIFIC</u>	\$____/each	X20	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

57.	Scoop Stretcher Straps for Model 65, 2 Straps per Set, Ferno #031-3890 <i>or equal</i>	\$____/set	X50	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

58.	Stair Chair Straps for Model 107, 2 Piece Set, Ferno #031-3895 <i>or equal</i>	\$____/set	X50	=\$_____
-----	--	------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

59.	Taylor Healthcare "Titan Soft Stretcher" Patient tarps, 5/case, #44-TT4080 <u>BRAND SPECIFIC</u>	\$____/case	X50	=\$_____
-----	---	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

60.	Lancet, 100x single use safety lancets per box, Owen Mumford Unistik2 model <i>or equal</i>	\$____/box	X250	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

61.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 6Boxes/case, 3M #1870 <u>BRAND SPECIFIC</u>	\$____/case	X500	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

62.	Particulate Respirator, N95 Classification, NIOSH Compliant 20/box, 8Boxes/case 3M #8110S <u>BRAND SPECIFIC</u>	\$____/case	X10	=\$_____
-----	--	-------------	-----	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED QUANTITY</u>	<u>TOTAL EST. BID</u>
------------------------	---------------------------	--------------------------	----------------------------------	------------------------------

63.	Dressing, 4"x4" sterile, 25/box, Dynarex model #3342 <i>or equal</i>	\$____/box	X250	=\$_____
-----	---	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

64.	Sharps Collector, multi-use sharps Collector, 8 QUART, 24/box, BD model #305344 <u>BRAND SPECIFIC</u>	\$____/box	X250	=\$_____
-----	--	------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

65.	Sharps Collector, 1 GALLON, Collector, 20/case, Covidien model #31143699 <u>BRAND SPECIFIC</u>	\$____/case	X250	=\$_____
-----	---	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

66.	Ear/Ulcer "Bulb" Syringe, 2oz, 50ea/case, \$____/case Amsion/AMSure model #AS00502S <i>or equal</i>	\$____/case	X250	=\$_____
-----	--	-------------	------	----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

Company Name

LOT D: BLS EQUIPMENT

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>ESTIMATED TOTAL QUANTITY</u>	<u>EST. BID</u>
67.	Blood Glucose Monitoring System Glucometer, Assure Prism model #530001	\$____/each	X250	= \$_____

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

68.	Blood Glucose Monitoring Test Strips for Glucometer, Assure Prism model #530050	\$____/each	X250	= \$_____
-----	--	-------------	------	-----------

Manufacturer Name: _____

Mfg. Part #: _____ **Vendor #** _____

Packaging: _____

ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68): \$ _____

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

ESTIMATED TOTAL FOR LOT A (LINES 1 THROUGH 21):- \$ _____
ESTIMATED TOTAL FOR LOT B (LINES 1 THROUGH 66):- \$ _____
ESTIMATED TOTAL FOR LOT C (LINES 1 THROUGH 47):- \$ _____
ESTIMATED TOTAL FOR LOT D (LINES 1 THROUGH 68):- \$ _____

**TOTAL ESTIMATED BID FOR ALL LOTS (LOTS A-D)
 FOB DESTINATION** \$ _____

 Company Name

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Delivery shall be not later than seven (7) business days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Maria Guevara-Hall, Senior Purchasing Agent, at maria.guevara-hall@ocfl.net

Bid Response Documents - The following documents constitute your bid:

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.
- D. Descriptive literature or detailed specifications for any equal goods proposed.
- E. Examples: Bid Deposit, Sub-contractor, per Special Terms and Conditions.

THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:

Company Name: _____

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: _____ D-U-N-S® # _____

(Street No. or P.O. Box Number) (Street Name) (City)

(County) (State) (Zip Code)

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

<u>EMERGENCY CONTACT</u>	
Emergency Contact Person: _____	
Telephone Number: _____	Cell Phone Number: _____
Residence Telephone Number: _____	Email: _____

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. _____, Date _____ Addendum No. _____, Date _____

Addendum No. _____, Date _____ Addendum No. _____, Date _____

AUTHORIZED SIGNATORIES/NEGOTIATORS

The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email

_____	_____
(Signature)	(Date)

(Title)	

(Name of Business)	

The Bidder shall complete and submit the following information with the bid:

Type of Organization

Sole Proprietorship Partnership Non-Profit
 Joint Venture Corporation

State of Incorporation: _____

Principal Place of Business (Florida Statute Chapter 607): _____
City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.

Federal I.D. number is _____

REFERENCES

List three (3) customers during the past ten (10) years for which you provided, goods or services similar to those specified in the solicitation in the spaces provided below. Provide the owner's name, contact person, address, email address, telephone number, and date services were performed, as described.

1. Company Name: _____

Owner's Name: _____

Description of goods or services provided: _____

Contract Amount: _____

Start and End Date of Contract: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

2. Company Name: _____

Owner's Name: _____

Description of goods or services provided: _____

Contract Amount: _____

Start and End Date of Contract: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

3. Company Name: _____

Owner's Name: _____

Description of goods or services provided: _____

Contract Amount: _____

Start and End Date of
Contract: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

DRUG-FREE WORKPLACE FORM

The undersigned Bidder, in accordance with Florida Statute 287.087 hereby certifies that _____ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

Bidder's Signature

Date

SCHEDULE OF SUBCONTRACTING

IFB NO. Y17-108-MG

As specified in the General Terms and Conditions and the Bid Preference Clause in the Special Terms and Conditions, bidders are to present the details of subcontractor participation.

Name Of Subcontractor	Is the Sub-Contractor a Certified M/WBE with Orange County Government?	Address	Type of Work to be Performed	Percent and dollar amount of Contract Amount to be Subcontracted

Company Name: _____

CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

CHECK ONE

[] To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

[] The undersigned bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

LITIGATION STATEMENT

CHECK ONE

[] The undersigned bidder has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

[] The undersigned bidder, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

COMPANY NAME

AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

Failure to check the appropriate blocks above may result in disqualification of your bid. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your bid.

E VERIFICATION CERTIFICATION

Contract No.Y17-108-MG

I hereby certify that I will utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing the use of the system to confirm the employment eligibility of the individuals classified below. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida statutes.

All persons, including subcontractors and their workforce, who will perform work under **Contract No.Y17-108-MG, EMS Supplies**, within the state of Florida.

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____

**RELATIONSHIP DISCLOSURE FORM
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY
IS THE PRINCIPAL OR PRIMARY PROPOSER**

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Bidder and shall be submitted to the Procurement Division by the Bidder.

In the event any information provided on this form should change, the Bidder must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON BIDDER:

Legal Name of Bidder:

Business Address (Street/P.O. Box, City and Zip Code):

Business Phone: () _____

Facsimile: () _____

**INFORMATION ON BIDDER'S AUTHORIZED AGENT, IF APPLICABLE:
(Agent Authorization Form also required to be attached)**

Name of Bidder's Authorized Agent:

Business Address (Street/P.O. Box, City and Zip Code):

Business Phone: () _____

Facsimile: () _____

Part II

IS THE BIDDER A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ **YES** ___ **NO**

IS THE MAYOR OR ANY MEMBER OF THE BCC THE BIDDER'S EMPLOYEE?

___ **YES** ___ **NO**

IS THE BIDDER OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ **YES** ___ **NO**

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.

(Use additional sheets of paper if necessary)

Part III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Bidder

Date

Printed Name and Title of Person completing this form:

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of _____
My Commission Expires: _____

Staff signature and date of receipt of form

Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

**FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
RELATIONSHIP DISCLOSURE FORM**
Updated 6-28-11

WHAT IS THE RELATIONSHIP DISCLOSURE FORM?

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. Applicant means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term

includes any person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

Employee means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

Relative means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a bid will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the

BCC agenda packet, the applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____

This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls):

Name and Address of Principal's Authorized Agent, if applicable: _____

List the name and address of all lobbyists, Contractors, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes ___ or No___

Part III

Original signature and notarization required

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date

Signature of Principal or Principal's Authorized Agent
(check appropriate box)

Printed Name and Title of Person completing this form:

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of _____
My Commission Expires: _____

Staff signature and date of receipt of form

Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
SPECIFIC PROJECT EXPENDITURE REPORT
Updated 3-1-11

WHAT IS A SPECIFIC PROJECT EXPENDITURE REPORT (SPR)?

A Specific Project Expenditure Report (SPR) is a report required under Section 2-354(b) of the Orange County Lobbying Ordinance, codified at Article X of Chapter 2 of the Orange County Code, reflecting all lobbying expenditures incurred by a principal and their authorized agent(s) and the principal's lobbyist(s), contractor(s), subcontractor(s), and Contractor(s), if applicable, for certain projects or issues that will ultimately be decided by the Board of County Commissioners (BCC).

Matters specifically exempt from the SPR requirement are ministerial items, resolutions, agreements in settlement of litigation matters in which the County is a party, ordinances initiated by County staff, and some procurement items, as more fully described in 2.20 of the Administrative Regulations.

Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying need not be disclosed on this form. (See Section 2-354(b), Orange County Code.)

WHO NEEDS TO FILE THE SPR?

The principal or his/her authorized agent needs to complete and sign the SPR and warrant that the information provided on the SPR is true and correct.

A principal that is a governmental entity does not need to file an SPR.

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Expenditure means "a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. This may include public relations expenditures (including but not limited to petitions, flyers, purchase of media time, cost of print and distribution of publications) but does not include contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4)." (See Section 112.3215, Florida Statutes.) Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying are not deemed to be "expenditures." (See Section 2-354, Orange County Code.)

Lobbying means seeking "to encourage the approval, disapproval, adoption, repeal, rescission, passage, defeat or modification of any ordinance, resolution, agreement, development permit, other type of permit, franchise, vendor, Contractor, contractor, recommendation, decision or other foreseeable action of the [BCC]," and "include[s] all communications, regardless of whether initiated by the lobbyist or by the person being lobbied, and regardless of whether oral, written or electronic." (See Section 2-351, Orange County Code.) Furthermore, *lobbying* means communicating "directly with the County Mayor, with any other member of the [BCC], or with any member of a procurement committee." (See Section 2-351, Orange County Code.) *Lobbying* also means communicating "indirectly with the County Mayor or any other member of the

[BCC]" by communicating with any staff member of the Mayor or any member of the BCC, the county administrator, any deputy or assistant county administrator, the county attorney, any county department director, or any county division manager. (See Section 2-351, Orange County Code.) *Lobbying* does not include the act of appearing before a Sunshine Committee, such as the Development Review Committee or the Roadway Agreement Committee other than the BCC.

Principal means "the person, partnership, joint venture, trust, association, corporation, governmental entity or other entity which has contracted for, employed, retained, or otherwise engaged the services of a lobbyist." *Principal* may also include a person, partnership, joint venture, trust, association, corporation, limited liability corporation, or other entity where it or its employees do not qualify as a lobbyist under the definition set forth in Section 2-351 of the Orange County Code but do perform lobbying activities on behalf of a business in which it has a personal interest.

DOES THE SPR NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the principal or his/her authorized agent to update the SPR whenever any of the information provided on the initial form changes.

WHERE DO THE SPR AND ANY UPDATES NEED TO BE FILED?

The SPR needs to be filed with the County Department or County Division processing the application or matter. If and when an additional expenditure is incurred subsequent to the initial filing of the SPR, an amended SPR needs to be filed with the County Department or County Division where the original application, including the initial SPR, was filed.

WHEN DO THE SPR AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial SPR needs to be filed with the other application forms. The SPR and any update must be filed with the appropriate County Department or County Division not less than seven (7) days prior to the BCC hearing date so that they may be incorporated into the BCC agenda packet. (See Section 2-354(b), Orange County Code.) When the matter is a discussion agenda item or is the subject of a public hearing, and any additional expenditure occurs less than 7 days prior to BCC meeting date or updated information is not included in the BCC agenda packet, the principal or his/her authorized agent is obligated to verbally present the updated information to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL BE MADE AWARE OF THE INFORMATION DISCLOSED ON THE SPR AND ANY UPDATES?

The information disclosed on the SPR and any updates will be a public record as defined by Chapter 119, Florida Statutes, and therefore may be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This information will accompany the other information for the principal's project or item.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the SPR. Please be informed that in the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance governing specific project expenditure reports, the ordinance controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to a principal, his/her authorized agent, or any other outside party. Accordingly, if after reading this FAQ the principal, his/her authorized agent or an outside party has any questions, he/she is encouraged to contact his/her own legal counsel.

AGENT AUTHORIZATION FORM

I/We, (Print Bidder name) _____, Do hereby authorize (print agent's name), _____, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (IFB NUMBER AND TITLE) _____, and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

Signature of Bidder

Date

STATE OF _____ :
COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State
of _____
My Commission
Expires: _____

EXHIBIT A

LEASED EMPLOYEE AFFIDAVIT

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: _____

Workers' Compensation Carrier: _____

A.M. Best Rating of Carrier: _____

Inception Date of Leasing Arrangement: _____

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: _____

Signature of Owner/Officer: _____

Title: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1. Name of Agent or Broker Street Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 2. Name of Insured Street Address City, State, Zip	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B:	
	INSURER C: 3.	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	8. LIMITS
3.	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	4.	5.	6.	7.		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY 9. <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10. <input type="checkbox"/> Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
11.							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Orange County Government is additionally insured on the General Liability Policy. A waiver of subrogation applies in favor of Orange County Government, it's agents, employees, and officials on the Worker's Compensation Policy.

CERTIFICATE HOLDER 13. Orange County Board of County Commissioners Procurement Division 400 E. South Street Orlando, Florida 32801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 14.
---	---

ORANGE COUNTY CERTIFICATE OF INSURANCE REVIEW GUIDE

1. **PRODUCER:** Agent's name and address must be shown along with contact name phone, fax, and email address.
2. **INSURED:** Legal name and address of the entity entering into the contract or agreement
3. **INSURERS AFFORDING COVERAGE & NAIC #:** Name of the insurance company that is insuring the line of coverage. The INSURER and applicable letter will be used throughout the certificate to indicate the lines of coverage placed with a particular insurance company. A letter must be shown in the INSUR L TR section for each coverage line listed on the certificate.
4. **ADDL INSR:** Signifies whether coverage includes additional insured status. Very few agents use this section. Additional insured status is usually discussed in the Description of Operations/Locations/Vehicles section.
5. **SUBR WVD:** Signifies that a waiver of subrogation is in valid for each line of coverage as indicated.
6. **POLICY NUMBER:** A policy number should be listed for each line of coverage for which commercial insurance is being provided.
7. **POLICY EFFECTIVE/EXPIRA TJON DATES:** Effective and expiration dates should fall within the time frame of the inception of the contract or agreement.
8. **LIMITS:** As required in the written agreement. The general aggregate should be at least twice the per occurrence limit for all continuing service contracts. If the aggregate limit applies separately then the PROJECT box should be marked.
9. **AUTOMOBILE LIABILITY:** The ANY AUTO box is preferable however; some organizations do not own vehicles so the other boxes may be marked.
10. **WORKERS' COMPENSATION:** Look closely to see if any proprietor, partner, or executive officer is excluded. If so, please contact Risk Management for waiver approval. The WC STATUTORY LIMITS box must be selected.
11. **OTHER:** This section is used for other coverage such as professional liability and employee dishonesty. The same rules apply with regards to policy numbers, effective and expiration dates and limits.
12. **DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:** This section typically contains any special or qualifying language such as additional insured status or waivers of subrogation. If additional space is needed an ACORD 101 should be attached. Please note that these certificates are for information only and do not confer any rights upon the certificate holder. This is why we also ask for the specific policy language or endorsement specifying that these provisions are in place.
13. **CERTIFICATE HOLDER:** Orange County Board of County Commissioners should be listed as the certificate holder. Individual departments and divisions should not be listed as the primary certificate holder.
14. **AUTHORIZED REPRESENTATIVE:** This section should contain the signature of the person authorized to issue the certificate on behalf of the insurance company.

EXHIBIT B

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<i>The following are additional insured under the Professional Liability section of this policy (already included under the GL by form #86571).</i>
YOUR MEDICAL DIRECTORS AND ADMINISTRATORS, INCLUDING PROFESSIONAL PERSONS, BUT ONLY WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES FOR THE NAMED INSURED AS MEDICAL DIRECTORS AND ADMINISTRATORS;
AN INDEPENDENT CONTRACTOR IS AN INSURED ONLY FOR THE CONDUCT OF YOUR BUSINESS AND SOLELY WHILE PERFORMING SERVICES FOR A CLIENT OF THE NAMED INSURED, BUT SOLELY WITHIN THE SCOPE OF SERVICES CONTEMPLATED BY THE NAMED INSURED;
STUDENTS IN TRAINING WHILE PREFORMING DUTIES AS INSTRUCTED BY THE NAMED INSURED;
ANY ENTITY YOU ARE REQUIRED IN A WRITTEN CONTRACT (HEREINAFTER CALLED ADDITIONAL INSURED) TO NAME AS AN INSURED IS AN INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF YOUR PREMISES OR OPERATIONS:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

EXHIBIT C

POLICY NUMBER: _____ COMMERCIAL GENERAL LIABILITY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS ATTN: PROCUREMENT DIVISION 400 E. SOUTH STREET, 2 nd FLOOR ORLANDO, FL 32801
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

EXHIBIT D

WORKERS COMPENSTION AND EMPLOYEES LIABILITY
INSURANCE POLICY WC 00 03 13

2ND Reprint

Effective April 1, 1984

Advisory

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Name of Person or Organization:

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
ATTN: PROCUREMENT DIVISION
400 E. SOUTH STREET, 2ND FLOOR
ORLANDO, FL 32801

© 1983 National Council on Compensation Insurance, Inc.

©NCCI Holdings, Inc.

EXHIBIT E

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY
CG 24 04 10 93**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
ATTN: PROCUREMENT DIVISION
400 E. SOUTH STREET, 2nd FLOOR
ORLANDO, FL 32801

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right to recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “Products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

ATTACHMENT A

