

BID OPENING DATE: MAY 12, 2016
BID OPENING TIME: 2:30 P. M. (LOCAL TIME)
CITY HALL, 2nd FLOOR



ANNUAL SUPPLY OF MEDICAL SUPPLIES AND MEDICATIONS BID No.: 044-2210-16/JMA

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ATTACHMENT "A" - SCHEDULE OF PRICING (As an Excel Worksheet)



INVITATION TO BID

FOR THE ANNUAL SUPPLY OF MEDICAL SUPPLIES AND MEDICATIONS

BID No.: 044-2210-16/JMA

Sealed bids will be received in PROCUREMENT SERVICES, City of Boynton Beach, 100 E. Boynton Beach Boulevard, or mail to P.O. Box 310, Boynton Beach, Florida 33425-0310 on or before: MAY 12, 2016, No Later Than 2:30 P.M. (Local Time).

Bids will be opened in:

PROCUREMENT SERVICES-CITY HALL 2ND FLOOR unless otherwise designated

SCOPE OF BID: The City of Boynton Beach as lead agency in a joint bid with the City of Delray Beach is requesting pricing from Vendors to provide medical supplies and medications for the Fire Departments' EMS, and Ocean Rescue Divisions for one year. These items will be stocked and ordered on an "As Needed Basis".

ATTENTION ALL INTERESTED RESPONDENTS:

Copies of this solicitation package may be obtained from Demandstar at Onvia at www.demandstar.com or by calling 1-800-711-1712. Demandstar distributes the City's solicitations through electronic download. Respondent(s) who obtain copies of this solicitation from sources other than Demandstar or the City's Procurement Services Division may potentially risk not receiving certain addendum(s) issued as a result of the solicitation.

For hard copies of the bid and attachments please contact Procurement Services at (561) 742-6322.

Bidders shall submit one (1) marked original and three (3) photocopies of the completed bid package in a sealed envelope to the address above. The Project Name, Bid Number, and time and date of the Bid Opening shall be clearly marked on the outside of the sealed envelope. Facsimile or electronic responses shall not be accepted.

All Bids will be publicly opened. Bid prices will <u>not</u> be read aloud, only the names of the Bidders will be disclosed. Bids received after the assigned date and time will NOT be considered. The Procurement Services time stamp shall be conclusive as to the timeliness of filing. The City of Boynton Beach is not responsible for the U.S. Mail or private couriers in regard to mail being delivered by a specified time so that Bids can be considered. The City reserves the right to consider Bids that have been determined by the City to be received late due to mishandling by the City after receipt of the Bids and prior to award being made.

Bidders may not withdraw their Bid for a period of ninety (90) calendar days after the day set for the opening of Bids.

CONE OF SILENCE:

Per Palm Beach County Code Section 2-355 after the deadline to respond to this Bid, members of the City Commission are prohibited from communicating directly or indirectly with Bidders regarding the substance of the proposal submittals until such time as the City Commission (1) awards or approves a contract, (2) rejects all responses, or (3) otherwise takes action which ends the solicitation process. Improper communications during this "Cone of Silence" period may result in a penalty as outlined in Palm Beach County Code Section 2-357.

PUBLIC RECORDS DISCLOSURE:

As per Florida Statutes §119.07, sealed Bids or Proposals received by the City in response to a Request for Proposal or Invitation to Bid are exempt from public records disclosure requirements until the City provides a notice of decision or thirty (30) days after the opening of the Proposals/Bids. If the City rejects all Proposals/Bids submitted in response to a Request for Proposal or Invitation to Bid, and the City concurrently provides notice of its intent to reissue the competitive solicitation, the rejected Proposals/Bids remain exempt from public disclosure until such time as the City provides notice of a decision or intended decision concerning the competitive solicitation or until the City withdraws the reissued competitive solicitation. A Bid, Proposal or reply is not exempt for longer than twelve (12) months after the initial City notice rejecting all Bids, Proposals, or replies.

Any questions relative to any item or portion(s) of this bid should be directed to Julianne Alibrandi, Buyer (561) 742-6322, email: <u>alibrandij@bbfl.us</u> Office Hours: MONDAY – FRIDAY, 8:00 A.M. TO 5:00 P.M.

CITY OF BOYNTON BEACH

Jin W. HD

TIM W. HOWARD

Director of Financial Services



GENERAL CONDITIONS

These documents constitute the complete set of General Conditions, Specifications, and Bid Forms. All Bid sheets and attachments must be executed and submitted in a sealed envelope. DO NOT INCLUDE MORE THAN ONE BID PER ENVELOPE. The front of the envelope shall contain the Bidder's name, return address, date and time of Bid opening, and Bid number and title. Bids not submitted on the enclosed Bid Form shall be rejected. By submitting a Bid, the Bidders agree to all terms and conditions specified herein. NO EXCEPTIONS WILL BE ALLOWED. Submittal of a Bid in response to this Invitation to Bid constitutes an offer by the Bidder. Bids that do not comply with these requirements may be rejected at the option of the City.

As used in this Invitation to Bid, the words bidder, proposer, and contractor may be used interchangeably, and when so used, deemed to mean bidder.

- 1. <u>TERM:</u> The Contract will be in force for the term of installation and warranty, or stated Contract period.
- 2. <u>BIDDING DEFINITIONS:</u> Terms used in this Invitation to Bid shall have the meaning assigned to them in the industry involved in the subject matter of the Bid, unless otherwise specified. The City will use the following definitions in its general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:
 - ✓ <u>Invitation to Bid (ITB):</u> when the City is requesting bids from qualified Bidders.
 - Addenda: A written or graphic instrument issued by the City prior to the execution of the Contract which modifies or interprets the Bid documents by additions, deletions, clarifications, or corrections.
 - ✓ <u>Alternative Bid (or Alternate)</u>: an amount stated in the Bid to be added to or deducted from the amount of the base Bid if the corresponding change in the Work, as described in the Bid documents is accepted.
 - ✓ <u>Bid:</u> Price and terms quote received in response to an ITB.
 - ✓ <u>Bidder or Offeror:</u> Person or firm submitting a Bid.
 - Contract: A deliberate verbal or written agreement between two (2) or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.
 - ✓ <u>Contractor:</u> Successful Bidder who is awarded a Purchase Order and/or Contract to provide goods and services to the City.
 - Responsive Bidder: A person whose Bid conforms in all material aspects to the terms and conditions included in the ITB.
 - Responsible Bidder: A person who has the capability in all respects to perform in full, the contract requirements as stated in the ITB, with the integrity and reliability that will assure good faith performance.
 - ✓ <u>Supplier:</u> A manufacturer, fabricator, supplier, distributor, material man or vendor.
 - ✓ <u>Sub-contractor:</u> a person or entity who submits a Bid to a Contractor for materials, equipment or labor for a portion of the work.
 - ✓ <u>Unit Price</u>: an amount stated in the Bid as a price per unit of measurement for materials, equipment or services or a portion of the work as described in the Bid documents.
- 3. **EXECUTION OF BID:** Bid must contain a manual signature in ink, of an authorized representative, who has the legal ability to bind the Bidder in contractual obligations. Bid must be typed or legibly printed in ink. Use of erasable ink is not permitted. All corrections made by Bidder to any part of the Bid document must be initialed in ink.

- 4. NO BID: If not submitting a bid, respond by returning one copy of the "STATEMENT OF NO BID" and explain the reason by indicating one of the reasons listed or in the space provided. Repeated failure to quote without sufficient justification may be cause for removal of the vendor's name from the City's mailing list.
- 5. <u>BID SUBMISSION</u>: It is the Bidder's responsibility to read and understand the requirements of this Bid. Bids shall be submitted to the Procurement Services Division. All Bids must be accompanied by the Bid Security (if required) and all other required documents. The Bid Opening shall be public, at the City's Administrative Offices located at:

100 E. Boynton Beach Boulevard 2nd Floor (unless otherwise designated) Boynton Beach, Florida 33425

on the date and time specified in the Invitation to Bid. All Bidders and their representatives are invited to attend. The Bid opening may be delayed, if at the sole discretion of the City, it is considered in the City's best interest. Under no circumstances shall Bids delivered after the Bid opening specified time has begun, be considered and as such, Bids will be returned unopened. It is the Bidder's sole responsibility to assure that the Bid is delivered at the proper time and place prior to the Bid's deadline for opening. Offers by facsimile, telegram, or telephone are not acceptable. A Bid may **NOT** be altered by the Bidder after opening of the Bids.

The Bidder is requested to submit one (1) original and three (3) copies of the bid. The original bid must be manually and duly signed in ink by a Corporate Officer, Principal, or Partner with the authority to bind the Bidding firm by his/her signature. In the case of corrections, the Bidder must initial any erasures or alterations in ink. All Bids must be submitted in the English language. All prices, terms and conditions quoted in the submitted Bid must be expressed in U.S. Dollars, and will be fixed and firm for acceptance for ninety (90) calendar days from the date of the Bid opening unless otherwise stated by the City. The CITY may, at its sole discretion, release any Bid and return the Bid Security, if applicable prior to that start date.

6. <u>BID FORM (PRICE PROPOSAL):</u> The Bidder shall submit a Bid on the Bid form(s) provided herein, unless otherwise specified. All Bid prices, amounts and descriptive information must be legibly entered. The Bidder must state the price and the time of delivery or completion period for which they propose to deliver the equipment or provide service requested.

The estimate of the various quantities of work or goods applicable to unit price items as shown on the Bid Form is/are stated as estimates only. No guarantee or warranty is given or implied by the City as to the total amount that may or may not be purchased from any resulting contract. The City reserves the right to decrease or increase quantities or add or delete any item from the Contract if it is determined that it best serves the interests of the City.

Irregular Bids may be rejected. Irregular Bids are defined as those containing serious omissions, unauthorized alternative Bids, incomplete, or unbalanced Bids. Unbalanced Bids are those unit bid pricing that shows evidence of unbalanced bid pricing. For example: low or nominal prices may be bid for some items and high or enhanced prices may be bid for other work. Unbalanced bids may be deemed to be non-responsive, and may be both mathematically unbalanced and materially unbalanced. In addition, failure to provide all information required to accompany the Bid, Bid Form and Specifications will be considered a serious omission, which may result in the bid being rejected as non-conforming.

- 7. QUANTITIES: Quantities shown are estimates only. No guarantee or warranty is given or implied by the City as to the total amount that may or may not be purchased from any resulting contract. The City reserves the right to decrease or increase quantities or add or delete an item from the contract if it is determined that it best serves the interests of the City.
- 8. ADDENDA: From time to time, the City may issue an addendum to change the intent or to clarify the meaning of the Contract Documents. The City reserves the right to amend this Bid prior to

Bid opening. Written addenda shall serve as the sole means of clarification. The City shall not be responsible for oral interpretations given by any City employee or its representative.

All addenda will be available to Bidders through the City's e-Procurement system www.demandstar.com. Therefore, it is the Bidder's responsibility to check with the Procurement Services Division and immediately secure all addenda before submitting Bids. Each Bidder shall acknowledge receipt of ALL addenda by notation on the Bid and shall adhere to all requirements specified in each addendum prior to submission of the Bid.

 INTERPRETATIONS: To ensure fair consideration for all Bidders, the City prohibits communication to or with any department, officer or employee during the solicitation process except as otherwise specified.

If the Bidder should be in doubt as to the meaning of any of the Bid documents, or is of the opinion that the plans and/or specifications contain errors, contradictions or reflect omissions, Bidder shall submit a written request to the City's Procurement Services Division to be forwarded to the Procurement Services Division representative identified in this Bid document at the email address provided, no later than ten (10) days prior to the Bid opening date. Inquiries should reference the date by which the Bid is to be received.

10. BID DEPOSIT: (Not Applicable) When required in the Bid document, a Bid deposit or Bid surety bond in the amount specified shall accompany the Bid. Bid deposits shall be in the form of cash, certified check drawn on a responsible bank doing business in the United States, and shall be made payable to the City of Boynton Beach. In lieu of a Bid deposit, a bid surety provided by a firm licensed to do business in the state of Florida shall be provided to the City. Any bid deposits will be returned to the Bidder at the time of contract award. The Bid deposit of the successful Bidder shall be returned upon receipt of acceptable Performance and/or Payment bonds.

There shall be no binding contract until such time as the City executes the contract or issues the purchase order as the final award of the contract. The Bid deposit received of other Bidders whom the City believes to have reasonable chance of receive the award may be retained by the City until the earlier of the seventh day after the effective date of the Purchase Order or Contract or ninety-first day after the Bid Opening, whereupon Bid security furnished by such Bidders will be returned. Bid security with Bids which are not competitive or responsive will be returned upon award of the Bid.

- BONDING: (Not Applicable) When required by the specifications herein, the successful Bidder shall furnish Performance and Payment Bonds, and/or Warranty Bond, as stated on in the Bid documents on the City's forms within ten (10) calendar days after notification of contract award. Failure to furnish the required bonds within the time specified may be cause for rejection of the Bid and any Bid deposit may be retained by the City as liquidated damages and not as a penalty. Said sum shall be a fair estimate of the amount of damages the City would sustain due to the Bidder's failure to furnish said bonds.
- 12. PRICES, PAYMENTS AND DISCOUNTS: Bid prices shall be fixed and firm to the extent required under Special Conditions. In the absence of a reference in the Special Conditions, Bid prices shall be fixed and firm for a period of ninety (90) calendar days. The same period shall apply when the contract must be approved by another agency. Payment will be made only after receipt and acceptance of materials/services. Cash discounts may be offered for prompt payment; however, such discounts shall not be considered in determining the lowest net cost for bid evaluation.

Payment terms will be considered to be "Net 30" days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the City location specified. Bidders may offer cash discounts for prompt payment but they will not be considered in determination of award. Payment is deemed made on the date of the mailing of the check. All payments shall be governed by the Local Government Prompt Payment Act, F.S. Chapter 218.

- 13. PUBLIC ENTITY CRIMES STATEMENT: A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a Bid for a contract to provide any goods or services to a public entity, may not submit a Bid for a contract with a public entity for construction or repair of a public building or public work, may not submit Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for Category Two for a period of thirty-six (36) months.
- 14. **NON COLLUSION AFFIDAVIT:** Each Bidder shall complete the Non-Collusion Affidavit Form and shall submit this form with the bid/proposal. The City considers the failure of the Bidder to submit this document to be a major irregularity, and may be cause for rejection of the proposal.
- 15. ANTI-KICKBACK AFFIDAVIT: Each Bidder shall complete the Anti-Kickback Affidavit Form and shall submit this form with the bid/proposal. The City considers the failure of the Bidder to submit this document to be a major irregularity, and may be cause for rejection of the proposal.
- 16. CONFIRMATION OF MINORITY-OWNED BUSINESS: It is the desire of the City of Boynton Beach to increase the participation of minority-owned businesses in its contracting and procurement programs. While the City does not have any preference or set-aside programs in place, it is committed to a policy of equitable participation for these firms. Therefore, each Bidder shall complete the Confirmation of Minority-Owned Business Form and shall submit this form with the bid/proposal that will be utilized to determine feasibility participation.
- 17. CONFLICT OF INTEREST: The award hereunder is subject to the provisions of Chapter 112 of the state of Florida Statutes. Bidders shall disclose the name of any officer, director, partner, proprietor, associate or agent who is also a public officer or employee of the City or any of its agencies.
- 18. WITHDRAWAL OF BIDS: Any Bidder may withdraw their Bid prior to the indicated Bid Opening time and date. The request for withdrawal must be submitted in writing to the Procurement Services Division. However, if within twenty-four (24) hours after Bids are opened, any Bidder files a duly signed written notice with the City and promptly thereafter provides detailed information to substantiate to the City that there was a material and substantial mistake in the preparation of its Bid, Bidder may withdraw its Bid, and the Bid Security, if applicable will be returned. The Bidder must present certification to assure that the Bidder is an authorized representative of the Bidder's firm at the time such communication to withdraw the Bid is presented. A City representative shall verify this information prior to return of the Bid and Bid Security. Thereafter, that Bidder will be disqualified from further bidding on the Work to be provided under the Bid Documents.
- 19. RESERVATIONS FOR AWARD AND REJECTION OF BIDS: The City reserves the right to accept or reject any or all Bids, part of Bids, and to waive minor irregularities or variations to specifications contained in Bids, and minor irregularities in the Bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible Bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose Bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required: whether the Bidder can perform promptly, or within the time specified, without delay or interference, the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance of the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the Bid.

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected Bidder does not perform satisfactorily, to award a trial period to the next low Bidder, if that Bidder has successfully provided services to the City in the past. This procedure to continue until a Bidder is selected or the contract is re-bid at the sole option of the City.

- 20. MISTAKES: Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the Bidder to any relief from the conditions imposed in the Contract. In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly.
- 21. <u>DELIVERY:</u> All items shall be delivered F.O.B. destination to a specific City address. All delivery costs and charges must be included in the Bid price. The City reserves the right to cancel orders or any part thereof, without obligation if delivery is not made at the time specified in the Bid.
- 22. BACKGROUND INVESTIGATION:

 As a part of the Bid evaluation process, the City may conduct a background investigation including a criminal record check of Bidder's officers and/or employees, by the City of Boynton Beach Police Department. Bidder's submission of Bid constitutes acknowledgement of and consent to such investigation. City shall be the sole judge in determining Bidder's qualifications.
- 23. **ELIGIBILITY:** Bids will be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to conduct a site visit of the Bidder's facilities to inspect the equipment and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The City reserves the right to reject Bids where evidence or evaluation is determined to indicate inability to perform.

The City may request documentation providing evidence acceptable to the City demonstrating the Bidder's fiscal responsibilities, prior experience, and present capability to meet all of the Bidder's obligations set forth in the Bid documents. Bidder must submit requested documentation within five (5) days from the City's written request.

- 24. **EXCEPTIONS:** Incorporation in a Bid submittal on exceptions to any portion(s) of the Contract documents herein may invalidate the Bid. Exceptions to the Technical and Special Conditions may be considered and shall be clearly and specifically noted in the Bidder's proposal on a separate sheet marked, "**EXCEPTIONS TO THE SPECIFICATIONS**" whereby said sheet shall be attached to the Bid. The use of Bidder's standard forms or the inclusion of manufacturer's printed documents shall not be construed as an exception to the Contract documents.
- 25. The City of Boynton Beach is exempt from all Federal, state, and local taxes. An exemption certificate will be provided where applicable upon request.
- 26. BUDGETARY CONSTRAINTS: In the event the City is required to reduce contract costs due to budgetary constraints, all services specified in this document may be subject to a temporary or permanent reduction in budget. In such an event, the total cost for the affected service shall be reduced as required. The successful Bidder shall also be provided with a minimum thirty (30) day notice prior to any such reduction in budget.
- 27. **TESTING:** When appropriate, items may be tested for compliance with specifications under the direction of appropriate testing laboratories. The data derived from any tests for compliance with specifications are public records and open to examination in accordance with Florida Statutes, Chapter 119.
- 28. SAMPLES AND DEMONSTRATIONS: When requested, samples are to be furnished free of charge to the City. If a sample is requested, it must be delivered within ten (10) days of the request, unless otherwise stated in the Bid. Each sample must be marked with the Bidder's name and manufacturer's brand name. The City will not be responsible for returning samples. The City may request a full demonstration of any product or service before the award of a contract. All demonstrations will be done at the expense of the Bidder.

- 29. **INSPECTION:** The City shall have the right to inspect any and all materials, components, equipment, supplies, services or completed work specified herein. Any of said items not complying with these specifications are subject to rejection at the option of the City. Any items rejected shall be removed from the premises of the City and/or replaced at the entire expense of the successful Bidder.
- 30. **CONDITIONS OF MATERIALS:** All materials and products supplied by the Bidder in conjunction with this Bid shall be new, warranted for their merchantability, fit for a particular purpose, free from defects and consistent with industry standards. The products shall be delivered to the City in excellent condition. In the event that any of the products supplied to the City are found to be defective or do not conform to the specifications, the City reserves the right to return the product to the Bidder at no cost to the City.
- 31. <u>COPYRIGHTS OR PATENT RIGHTS:</u> The Bidder warrants that there has been no violation of copyrights or patent rights in manufacturing, producing, or selling the goods shipped or ordered as a result of this Bid. The supplier agrees to hold the City harmless from all liability, loss or expense occasioned by any such violation.
- 32. SAFETY STANDARDS: The Bidder warrants that the product(s) supplied to the City conform with all respects to the standards set forth in the Occupational Safety and Health Act (OSHA) of 1970 as amended, and shall be in compliance with the Florida Statutes, Chapter 442, as well as any industry standards, if applicable. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Material Safety Data Sheet (MSDS). Bidder certifies that all employees, subcontractors, agents, etc. shall comply with all OSHA and state safety regulations and requirements.
- 33. **PERFORMANCE:** Failure on the part of the Bidder to comply with the conditions, terms, specifications and requirements of the Bid shall be cause for cancellation of the Bid award, notwithstanding any additional requirements enumerated in the Special Conditions herein relating to performance based contracting. The City may, by written notice to the Bidder, terminate the contract for failure to perform. The date of termination shall be stated in the notice. The City shall be the sole judge of non-performance.
- 34. <u>PUBLIC RECORDS:</u> Sealed documents received by the City in response to an invitation are exempt from public records disclosure until thirty (30) days after the opening of the Bid unless the City announces intent to award sooner, in accordance with Florida Statutes 119.07.

However, certain exemptions to the public records law are statutorily provided for in Florida Statutes 119.07. If the Bidder believes any of the information contained within their response is totally exempt from the Public Records Law, then the Bidder must identify in their proposal, the material which is deemed to be exempt and cite the legal authority for the exemption. The City's determination of whether an exemption applies shall be final, and the Bidder agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages by any person or entity as a result of the City's treatment of records as public records.

- 35. **SUBCONTRACTING:** If a Bidder subcontracts any portion of the resultant contract for any reason, the Bidder must state the name and address of the subcontractor, the name of the person(s) to be contacted, type of work to be performed, dollar amount and percentage of contract amount to be shared on the "Schedule of Sub-Contracting" form located herein. The City reserves the right to reject any subcontractor who has previously failed in the proper performance of an award or failed to deliver on time contracts in a similar nature.
- 36. **FAMILIARITY WITH LAWS:** The Bidder is presumed to have full knowledge of and be in compliance with all Federal, state, and local laws, ordinances, rules and regulations that in any manner affect the equipment and the services provided to the City. Ignorance on the part of the Bidder will in no way relieve the Bidder of responsibility to adhere to such regulations.

In the event any governmental restrictions may be imposed which would necessitate alteration of the material, quality, workmanship or performance of the items offered on the proposal prior to their delivery, it shall be the responsibility of the successful bidder to notify the City at once, indicating in a letter the specific regulation which required an alteration. The City reserves the right to accept any such alternations, including any price adjustments occasioned thereby, or to cancel the Contact or no expense to the City.

- 37. OTHER GOVERNMENTAL ENTITIES: If a Bidder is awarded a contract as result of this ITB, Bidder will, if Bidder has sufficient capacity or quantities available, provide to other governmental agencies so requesting, the products or services awarded in accordance with the terms and conditions of the Invitation to Bid and resulting contract. Prices shall be F.O.B. Destination to the requesting agency.
- 38. INDEMNIFICATION: The Bidder shall indemnify and hold harmless the City of Boynton Beach, its elected and appointed officials and employees from any and all claims, suits, actions, damages, liability, and expenses (including attorney's fees) in connection with loss of life, bodily or personal injury, or property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of or occurring in connection with the operations of the Bidder or his subcontractors, agents, officers, employees or independent contractors, excepting only such loss of life, bodily or personal injury, or property damage solely attributable to the gross negligence or willful misconduct of the City of Boynton Beach or its elected or appointed officials and employees. The City reserves the right to select its own legal counsel to conduct any defense in any such proceeding and all costs and fees associated therewith shall be the responsibility of the successful bidder under the indemnification agreement.
- 39. **FUNDING OUT:** This agreement shall remain in full force and effect only as long as the expenditures provided for in the agreement have been appropriated by the City Commission for the City of Boynton Beach in the annual budget for each fiscal year of this Agreement, and is subject to termination based on lack of funding.
- 40. **RECORDS/AUDITS:** The successful Bidder shall maintain during the terms of the contract all books, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The form of all records and reports shall be subject to the approval of the City's Auditor. The successful Bidder agrees to make available to the City's Auditor, during normal business hours and in Miami-Dade, Broward and Palm Beach counties, all books of account, reports and records relating to this contract for the duration of the contract and retain them for a minimum period of three (3) years beyond the last day of the contract period.
- 41. PALM BEACH COUNTY INSPECTOR GENERAL: The contractor is aware that the Inspector General of Palm Beach County has the authority to investigate and audit matters relating to the negotiation and performance of any contracts resulting from this solicitation, and in furtherance thereof, may demand and obtain records and testimony from the contractor and its subcontractors and lower tier subcontractors. The contractor understands and agrees that in addition to all other remedies and consequences provided by law, the failure of the contractor or its subcontractors or lower tier subcontractors to fully cooperate with the Inspector General when requested, may be deemed by the municipality to be a material breach of this contract justifying its termination.

- 42. <u>PUBLIC RECORDS:</u> The City of Boynton Beach is a public agency subject to Chapter 119, Florida Statutes. The contractor shall comply with Florida's Public Records Law. Specifically the Contractor shall:
 - A. Keep and maintain public records required by the CITY to perform the service;
 - B. Upon request from the CITY's custodian of public records, provide the CITY 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 chapter 119, Fla. Stat. or as otherwise provided by law;
 - C. Ensure that public records that are exempt or that are confidential and exempt from public record disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and, following completion of the contract, Contractor shall destroy all copies of such confidential and exempt records remaining in its possession once the Contractor transfers the records in its possession to the CITY; and
 - D. Upon completion of the contract, Contractor shall transfer to the CITY, at no cost to the CITY, all public records in Contractor's possession. All records stored electronically by Contractor must be provided to the CITY, upon request from the CITY's custodian of public records, in a format that is compatible with the information technology systems of the CITY.
 - E. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS:

(CITY CLERK)
100 E BOYNTON BEACH BLVD.
BOYNTON BEACH, FLORIDA, 33435
561-742-6061
PYLEJ@BBFL.US

43. **RENEWAL:** The City Commission may renew the contract, at the same terms, conditions, and prices, for *two (2) one-year extensions* subject to vendor acceptance, satisfactory performance and determination that renewal will be in the best interest of the City. Bid prices are to be firm for a period of one year from date of bid award.



SPECIAL CONDITIONS

- 1. <u>PURPOSE:</u> The City of Boynton Beach is hereby seeking bids for a qualified Bidder, herein referred to as the "Vendor", to furnish medical supplies and medications for the Fire Departments and Ocean Rescue Personnel for the Cities of Boynton Beach and Delray Beach.
- 2. INFORMATION OR CLARIFICATION: For information concerning procedures for responding to this solicitation, contact Julianne Alibrandi, Buyer, (561) 742-6322 or email to alibrandij@bbfl.us In addition, for clarification and questions concerning the specifications, please submit questions via email provided by 1:00 P.M., April 29, 2016, to allow time for answers that may be formulated as a subsequent addendum.
- 3. **TRANSACTION FEES:** The City of Boynton Beach utilizes *Onvia DemandStar* to distribute solicitations and subsequent information. There is a minimal charge of \$5.00 associated with the electronic download of bids.
- 4. PRICING/DELIVERY: Bidder will quote a firm, fixed cost to include delivery FOB to the delivery locations as follow:
 - City of Boynton Beach Warehouse, 222 N.E. 9th Avenue, Boynton Beach, Florida, 33435 Attn: Michael Dauta, Warehouse Manager
 - City of Delray Fire Headquarters: 501 W. Atlantic Avenue, Delray Beach, Florida 33444, Attn: Chief David Wetzel
 - City of Delray Beach Ocean Rescue, 340 S Ocean Blvd., Delray Beach, Florida 33483 Attn: Phil Wotton, Ocean Rescue Division Chief

Delivery is to be within thirty (30) calendar days after order(s) are placed. Bid sheets must clearly indicate items that are available only by special order.

- 5. <u>BID DOCUMENT</u>: The Contractor shall examine this Bid that includes **Attachment "A"** carefully. Ignorance of the requirements will not relieve the Contractor from liability and obligation under the Contract.
- 6. AWARD: Award will be made to the most responsive and responsible bidder, quoting the lowest price, for that goods and services identified, that will best serve the needs of the City of Boynton Beach. The City reserves the right to award to the Bidder(s) who will best serve the interest of the City. The City intends to award this bid in its entirety to a Primary Vendor, a Secondary Vendor and to a Third Place Vendor. If the product is not available from the Primary Vendor, the Cities will then order from the Secondary Vendor; if the product is not available from both the Primary and Secondary Vendors, the Cities will then contact the Third Place Vendor. The City also reserves the right to waive minor variations in the specifications and in the bidding process. The City further reserves the right to accept or reject any and/or all Bids and to award or not award a contract based on this Bid solicitation.
- 7. <u>BIDDERS' COSTS:</u> The City shall not be liable for any costs incurred by Bidders in response to this solicitation.
- 8. RULES AND SUBMITTAL OF BIDS: The signer of the Bid must declare that the only person(s) company or parties interested in the proposal as principals are named therein; that the Bid is made without collusion with any other person(s), company or parties submitting a Bid; that it is in City of Boynton Beach

Bid No. 044-2210-16/JMA

all respects fair and in good faith, without collusion or fraud; and that the signer of the Bid has full authority to bind the principal Bidder.

9. <u>INVOICING AND PAYMENT:</u> Payment for any and all invoice(s) that may arise as a result of a contract or purchase order issued pursuant to this ITB shall minimally meet the following conditions to be considered as a valid payment request. Timely submission of a properly certified invoice(s) in strict accordance with the price(s) and delivery elements as stipulated in the Contract document should be submitted to:

City of Boynton Beach Attn: Finance Department 100 E. Boynton Beach Boulevard Boynton Beach, Florida 33319

All invoices submitted shall consist of an original and one (1) copy as follows:

- > Clearly referenced the subject Contract or Purchase Order number;
- > Provide sufficient salient description to identify the goods and services for which payment is requested:
- Contain date of delivery;
- > Original or legible copy of a signed delivery receipt including both manual signature and printed name of the designated City employee or authorized agent; be clearly marked as "partial", "complete", or "final invoice." The City will accept partial deliveries. The invoice shall contain the Bidder's Federal Employer Identification Number.

The City's terms of payment, unless otherwise stated in the Contract Documents are "Net 30 Days" after acceptance of goods or services and receipt of an acceptable invoice as described herein. Any other items of payment must have been previously approved by the City and appear on the Contract or Purchase Order document to be binding on the City. Should the City return an invoice for correction, the Contractor shall re-submit a corrected invoice to the City for processing.

- 10. **DISQUALIFICATION OF BIDDER:** More than one Bid from an individual, firm, partnership, corporation, or association under the same or different names will not be considered. All Bids will be rejected if there is reason to believe that collusion exists between Bidders. Bids in which the prices obviously are unbalanced will be subject to review and/or rejection. The provision is not meant to prohibit submission of alternate Bids in separate sealed envelopes.
- 11. <u>ADJUSTMENTS/CHANGES/DEVIATIONS:</u> No adjustments, changes or deviations shall be accepted on any item.
- 12. **PERFORMANCE/PAYMENT BOND:** No performance/payment bond required for this project.
- 13. **SPECIFICATIONS:** The apparent silence of the Specifications as to any detail shall be regarded as meaning that only the best commercial practice will prevail and that only material and workmanship of the finest quality are to be used in the proposed products. All interpretations of the Specifications shall be made on the basis of this Statement.

For the purposes of evaluation, the Bidder must indicate any variance or exceptions to the stated Specifications no matter how slight. Deviations should be explained in detail. Absence of variations and/or corrections will be interpreted to mean that the Bidder meets all the Specifications in every respect.

- 14. **TERMINATION DEFAULT:** In addition to all other remedies available to the City, the contract (purchase order) awarded pursuant to this bid shall be subject to cancellation by the City for cause, should the Contractor neglect or fail to perform or observe any of the terms, provisions, conditions, or requirements herein contained, if such neglect or failure shall continue for a period of ten (10) days after receipt by Contractor of written notice of such neglect or failure.
- 15. PRODUCT LITERATURE: Bidder shall submit with the Bid, product literature based on the Model submitted for the stated Manufacturer or Make or "approved equal" items offered. Should City of Boynton Beach

Bid No. 044-2210-16/JMA

the literature be omitted from the Bid proposal, Bidder shall submit within three (3) calendar days when requested by the City. Literature should be clearly marked as to each item number. Failure on the part of the Bidder to submit the requested literature will result in their Bid being declared non-responsive.

- 16. <u>UNDERWRITER'S LABORATORY (UL):</u> Items may be tested for compliance with specifications. Unless otherwise stipulated in the Bid, all manufactured items and fabricated assemblies shall be U.L. listed or re-examination listing where such has been established by U.L. for the item(s) offered and furnished.
- 17. COST ADJUSTMENTS: The costs for all products purchased under this bid shall remain firm for the one year bid award period. Costs for subsequent years and any extension term are subject to an adjustment pending industry performance. Such increases/decreases shall not exceed 5% per year or the latest yearly percentage increase in the Producer Price Index Industry Data (Medical Equipment and Supplies Mfg.; Pharmaceutical and medicine mfg.), as published by the Bureau of Labor Statistics, U.S. Department of Labor, whichever is less. The yearly increase or decrease in the PPI shall be that latest index published and available prior to the end of the contract year in effect compared to the index for the same month one year prior. Any requested price increase shall be fully documented and submitted to the City at least ninety (90) days prior to the contract anniversary date. Any approved cost adjustments shall become effective upon the anniversary date of the contract. In the event the PPI or industry costs decline, the City shall have the right to receive from the vendor a reasonable reduction in costs that reflect such cost changes in the industry.

The City may, after examination, refuse to accept the adjusted costs if they are not properly documented; increases are considered to be excessive; or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the contract may be cancelled by the City upon giving thirty (30) days written notice to the vendor.



INVITATION TO BID

THE ANNUAL SUPPLY OF MEDICAL SUPPLIES AND MEDICATIONS

SPECIFICATIONS

- A. <u>PURPOSE:</u> The City of Boynton Beach is hereby seeking bids for a qualified Bidder, herein referred to as the "Vendor", to furnish medical supplies and medications for the Fire Departments' EMS and Ocean Rescue Personnel for the Cities of Boynton Beach and Delray Beach.
- B. NOTICE OF AWARD: It is and shall be understood and agreed that Contract shall be deemed to be awarded and validly entered into between the successful Bidder and the City when written notice has been given the awarded Bidder by the City through its authorized agent and purchase order shall be issued to the Bidder covering same.

Contract shall be awarded on the basis of the lowest total bid to the responsible Bidder who demonstrates compliance with bid specifications, capability to perform according to the terms of the Contract, and responsibility with current clients.

- C. CONTRACT TERM: Term of contract shall be one (1) year from JULY 3, 2016 to JULY 2, 2017.
- D. **RENEWAL:** The City Commission may renew the contract, at the same terms, conditions, and prices, for *two (2) one-year extensions* subject to vendor acceptance, satisfactory performance and determination that renewal will be in the best interest of the City. Bid prices are to be firm for a period of one year from July 3, 2016.
- E. <u>MARKET CONDITIONS:</u> The City reserves the right to purchase on the open market should lower market prices prevail, at which time the seller shall have the option of meeting the lower price or relieve the City of any obligation previously understood.
- F.. PERFORMANCE: It is the intention of the City of Boynton Beach and Delray Beach to contract as specified herein with one or more sources that will give prompt and convenient response to the City's needs. Any failure of the successful bidder(s) to comply with these conditions may be cause for terminating any resulting Contract immediately upon notice by the City.
- G. <u>ESTIMATED QUANTITIES:</u> Quantities stated are for bidder's guidance only and no guarantee is given or implied as to quantities that will be used during the contract period. Estimated quantities are based upon previous needs and estimated usage for the twelve (12) month period.
- H <u>ADDITION / DELETION OF ITEMS:</u> The City of Boynton Beach reserves the right to add or delete any item(s) from this bid or resulting contract when deemed to be in the best interest of the City.
- I. <u>BID AWARD</u>: The City intends to award this bid in its entirety to a Primary Vendor, a Secondary Vendor and to a Third Place Vendor. If the product is not available from the Primary Vendor, the Cities will then order from the Secondary Vendor; if the product is not available from both the Primary and Secondary Vendors, the Cities will then contact the Third Place Vendor.

The Bid Proposal sheets are also available in Excel as ATTACHMENT 'A'. Your unit cost and unit shipping size <u>MUST</u> reflect the same measure as those specified in ATTACHMENT 'A' - Schedule of Pricing (Bid Form).

J. <u>SUBSTITUTION CLAUSE:</u> Unless otherwise specifically provided in the specifications, reference to any equipment, material, article or patented process, by trade name, make or catalog number, shall be regarded as establishing a standard of quality and shall not be construed as limiting competition. If the bidder(s) wish to make a substitute to the specifications, the bidder(s) shall furnish to the City the name of the manufacturer, the model number and other identifying data and information necessary to aid the City in evaluating the substitution and such substitution shall be subject to City approval.

The use of certain manufacturer's name and catalog number is not intended to exclude consideration of products of other manufacturers meeting the requirements for the items and whose specifications are equal by industry standards. The City reserves the right, however, to order specific brand manufacturer items on a "NO SUBSTITUTE" basis where those items have been found by usage and experience to be the most durable, suitable and acceptable for operational conditions to the City.

K. <u>DELIVERY:</u> The City may, by written notice to the successful bidder, terminate the Contract if the bidder has been found to have failed to perform his services in a manner satisfactory to the City as per specifications. The date of termination shall be stated in the notice. City shall be sole judge of non-performance.

ALL PRICING SHALL BE BASED INSIDE DELIVERY. DELIVERY COSTS SHALL BE INCLUDED IN YOUR UNIT PRICE BID. DELIVERY LOCATIONS ARE AS FOLLOWS:

- City of Boynton Beach Warehouse, 222 N.E. 9th Avenue, Boynton Beach, Florida, 33435 Attn: Michael Dauta, Warehouse Manager
- City of Delray Fire Headquarters: 501 W. Atlantic Avenue, Delray Beach, Florida 33444, Attn: Chief David Wetzel
- City of Delray Beach Ocean Rescue, 340 S Ocean Blvd., Delray Beach, Florida 33483
 Attn: Phil Wotton, Ocean Rescue Division Chief

NOTE: Delivery to be within thirty (30) calendar days after order(s) are placed. Bid sheets must clearly indicate item(s) that are only available by special order.

- L. PRODUCT SPECIFICATIONS: Vendors are being invited to bid a discount (percentage) off list price for any items not listed in each group on Schedule of Pricing (Bid Form) list. Discounts that offer will be FIRM for the term of the Contract.
- M. <u>SECURE ORDERS:</u> If awarded item(s) as a result of this "Invitation to Bid", vendor(s) must be able to supply items within time frame specified, when phoned in. Upon securing the order, vendor(s) guarantees to deliver the supplies to the City of Delray Beach Fire Headquarters, City of Delray Beach Ocean Beach Ocean Rescue and/or City of Boynton Beach Warehouse.

The Cities of Boynton Beach and Delray Beach reserve the right to bid separately on any large quantity of an item that may be needed at a later date during this contract period.

N. ORDERING PROCEDURES: Individual purchases will be covered by the purchase orders issued per the bid award, as item(s) are required or blanket (open) purchase orders will be issued. Payment shall be made on per order (delivery) or monthly statement basis (for actual deliveries made).

O. GROUPS OF ITEMS TO BE REQUIRED:

- Group 1 Airway Management Equipment and Supplies
- Group 2 Intravenous Supplies
- Group 3 Medications
- Group 4 Diagnostic and Instruments
- Group 5 Splints and Immobilization Supplies and Equipment
- Group 6 Bandages and Dressing Tape
- Group 7 Infection Control Equipment and Supplies
 Group 8 Items Required by the City of Boynton Beach
- P. TRANSFER PROHIBITED: The successful Bidder shall not assign, transfer, convey, sublet or otherwise dispose of this Contract, or of any or all of his or its rights, title or interest herein, or his or its power to execute such Contract to any person, company or corporation, without prior written consent of the City.
- Q. <u>DEFAULT ON PRIOR CONTRACTS:</u> No proposal will be accepted from, nor will any Contract be awarded to, any person or firm which is in arrears to the City upon any debt or Contract, or which is a defaulter as surety or otherwise upon any obligation to the City, or who has failed to perform faithfully any previous Contract with the City.
- R. <u>BID QUOTATION SUBMITTALS:</u> All Bids must be submitted on the attached "Bid Form", ATTACHMENT "A" Schedule of Pricing.
- T. <u>VENDOR SERVICE REPRESENTATIVE:</u> The Bidder must submit with his/her bid proposal the name, address, phone number and email address of the person(s) to be contacted. This will become a part of the bid proposal and shall be understood and agreed.

THE DOCUMENTS

BEHIND THIS PAGE

MUST ACCOMPANY RESPONSE

IN ORDER FOR SUBMITTAL

TO BE CONSIDERED

COMPLETE AND ACCEPTABLE



BIDDER'S ACKNOWLEDGEMENT

PROCUREMENT SERVICES

	100 E. Boynton Beach Bor P.O. Box 310 Boynton Beach, Florida 33 Telephone: (561) 742-632	3425-0310
Bid Title:	ANNUAL SUPPLY OF ME	EDICAL SUPPLIES AND MEDICATIONS
Bid Number:	044-2210-16/JMA	
Bid Received By:	MAY 12, 2016, NO LATER	R THAN 2:30 P.M. (LOCAL TIME)
time is scheduled for	n Procurement Services un : MAY 12, 2016, no late ty (90) days after such date	nless specified otherwise. Bid receiving date and er than 2:30 P.M. (local time) and may not be and time.
All awards made as a codes of the City.	result of this bid shall confe	orm to applicable sections of the charter and
Name of Vendor:	Bound Tree Medical, I	LLC
Federal I.D. Number:	31-1739487	
A Corporation of the S	State of: Ohio	
Area Code:	Telephone Number:	800-533-0523
Area Code:	FAX Number:	877-311-2437
Mailing Address:	5000 Tuttle Crossing E	Bld
City/State/Zip:	Dublin, OH 43016	
Vendor Mailing Date:	_5/10/16	
SubmitBids@boundt E-Mail Address:	ree.com	Authorized Signature
L-Mail Addiess.		/ tationzod oignataro
		Darrell Hughes
		Name Typed

THIS PAGE TO BE SUBMITTED WITH BID FOR PROPOSAL TO BE CONSIDERED COMPLETE AND ACCEPTABLE.

Submit Bids To:

REFERENCES BID NO.: 044-2210-16/JMA

*Please complete this page or attach your reference page to this sheet.

BIDDER'S NAME: Bound Tree Medical, LLC

Agency/Company	***Reference Sheet provided on next page
Address	
City, State, Zip	
Contact Person	
Telephone	
E-mail Address	
Type of Service	
Comments:	
Agency/Company	
Address	
City, State, Zip	
Contact Person	
Telephone	
E-mail Address	
Type of Service	
Comments:	
Agency/Company	
Address	
City, State, Zip	
Contact Person	
Telephone	
E-mail Address	
Type of Service	
Comments:	

THIS PAGE TO BE SUBMITTED WITH BID FOR PROPOSAL TO BE CONSIDERED COMPLETE AND ACCEPTABLE.

ITEM#	DESCRIPT	пом		IMATED ANTITY	BRAND / CATALOG No.	UNIT CO	ST	тот	AL
ROUP 1	- AIRWAY MANAGEMENT	EQUIPMENT AN	D SUPPL	9					
	Berman Oral Air	ways (1-8)							
1	Oral Airway 110 (ColorBerman Airway;	nnn	29	boxes		\$	-	\$	
2	Oral Airway 100 (mm	29	boxes		\$	-	\$	
3	#1148, Box of 50 Oral Airway 90 #1149, Box of 50	mm	29	boxes		\$	-	\$	
4	Oral Airway 80 #1150, Box of 50	mm	28	boxes		\$	-	\$	
5	Oral Airway 70 a #121870, Box of 50	mm	27	boxes		\$	-	\$	
6	Oral Airway 60 m #1151, Box of 50	mm	27	boxes		\$	-	\$	
7	Oral Airway 50 i #121850, Box of 50	mm	27	boxes		\$	-	\$	
8	Oral Airway 40 (#1152, Box of 50	mm	27	boxes		\$	-	\$	
usch Lat	ex-Free Robertazzi Nasal	Airways (9-17) o	r Approve	d Equal		الباسايا			
9	Nasal Airway 2 #123120, Box of 10	20 Fr	28	boxes		\$	-	\$	
10		22 Fr	28	boxes		\$	-	\$	
11		24 Fr	28	boxes		\$	-	\$	
12		26 Fr	28	boxes		\$	-	\$	-
13		28 Fr	29	boxes		\$	-	\$	
14		80 Fr	29	boxes		\$	-	\$	
15	Nasal Airway 3 #123132, Box of 10	32 Fr	19	boxes		\$	-	\$	
16		14 Fr	29	boxes		\$	-	\$	
17		36 Fr	29	boxes		\$	-	\$	-
sch E.T.	Tubes with Pre-package	d Stylette-Latex	Free (18-36	0)				Bull 1	
18	Uncuffed E.T. Tube 2.#506525, Box of 10	5 mm	2	boxes		\$	-	\$	
19		0 mm	2	boxes		\$	-	\$	
20		5 mm	2	boxes		\$	-	\$	
21	1	D mm	2	boxes		\$	-	\$	
22		5 mm	2	boxes		\$	-	\$	

23	Uncuffed E.T. Tube 5.0 m #506550, Box of 10	m	2	boxes		\$	-	\$	
24	Uncuffed E.T. Tube 5,5 m #506555, Box of 10	m	2	boxes		\$	-	\$	
25	Cuffed E.T. Tube 6.0 mm #506560, Box of 10		54	boxes		\$	-	\$	
26	Cuffed E.T. Tube 6.5 mm #506565, Box of 10		54	boxes		\$	-	\$	
27	Cuffed E.T. Tube 7.0 mm #506570, Box of 10		56	boxes		\$	-	\$	
28	Cuffed E.T. Tube 7.5 mm		56	boxes		\$	-	\$	
29	#506575, Box of 10 Cuffed E.T. Tube 8.0 mm		57	boxes		\$	-	\$	
30	#506580, Box of 10 Cuffed E.T. Tube 9.0 mm		53	boxes		\$	-	\$	
	#506590, Box of 10		J	<u> </u>					
	Argyle Salem Sump Tubes								
31	NasoGastric Tube Case of 50	8 Fr	1	case		\$	-	\$	
32	NasoGastric Tube Case of 50	10 Fr	1	case		\$	-	\$	
33	NasoGastric Tube Case of 50	12 Fr	1	case		\$	-	\$	
34	NasoGastric Tube Case of 50	14 Fr	1	case		\$	-	\$	
35	NasoGastric Tube Case of 50	16 Fr	1	case		\$	-	\$	
36	NasoGastric Tube Case of 50	18 Fr	1	case		\$	-	\$	
37	E.T. Tube Holder Pediatric		5	cases		\$		s	_
	Thomas E.T. Tube Holder					•		"	
	Case of 100								
	LAERDAL								
38	E.T. Tube Holder Pediatric		11	cases	10	s	-	\$	
	Thomas E.T. Tube Holder								
	Case of 100								
	LAERDAL								
39	Cook Pneumo Kit Complete		25	each		\$	-	\$	
	Emergency Pneumothorax Set								
- 1	#Cook911 - COOK								
	NO SUBSTITUTES								
	EID Syringe Model		4	boxes		\$	-	\$	
	Esophageal Intubation Detector								
	#EID100, box of 20 WOLF TROY MEDICAL								
	NO SUBSTITUTES								
			9	harra					
- 1	Lubricating jelly Packets		a	boxes		\$	-	\$	
	Airway Lubricants #00128, Box of 144								
							[
	Johnson & Johnson/PDI or approved equal								
	or approved edugi								

	SunMed Disposable Fiber Optic Laryngos	cobe Rise	002- 140 20D	strude (42-40)			
42	Macintosh Child Size 2 #5-5332-02	50	each		\$	-	\$
43	Macintosh Child Size 3 #5-5332-03	110	each		\$	-	\$
44	Macintosh Child Size 4 #5-5332-04	110	each		\$	-	\$
45	Miller Premature Size 0 #5-5333-00	50	each		\$	-	\$
46	Miller Infant Size 1 #5-5333-01	50	each		\$	-	\$
47	Miller Child Size 2 #5-5333-02	50	each		\$	-	\$
48	Miller Adult Size 3 #5-5333-03	130	each		\$	-	\$
49	Sun Med Greenline Fiber Optic Handle, Penlite (Chrome-Plated Brass)	20	each		\$	-	\$
50	Sun Med Greenline Fiber Optic Handle, Medium (Chrome-Plated Brass)	20	each		\$	-	\$
51	Yankaeur Suction Tip w/72" tubing #50122, Case of 20	40	cases		\$	-	\$
	(Dynarex or approved equal)						
	Rusch Soft Tip Suction Catheters (52-58)						
52	Suction Catheter 6 Fr #40106, Case of 50	4	cases		\$	-	\$
53	Suction Catheter 8 Fr #40108, Case of 50	4	cases		\$	-	\$
54	Suction Catheter 10 Fr #40110, Case of 50	4	cases		\$	-	\$
55	Suction Catheter 12 Fr #40112, Case of 50	4	cases		\$	-	\$
56	Suction Catheter 14 Fr #40114, Case of 50	4	cases		\$	-	\$
57	Suction Catheter 16 Fr #40116, Case of 50	4	cases		\$	-	\$
58	Suction Catheter 18 Fr #40118, Case of 50	4	cases		\$	-	\$
59	Catheter & Sleeve 18Fr #T162C, Case of 50	4	cases		\$	-	\$
60	(Pharmaseal or approved equal) O2 Tree-Plastic Replacement #2555, price per each	50	each		\$	-	\$
61	(Precision Medical or approved equal) Aspirator, Meconium #0101, price per each	24	each		\$	-	\$
	1				I	- 1	

62	Cushion Disposable Mask Pediatric Mask #158200, Case of 30 (Rusch or approved equal)	2	cases	\$	-	\$
63	Cushion Disposable Mask Adult Mask #158600, Case of 30 (Rusch or approved equal)	5	cases	\$	-	\$
64	Bulb Syringe 2 oz. #70275, Case of 50 (Medline or approved equal)	2	cases	\$	-	\$
65	Single Patient Vent Circuit #6220, Case of 12	20	cases	\$	-	\$
Rusch D	isposable Manual Resuscitator - No Substi	tute (66-68	1)			
66	Adult BVM w/Bag Reservoir, Mask & Tubing 157100300	250	each	\$	-	\$
67	Pediatric BVM w/Bag Reservoir, Mask & Tubing 157300100	200	each	\$	-	\$
68	Infant BVM w/Bag Reservoir, Mask & Tubing 157400100	150	each	\$	-	\$
69	CPR Microshield Tamper Evident Pouch #70-155, Case of 50	12	cases	\$	-	\$ •
70	Nasal Cannulas Pediatric w/tubing , Case of 50 Hudson #1101	3	cases	 \$	-	\$
71	Medium Concentration Mask Pediatric w/tubing, Case of 50 Hudson #1035	3	cases	\$	-	\$ -
72	Medium Concentration Mask Infant w/tubing, Case of 50 Life Support Products #6218 or approved equal	1	case	\$	-	\$ -
73	Non-Breathing Mask w/safety vent Adult w/tubing, Case of 50 Hudson #1059	56	cases	\$	*	\$ -
74	Aerosol Mask - Adult Mask Only #64083, Case of 50 Life Support Products or approved equal	3	cases	\$	-	\$ -
75	Micromist Nebulizer Complete Hand Held Kit Hudson #1883, Case of 50	308	cases	\$	-	\$
76	Disposable Suction Canister For Impact #305C, Case of 50 IMPACT-NO SUBSTITUTE	6	cases	\$	7	\$ -
77	Nasal Cannulas Adult w/tubing , Case of 50 Hudson #1104	102	cases	\$	-	\$ -

78	King Airway Kit LT-D, size 2	20	each		\$ -	\$
79	King Airway Kit LT-D, size 3	20	each		\$ -	\$
80	King Airway Kit LT-D, size 4	20	each		\$ -	\$
81	King Airway Kit LT-D, size 5	20	each		\$ -	\$
82	O2 RESQ BITRAC ED MASK w/3 set valve (5.0/7.5/10.0 cm)	10	cases		\$ -	\$
	& Flow Generator, Adult Mask 10 per case GROUP 1 GRAND TOTAL (Items 1 - 82)				\$ -	
	PERCENTAGE DISCOUNT OFF LIST PRICE	E END I	TEMS SIMII	AP TO PUT NOT LISTED IN THIS GROUE),	%
	FERCENTAGE DISCOUNT OFF UST PRIC	EFUKI	Emo Simil	MA 14, BUT NUT LISTED IN THIS GROUP		
					r e	
ROUP 2	- INTRAVENOUS SUPPLIES:	901				
	Protective IV- Plus Safety I.V. Catheter (83	50	boxes			
83	14 Gauge x 1.25"	50	DOXES		\$ -	\$
	#3068, Box of 50	50	havas			
84	16 Gauge x 1.25"		boxes		\$ -	\$
	45					
85	18 Gauge x 1.25°	80	boxes		\$ -	\$
	#3065, Box of 50	ļ				
86	20 Gauge x 1.25"	70	boxes		\$ -	\$
	#3066, Box of 50					
87	22 Gauge x 1"	44	boxes		\$ -	\$
	#3060, Box of 50					
88	24 Gauge x .75" #3063, Box of 50	40	boxes		s -	\$
89	Veni-Gards Adults	10	boxes		\$ -	\$
	#7054431, Box of 200 - Conmed					
	NO SUBSTITUTES					
90	Select-3 I.V. System + NIS + LAS	50	cases		\$ -	\$
00	#B-32-102 case of 48 - Biomedix				Ť	
	NO SUBSTITUTES					
91	I.V. Start Kit Latex Free - Motion Medical Distributing - NO SUBSTITUTES	50	cases	-	s -	\$
00		20	boxes			\$
92	Medic-Plastic Anti-Stick	-			\$ -	•
	#NF9285, Box of 500 (B.Braun)					
		400	each	·		
93	Extension Set w/Ultrasite Injection Site,		COUL		\$ -	\$
	and SafeLine injection Site on T-Port #470060 (B.Braun- No Substitutes)					
		10	cases		\$ -	\$
94	0.9% Sodium Chloride Inj.,USP					
94	50 mL, 96 per case					

95	0.9% Sodium Chloride Inj.,USP 500 mL, 24 per case NDC 0338-0049-03	280	cases	\$	-	\$	
96	0.9% Sodium Chloride Inj.,USP 1000 mL, 12 per case NDC 46163-300-10	40	cases	\$	-	\$	
97	5% Dextrose Inj., USP 250 mL, 36 per case NDC 54868-0296-2	20	cases	\$	-	\$	
98	10% Dextrose Inj., USP 250 mL, NDC 0338-0023-02	20	each	\$	-	\$	
99	Disposable Padded Board With Vinyl Case 3" x 9" #95021, Case of 100	10	cases	\$	-	s	
100	Disposable Padded Board With Vinyl Case 3" x 08" #95022, Case of 100	10	cases	\$	-	\$	
101	Webcol I.V. prep Pads Medium, #6818 Box of 200 (Kendali or approved equal)	34	boxes	\$	-	\$	
102	Tourniquets Latex-Free #45018, Package of 25	10	pkgs	\$	-	\$	
	Vanishpoint Syringes-No Substitude (10	4-105)					
103	1 cc, 21 gauge x 1" #10161, Box of 100	40	boxes	\$	-	\$	
104	3 cc, 21 gauge x 1.5" #10361, Box of 100	40	boxes	\$	-	\$	
105	10 cc, 21 gauge x 1.5" # 11061, Box of 100	40	boxes	\$	-	\$	
106	Luer Lock Syringe w/needle 1 cc tube, 25 gauge x 5/8" needle 100 per box (B-D 309626 or approved equal)	20	boxes	\$	-	\$	
107	21 gauge x 3/4" w/12" tube Excel Winged Infusion Set #26704, Box of 50	1	box	\$	-	\$	
108	23 gauge x ¾" w/12" tube Excel Winged Infusion Set #367283, Box of 50	1	box	\$	-	\$	
109	25 gauge x ¾" w/12" tube Excel Winged Infusion Set #26708, Box of 50	1	box	\$	-	\$	
	0.9% Sodium Chloride Inj., USP 10cc, Prefilled-Luer Lock Syringe w/rubber stopper	1000	each	\$	-	\$	
1	Standard Terumo 10cc Syringe Luer Lock without needle SS-10L, Box of 100	5	boxes	\$	-	\$	
	30-35cc Luer Lock Syringe Only #26290, Box of 50, Case of 5 boxes	1	case	\$	-	\$	

113	50 cc Syringe c Eccentric Tip, 25 per pack # 26301 (Excel or approved equal)	3	pkgs		\$	·	\$	
114	Filter Straw 5 Micron 1.7" #415021 #26265, Box of 100	100	each		\$	-	\$	
	(B.Braun or approved equal) GROUP 2 GRAND TOTAL (Items 83-114)				\$	-		
	PERCENTAGE DISCOUNT OFF LIST P	RICE FOR IT	EMS SIMIL	R TO, BUT NOT LISTED IN THIS GRO	OUP:		%	
OUP 3	- MEDICATIONS:		V=0-1					
115	Adenosine Inj., USP 6 mg/2mL vial	90	each		\$	-	\$	
	NDC 55390-067-10		t				-	
116	Adenosine Inj., USP 12 mg/4mL vial NDC 55390-068-01	90	each		\$		\$	
117	Albuterol Sulfate Inhalation Solution 0.083%, 2.5mg/3 ml. vial Individually wrapped NDC 0487-9501-01 9 (no substitutes)	500	each		\$	-	\$	
118	Amiodarone HCI Inj., USP 150 mg/3mL, vial	300	each		\$	-	\$	
119	NDC 67457-153-03 Ammonia Inhalants 0.3 mL, Box of 10 NDC 46414-3333-2	60	boxes		\$	-	\$	
120	Aspirin Chewable 81 mg, 36 Tablet Bottle	70	bottles		\$	-	\$	
121	NDC 57896-911-36 Atropine Inj., USP 400 mcg/mL, 20mLvial NDC 0641-2210-43	40	each		\$	-	\$	
122	Atropine Inj., USP 1 mg, 10 mL w/Luer Lock NDC 0548-3339-00	300	each	_	\$	-	\$	
123	Calcium Chloride Inj., USP 10%, 100mg/mL, w/Luer Lock NDC 0548-3304-00	100	each		\$	·	\$	
124	Calcium Guconate Inj., USP 10%, 1g/10mL vial NDC 0517-3910-25	30	each		\$	-	\$	
125	Diphenhydramine 50 mg, 1 mL vial NDC 63323-0564-01	200	each		\$	•	\$	
126	Dextrose Inj., USP 2.5 gm., 10mL w/Luer Lock NDC 0548-3315-00	30	each				\$	

127	Dextrose Inj., USP 25 gm., 50 mL w/Luer Lock	400	each	\$	-	\$	
	NDC 0548-3301-00						
128	Diltiazem HCl Inj., USP 25 mg/5 mL, 10vial/box	20	boxes	\$	-	\$	
	NDC 0703-1553-03						
129	Dopamine HCI Inj., USP 400 mg/10 mL	100	each	\$	-	\$	
	NDC 0409-9104-20					1	
130	Epinephrine Inj., USP	100	each			+	
	1:1000, 1rng/mL Ampule NDC 0409-7241-01			\$	-	\$	
131	Eninophrino Ini I ISD	600	each		-	-	
131	Epinephrine Inj., USP 1:1000, 1mg/10, w/Luer Lock NDC 0548-3316-00	000	Gacii	\$	-	\$	
132	Etomide Inj., USP	70	each	\$	-	\$	
	20 mg /10 mL, vial						
	NDC 04096-695-01						
133	Glucagen (Glucogon-DNA origin)	50	each	\$	-	\$	
	Package containing 1 I.U. Glucagon						
	1 mg/mL sterile H2O for reconstitution						
	NDC 55390-004-01						
134	Insta-Glucose	50	each	\$		\$	-
	31g/tube	1 1		9	-	1 3	
135	Ketamine HCI Inj., USP	30	each			+	
	500mg/mL, 10 vial/box			\$	-	\$	
	NDC 67457-001-10						
136	Lidocalne Inj., USP	70	each			-	
	2%, 100 mg/5 mL, Luer Lock			\$	-	\$	
	NDC 0548-3390-00						
137		50	each			-	
197	Magnesium Sulfate Inj., USP	50	eacii	\$	-	\$	
	1g/2 mL vial NDC 0517-2602-25						
138	Mark 1 Antidote Kit	20	each	\$	-	\$	
	2 mg Atropine, 600 mg 2 PAMCL		1				
	NDC 11704-101-01	-					
139	Methylene Blue Inj., USP	20	each	\$	-	\$	
	1%, 10 mg/mL						
	NDC 61703-402-32						
140	Midazolam HCI Inj., USP	10	boxes	\$	-	\$	-
	5 mg/5 mL, 10 vial/box						
	NDC 10019-028-37						
141	Morphine Sulfate Inj., USP	30	each	\$	_	\$	
	10 mg/mL, 25 vials/box						
	NDC 10019-178-44						
142	Naloxone Inj., USP	500	each	s		\$	
	2 mg/2 mL, w/Luer Lock			"	_	*	-
	NDC 0548-3369-00						
143	Nitro Sublingual Tablets	70	each				
	0.4 mg, 25 Tablets Bottle			\$	-	\$	-
	NDC 54868-1508-1						
_							

144	Ordansetron HCl Inj., USP 4 mg/2 mL, 5 vial/box	30	boxes		\$	·	\$	
	NDC 0409-4755-03	1					<u> </u>	
145	Sodium Bicarbonate Inj.,USP 4.2%, 5 meg/10 mL, w/Luer Lock	60	each		\$	-	\$,
	NDC 0548-3331-00							
146	Sodium Bicarbonate Inj., USP	300	each		\$	-	\$	
	8.4%, 50 mL, w/Luer Lock							
	NDC 0548-3352-00							
147	Succinylchlorine Chloride Inj., USP	30	each		\$	-	\$	
	200 mg/10 mL, vial							
	NDC 0409-6629-02							
148	Teracaine HCI	75	each		\$	_	\$	ng.
	Opthalmic Solution USP, 0.5%							
	15 mL bottle							
	NDC 24208-920-64							
149	Vasopressin Inj., USP	10	boxes		\$	-	\$	
	20 Units/mL, 25 vial/box							
	NDC 0517-0510-25							
-	GROUP 3 GRAND TOTAL		No.		\$			
	(Items 115-149)							
	PERCENTAGE DISCOUNT OFF LIST PRICE	`E EOP //	TEMS SIMIL	AP TO BUT NOT LISTED IN THIS G	POUP.		%	
	- DIAGNOSTICS AND INSTRUMENTS:		howe					
ROUP 4								
150		30	boxes		\$		\$	
	- DIAGNOSTICS AND INSTRUMENTS:		boxes		\$	•	\$, e
	- DIAGNOSTICS AND INSTRUMENTS: Blood Pressure Cuffs		boxes		\$		\$	7.5
	Blood Pressure Cuffs Double Tube Disposable Child Size		boxes		\$	•	\$	178
	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box		boxes		\$	*	\$	
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal)	30				•		
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs	30						
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size	30				**		
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box	30				*		
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal)	30	boxes		\$	•	. \$	7.5
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs	30	boxes		\$	-	. \$	
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size	30	boxes		\$	-	. \$	
150	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box	30	boxes		\$	-	. \$	
150 151	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) CCC4212L - 10/box (Zefon or approved equal)	30 40	boxes		\$	-	\$	
150 151	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs	30 40	boxes		\$	-	\$	
150 151	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size	30 40	boxes		\$	-	\$	
150 151	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box	30 40	boxes		\$	-	\$	
150 151 152	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal)	30 40 125	boxes boxes boxes		\$	-	\$	
150 151 152	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal) Blood Pressure Cuffs	30 40 125	boxes boxes boxes		\$	-	\$	
150 151 152	Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Thigh ZCC4012L - 10/box	30 40 125	boxes boxes boxes		\$	-	\$	
150 151 152	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Thigh	30 40 125	boxes boxes boxes		\$	-	\$	
150 151 152 153	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Thigh ZCC4012L - 10/box (Zefon or approved equal) Blood Pressure Cuffs	30 40 125	boxes boxes boxes		\$ \$	-	\$ \$	
150 151 152 153	Blood Pressure Cuffs Double Tube Disposable Child Size ZCC4412L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Small Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4312L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Adult Size ZCC4212L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Large Adult Size ZCC4112L - 10/box (Zefon or approved equal) Blood Pressure Cuffs Double Tube Disposable Thigh ZCC4012L - 10/box (Zefon or approved equal)	30 40 125	boxes boxes boxes		\$ \$	-	\$ \$	

156	Blood Pressure Cuffs	20	boxes		\$		s	
	Single Tube Disposable Small Adult Size				•	-	3	
	ZSC4301MQF - 10/box	1						
	(Zefon or approved equal)							
157	Blood Pressure Cuffs	20	boxes					
	Single Tube Disposable Adult Size				\$	-	\$	
	ZSC4201MQF - 10/box							
			1					
	(Zefon or approved equal)	20	 					
158	Blood Pressure Cuffs	20	boxes		\$	-	\$	
	Single Tube Disposable Large Adult Size							
	ZSC4101MQF - 10/box			·				
	(Zefon or approved equal)						_ [
159	Blood Pressure Cuffs	10	boxes		\$	-	\$	
	Single Tube Disposable Thigh							
	ZSC4001MQF ~ 10/box							
	(Zefon or approved equal)							
160	Blood Pressure Bulbs	100	each		\$		\$	
	With valves #875				*	_	1	
	(ADC or approved equal)							
161	Sphygmomanometer Gauges	600	each				-	
	(ADC or approved equal)				\$	-	\$	
162	Stethoscopes-ProScope 670	200	each				-	
102		200	Cucii		\$	-	\$	
	22" Tubing, Color-Pink (No Substitute)							
		100					-	
163	Penlights	100	packs		\$	-	\$	
	#59805, Disposable, 6 per pack							
	(Moore or approved equal)	-						
164	Morgan Mor-Flex Lens	6	boxes		\$	-	\$	
	MT2000, 12 per box							
	(Mortran or approved equal)							
165	Electrodes	7	cases		\$		s	
	Pediatric, 3 per pkg				1		Ť	
	200 packages per case							
	(KENDALL 31439766-No Substitute)							
166	Electrodes	200	cases				-	
	Postrace Diaphoretic				\$	-	\$	
	Adult, 40 per box, 30 boxes per case							
	1870C-004						1	
	(Continue to Continue to							
107	(ConMed-No Substitude)	40	boxes					
167	Prep Razors #4251, 50 per box	40	DOXES		\$	-	\$	
	(Nikomed or approved equal)							
168	Magill Forceps	24	each		\$	-	\$	-
-	#82760, 11" Adult Stainless Steel							
169	Magill Forceps	12	each		\$	-	\$	-
	#82750, 8" Child Stainless Steel							
	(EMP or approved equal)							
70	Kelly Forceps	24	each		\$	_	\$	
	Hemostats #724000		ļ		1		*	-
	Straight 5-1/2" Stainless Steel	-						
	(EMP or approved equal)							

171	Ring Cutter	20	each		\$	-	\$	
	#8220, Stainless Steel							
	(EMP or approved equal)							
172	Replacement Blade	20	each		\$	_	\$	
	for #8221 Ring Cutter							
	(EMP or approved equal)							
173	Trauma Utility Sheers	280	each		\$		s	
1/3					1	_	*	
	#139, 7.25" Black				ŀ			
	(EMP or approved equal)							
	GROUP 4 GRAND TOTAL				\$	-		
	(Items 160 - 173)						l	
	PERCENTAGE DISCOUNT OFF LIST PR	ICE FOR IT	TEMS SIMIL	AR TO, BUT NOT LISTED IN THIS GROU	P:		%	
OUP 5	- SPLINTS, IMMOBILIZATION SUPPLIES A	ND EQUIPM	MENT:					
						بسلا		
174	Ambu Perfit Ace Extrication	42	cases		\$	-	\$	
	Collar, 30 PER CASE							
	(AMBU- No Substitute)							
175	Ambu Mini Ace	9	cases		\$	_	\$	
.,,	Adjustable Collar, 30 per case				'			
	Infant, Pediatric and Geriatric Settings							
	(AMBU-No Substitude)							
		788	each		1			
176	Disposable Restraint Straps	700	Caon		\$	-	\$	
	5'-Orange & Blue							
	Two-piece Restraint with Loop-Lok							
	#454390 (Dixie or approved equal)				ļ			
177	Infant/Pediatric Immobilization	2	each		\$	-	\$	
	Board with Carrying Case #D6368							
	(LSP or approved equal)							
178	Replacement Head Harness for	4	each		\$	-	\$	
	Infant/Pediatric Immobilization Board							
179	K.E.D. Complete Kit #125	3	each		\$	-	\$	
	Kendrick Extrication Device							
	(FERNO-No Substitute)							
180	Traction Culint	2	each		s		\$	
100	Traction Splint				*	-	1	
	Sager form III bilateral, Model S304 (SAGER- No Substitute)							
		2	each		1.			
181	Traction Splint	1	Eacii		\$	-	\$	
	Sager Pediatric, Model S300							
	(SAGER- No Substitute)	-			-			
182	Scoop Stretcher	2	each		\$	-	\$	
	Combicarrier II							
	CC 2200P							
	NO SUBSTITUTES							
183	Disposable Posey Restraints	100	pair		\$	-	\$	
	Limb Holder							
	#2510, Price per pair - Posey							
	INO SUBSTITUTES							
18/	NO SUBSTITUTES Acrulic Cat Blankets	60	each		\$	_	S.	
184	Acrylic Cot Blankets #7744, 60" W x 84" L, Blue	60	each		\$	-	\$	

185	Disposable Blanket #5480, 56" x 90" 24 per case	15	cases			\$	-	\$	
	(Banta or approved equal)								
186	Pillow Disposable IM2025	18	cases			\$		\$	
	#IM2025, 17" x 23"					Ť			
	24 per case	1							
	(Putnam or approved equal)								
187	Two Piece Cot Straps	24	each			\$	-	\$	
	#430, Maroon - Ferno								
	NO SUBSTITUTES	-							
188	Econo-Vac Splint	5	each			\$	-	\$	
	Deluxe 5 Splint Kit								
	MEDICAL DEVICES INTL								
189	NO SUBSTITUTES	24	cook						
199	Econo-Vac Splint #82-E2010	24	each			\$	-	\$	
190	Econo-Vac Splint #82-E2014	24	each			\$	-	\$	
191	Econo-Vac Splint #82-E2222	24	each			\$	-	\$	
192	Sta-Blok Head Immobilizer Laderal	75	cases			\$	-	\$	
	NO SUBSTITUTES								
	GROUP 5 GRAND TOTAL								
	GROUP 5 GRAND TOTAL (Items 174 - 192)					\$	-		
		RICE FOR IT	EMS SIMILA	R TO, BUT NOT LISTED	IN THIS GROU		-	%	
	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P	RICE FOR IT	EMS SIMILA	R TO, BUT NOT LISTED	IN THIS GROU		-	%	
OUP 6	(Items 174 - 192)	RICE FOR IT	EMS SIMILA	R TO, BUT NOT LISTED	IN THIS GROU		-	%	
	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P	RICE FOR IT	EMS SIMILA	R TO, BUT NOT LISTED	IN THIS GROU	IP:	-		
	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE:			R TO, BUT NOT LISTED	IN THIS GROU		-	%	
	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144			R TO, BUT NOT LISTED	IN THIS GROU	IP:	-		
	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic			R TO, BUT NOT LISTED	IN THIS GROU	IP:	-		
193	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic			R TO, BUT NOT LISTED	IN THIS GROU	IP:	-		
193	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148	8	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
193	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148 4 rolls per box, 12 boxes per case	8	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
193	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal)	8 11	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
193 194	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3"	8	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
193	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634	8 11	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
193	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case	8 11	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
94	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal)	8 11	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$		\$	
193	(Rems 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal) Triangular Bandages	11 23	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$	-	\$	
194	(Items 174 - 192) PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal)	11 23	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$		\$	
194	PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Alds %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal) Triangular Bandages #11202, Non-Sterile, 36" x 36" x 51"	11 23	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$		\$	
194	PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5146 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Alds %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal) Triangular Bandages #11202, Non-Sterile, 36" x 36" x 51" 12 per box, 240 per case	11 23	cases	R TO, BUT NOT LISTED	IN THIS GROU	\$ \$ \$		\$	
193	PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal) Triangular Bandages #11202, Non-Sterile, 36" x 36" x 51" 12 per box, 240 per case (Dynarex, J & J or approved equal)	11 23	cases cases cases	R TO, BUT NOT LISTED	IN THIS GROU	\$		\$	
193	PERCENTAGE DISCOUNT OFF LIST P. BANDAGES AND DRESSING TAPE: Dermicel Hypo-Allergenic Cloth Tape 1", #5144 12 rolls per box, 12 boxes per case (J & J or approved equal) Dermicel Hypo-Allergenic Cloth Tape 1", #5148 4 rolls per box, 12 boxes per case (J & J or approved equal) Band Aids %" x 3" #4634 150 per box, 12 boxes per case (J & J or approved equal) Triangular Bandages #11202, Non-Sterile, 36" x 36" x 51" 12 per box, 240 per case (Dynarex, J & J or approved equal) Adaptic Bandages	11 23	cases cases cases	R TO, BUT NOT LISTED	IN THIS GROU	\$ \$ \$		\$	

198	Combination Pads	14	cases		\$	-	\$	
	#23145, 5" x 9"						,	
	25 per box, 16 boxes per case, 400 per							
	case. (J & J or approved equal)							
199	2" Sterile Kling #6922	18	cases		\$	-	\$	
	12 per box, 8 boxes per case (J & J or approved equal)							
200	Trauma Dressing #11684, 10" x 30"	17	cases		\$	-	\$	
	50 per case							
201	(Moore Medical or approved equal) Sterile 4" Kling #6924	22	cases		\$	-	\$	
	12 per box, 6 boxes per case							
	(J & J or approved equal)							_
202	Sterile 4" x 4" 12-Ply #3342	8	cases		\$	-	\$	
	#3342, 25 envelopes of 2 boxes							
	24 boxes per case, 1,200 sponges per case (Dynarex, J & J or approved equal)							
203	Asherman Chest Seal	3	boxes		\$	-	\$	
	10 per box Rusch							
	NO SUBSTITUTES							
204	Coban Self-Adherent Wrap 2" #1582, 36 per box	20	boxes		\$	-	\$	
	(3M or approved equal)							
205	Economy Cold packs 6" x 8" #21124, 24 per case	90	cases		\$	-	\$	
	(GAM or approved equal)							
206	Sterile Burn Sheet 60" x 90" #7010, 12 per case	11	cases		\$	-	\$	
	(GAM or approved equal)							
207	O.B. Kit, Soft Pack	120	each		\$	-	\$	
	#2030							
	(EMP or approved equal)							
208	Safety Scalpel, Size 11 #1611, 10 per box	4	boxes		\$	-	\$	
	(Dynarex or approved equal)							
209	Baby Beannie #32-200	30	each	_	\$	-	\$	
	Knitted Polyester Stockinette							
	(EMP or approved equal)							
210	Baby Bunting #112, Isothermal Foil Blanket Sterile	30	each		\$	-	\$	
	(GAM or approved equal)							
211	Hydrogen Peroxide 3%	58	cases		\$	-	\$	
	#98001							
	16 oz. bottles, 12 bottles per case				1			
	(Medline or approved equal)				1			

212		22	cases			\$		- \$	
	Non-Sterile 8-Ply #1792	1							
	200 per pkg., 4,000 sponges per case								
213	(Kendall or approved equal) Sponges, 4" x 4"	18	cases					-	
213	Sterile 12-Ply	"	Cases			\$		\$	
	#3342, 25 envelopes of 2 boxes	1							
	24 boxes per case/1200 sponges per case								
214	(Dynarex, J & J or approved equal)	100							
214	Sudecon Irritant Spray	100	each			\$	-	\$	
	Decontamination Wipes Sudecon Towelettes, #FL911					1		ł	
	(Fox Labs or approved equal)								
215		16	cases						
213	Normal Saline	10	Cases			\$	-	\$	
	1,000 mL Plastic Bottles								
	#2F7114, 12 per case (Baxter or approved equal)								
216		4	boxes						
210	Nail Polish Remover Pads	*	Doxes			\$	-	\$	
	#71200, 100 per box (PDI or approved equal)								
	GROUP 6 GRAND TOTAL							_	
	(Items 193 - 216)	1	A 1			\$	-		
	PERCENTAGE DISCOUNT OFF LIST PRICE		LINO OMIL	AR TO, BUT NOT LISTE	D IN THIS GROU	JP:		_%	
	7 - INFECTION CONTROL EQUIPMENT AND		rases						
217	Gloves, Nitrile Micro Flex	6	cases			\$	-	\$	
	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S		cases			\$	-	\$	
	Gloves, Nitrile Micro Flex		cases			\$	-	\$	
	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex		cases				-		
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE	6				\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex	6					-		
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Medium #SU690M	6					-		
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Medium #SU690M 10 boxes per case - Micro Flex	6				\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE	11	cases				-		
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex	11	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno – Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno – Size Large #SU690L	11	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case	11	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute)	11 13	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex	11 13	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL	11 13	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe	11 13	cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE	11 13 17	Cases Cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe	11 13 17	Cases Cases			\$	-	\$	
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400	11 13 17	Cases Cases			\$	-	\$	
217 218 219 2220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box	11 13 17	Cases Cases			\$		\$ \$	
217 218 219 2220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal)	11 13 17 53	cases cases cases			\$ \$	-	\$	
217 218 219 220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex No SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal) Alcare Plus Hand Foam #6399	11 13 17 53	cases cases cases			\$ \$	-	\$ \$	
217 218 219 220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal) Alcare Plus Hand Foam #6399 Kills micro-organisms 9 oz,	11 13 17 53	cases cases cases			\$ \$	-	\$ \$	
217 218 219 220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal) Alcare Plus Hand Foam #6399 Kills micro-organisms 9 oz, (Zeneca or approved equal)	11 13 17 53 312	cases cases boxes each			\$ \$	-	\$ \$	7.52
217 218 219 220	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal) Alcare Plus Hand Foam #6399 Kills micro-organisms 9 oz. (Zeneca or approved equal) Biohazard Bags #45-41	11 13 17 53 312	cases cases boxes each			\$ \$	-	\$ \$	7.52
217	Gloves, Nitrile Micro Flex Supreno — Size Small #SU690S 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Medium #SU690M 10 boxes per case - Micro Flex NO SUBSTITUTE Gloves, Nitrile Micro Flex Supreno — Size Large #SU690L 10 boxes per case (MICRO FLEX- No Substitute) Gloves, Nitrile Micro Flex Supreno — Size Extra Large #SU690XL 10 boxes per case - Micro Flex NO SUBSTITUTE Personal Antimicrobial Wipe P.A.W.S. #34400 100 each per box (Safetec or approved equal) Alcare Plus Hand Foam #6399 Kills micro-organisms 9 oz. (Zeneca or approved equal) Biohazard Bags #45-41 Red Disposable	11 13 17 53 312	cases cases boxes each			\$ \$	-	\$ \$	1.7

224	Biohazard Bags #45-54	43	cases	\$	-	\$	
	Red Disposable						
	31" x 41", 16 gallon size						
	50 per box, 5 boxes per case,						
	(MD Industries or approved equal)			 			
225	Sharp Containers	61	cases	\$	-	\$	
	Size 1.5, Quart Red #305487						
	36 per case - Becton Dickinson						
	NO SUBSTITUTES						
226	Sharp Containers Becton Dickinson	50	cases	\$	-	\$	
	Size 8, Quart Red w/clear top						
	#305344 - 24 per case						
	NO SUBSTITUTES						
227	Technol PFR95 Tuberculosis Masks	4	cases	\$	_	\$	
	Size Small, #46827						
	35 per box - Kimberty Clark						
	NO SUBSTITUTES						
228	Technol PFR95 Tuberculosis Masks	4	cases	\$		\$	_
220	Size Medium, #46727			ľ		1	
	35 per box - Kimberty Clark						
	NO SUBSTITUTES						
229	Molded Surgical Mask #22030	24	boxes	\$	_	\$	
220	Blue, One Size Fits All - 50 per box			ľ		Ť	
220	(Dynarex or approved equal) Sleeves #3712	10	cases	 \$		s	
230				*	-	4	
	18" White w/Elastic at both ends						
	200 per case						
	(Posi-Wear or approved equal)	200	each	 1			_
231	Protective Eyewear	200	Cavil	\$	-	\$	
	High Impact Protection Optically Correct Lens						
	Wrap Arounds, #SA5190 (MDS Matrx or approved equal)						
		3	cases				_
232	Convenience Bags	"	Casas	\$	-	\$	
	One Size, one-way Plastic						
	(Vomit Bags), #GKR7000						
	12 per package, 240 per case						
	(GKR or approved equal)						_
233	Chux Absorbent Compact	6	cases	\$	-	\$	
	Underpads, 12" x 17"						
							_
234	Disposable Glasses #180S	220	each	\$	-	\$	
	Clear Polycarbonate Lenses #180S						
	(ADEN BAM 180S)			 			
235	Cavicide 24 oz. spray bottle	36	each	\$	-	\$	
	#12024						
	(Metrex or approved equal)						
	GROUP 7 GRAND TOTAL			\$	-		
	(Items 217 - 235)						

	ITEMS REQUIRED BY THE CITY OF BOYN						
236	Protect Plus IV Catheter - 20 gauge x 1"	6	boxes				
	Jelco - Smith's Medical			\$	-	\$	
	REF 3057 - Box of 50		1				
200-041-6			1				
237	Portex Emergency Smith's Medical	12	each	 s			
	Quick Trach Cricothyroidatomy Kit	1		3	-	\$	
`	REF 100/465/060						
041-10	NO SUBSTITUTE						
238	Hudson BVM Adult Mask Disposable	150	each	 \$		-	
	Manual Resuscitator with Flow Diverter/Mask		1	9	-	\$	
	REF 5372	1					
041-13	EXACT OR APPROVED EQUAL						
239	Rusch Lite #004852200	6	each	 \$		-	
	Miller 2 mm Blade			•	-	\$	
	Standard Fitting Larygoscope	1					
041-15	NO SUBSTITUTE						
240	Ventlab Oxygen Mask - Adult Size #2101	1000	each	 \$		-	
	with 1 valve and 7' 02 tubing			*	-	\$	
041-16	EXACT OR APPROVED EQUAL	1					
241	Well Lead Medical/Aircare	20	each	 \$		-	
	Endotracheal Tubes 3 mm Cuffed w/ Stylette			*	-	\$	
	REF 100/102/030		1 1				
041-19	EXACT OR APPROVED EQUAL						
242	Well Lead Medical/Aircare	30	each	\$		\$	
	Endotracheal Tubes 4 mm Cuffed w/ Stylette			, ,	_		
	REF 100/102/040						
	EXACT OR APPROVED EQUAL						
243	Well Lead Medical/Aircare	25	each	\$		\$	
	Endotracheal Tubes 5 mm Cuffed w/ Stylette			*	-	۳ ا	
	REF 100/102/050						
	EXACT OR APPROVED EQUAL	[.					
	Well Lead Medical/Aircare	50	each	s		\$	
	Endotracheal Tubes 6 mm Cuffed w/ Stylette					3	
	REF 100/102/060					1	
	EXACT OR APPROVED EQUAL						
	Well Lead Medical/Aircare	80	each	s		\$	
	Endotracheal Tubes 7 mm Cuffed w/ Stylette			"	_		
	REF 100/102/070	- 1					
	EXACT OR APPROVED EQUAL						
	Well Lead Medical/Aircare	20	each	 \$		\$	
	Endotracheal Tubes 8 mm Cuffed w/ Stylette					*	
- 1	REF 100/102/080	ľ					
	EXACT OR APPROVED EQUAL					1	
	aerdal Adult Endotracheal Tube Holder	70	each	\$		S	
	REF 600-10000			1		*	
		- 1					
	EXACT OR APPROVED EQUAL						
	Basic Medical Supply - Nebulizers	200	each	 \$	-	\$	
	with tee, tubing and mouth piece					1	
	MS-22883	1				1	
	EXACT OR APPROVED EQUAL			 			
	Rusch Disposable ET Adult Stylettes	50	boxes	 \$	-	\$	
	Slick Stylette - tube sizes 7.0 - 10.0 mm REF 1000R Box of 25	Ĭ	1	i		İ	
	EXACT OR APPROVED EQUAL	- 1					
_	eleflex Medical - Infant Oral	- 45					
	Pharyngeal Airway - Size 000	15	each	\$	-	\$	
	REF 21211		J				
	EF 21211 EXACT OR APPROVED EQUAL						
	ausch Naso Pharyngeal Airway	40					
	oft PVC - Size 12F	10	boxes	\$	-	\$	-
	EF 123312		1				
- 1	XACT OR APPROVED EQUAL						
	uraplex Naso Pharyngeal Airway	10	hoves	 			
	oft PVC - Size 14F	10	boxes	\$	-	\$	-
٦			1				
1-34 E	XACT OR APPROVED EQUAL		1				
	usch Naso Pharyngeal Airway	10	house	 			
	oft PVC - Size 16F	10	boxes	\$	-	\$	-
	EF 123316						
	XACT OR APPROVED EQUAL					İ	
	usch Naso Pharyngeal Airway	15	have				
- 1	oft PVC - Size 18F	15	boxes	\$	-	\$	-
	EF 123318						
	XACT OR APPROVED EQUAL		1				
	vivi vn meenuved Eudal	4	1	1			

255	Medsource Naso Pharyngeal Airway Soft PVC - Size 22F	10	boxes	\$	-	\$	
	MS-23920]			
041-38	EXACT OR APPROVED EQUAL						
		45		 \$		s	
256	Medsource Naso Pharyngeal Airway	15	boxes	3	-	2	
	Soft PVC - Size 24F						
	MS-23922			1			
141-39	EXACT OR APPROVED EQUAL						
257	Berman Airway / Sun Med	40	boxes	\$	-	\$	
	Oral Pharyngeal Airway						
	Adult XL - Size 6 / 110 mm						
41-43	EXACT OR APPROVED EQUAL		[
		25	haves	 \$		\$	
258	Berman Airway / Sun Med	25	boxes	9	-		
	Oral Pharyngeal Airway					1	
	Adult Medium - Size 4 / 90 mm					1	
41-45	EXACT OR APPROVED EQUAL						
259	Berman Airway / Sun Med	25	boxes	\$	-	\$	
	Oral Pharyngeal Airway						
	Adult Small - Size 3 / 80 mm						
41-46	EXACT OR APPROVED EQUAL	1		 		-	
260	Jelco - Smith's Medical	10	boxes	\$	-	\$	
	Protect IV Catheter 14 gauge x 2"					1	
	REF 4088					1	
41-49	NO SUBSTITUTES						
261	Covidien - 3 x 9 Vaseline Gauze Pads	40	boxes	 s		\$	
£U1		40	DVAG5	*	_	1	
	Sterile - packs of 10					1	
	REF 8884413605						
41-50	EXACT OR APPROVED EQUAL						
262	BD Syringe Slip Tip	3	boxes	\$	-	\$	
	10 cc Syringe Only						
	REF 301604			1			
		1					
041-51	NO SUBSTITUTES			<u> </u>		-	
263	Laerdal - Pediatric ET Tube Holder	50	each	\$	-	\$	
						1	
	REF 600-20000		l i			1	
141-53	NO SUBSTITUTES	1				1	
264	AMBU Head Wedge TM	400	each	\$		s	
204		400	odoi:	*		*	
	Cervical Immobilization Device	1				1	
	REF 000264034					1	
041-56	NO SUBSTITUTES						
265	2 x 2 Gauze Pads	20	boxes	\$	-	\$	
	4 Ply - Non-Sterile						
	Pack of 200					1	
041-57	EXACT OR APPROVED EQUAL	1 1				1	
		25	h	 s		\$	
266	6" Sterile Gauze Rolls	25	boxes	1.0	-	*	
	2 Ply - 5 yds. Unstretched	1 1				1	
	Sterile - Box of six rolls	1 1				1	
041-63	EXACT OR APPROVED EQUAL						
267	3" Elastic Bandage Rolls	120	boxes	 \$	-	\$	
,	Latex Free - 4.5 yds.			1		1	
	-						
	Box of ten rolls					1	
341-64	EXACT OR APPROVED EQUAL	\perp		 		1.	
268	6" Elastic Bandage Rolls	20	boxes	\$	-	\$	
	Latex Free - 4.5 yds.		1			1	
	Box of ten rolls	1				1	
141-65	EXACT OR APPROVED EQUAL						
		420	boxes	 s	_	\$	
269	Dukal Trauma Pads	120	DOMES	*	_	"	
	Sterile - 10" x 30"						
	REF 1030TD						
041-68	EXACT OR APPROVED EQUAL						
270	3" Cloth Tape	35	boxes	\$	-	\$	
	White Adhesive Tape			1 '			
	Box of 4 rolls					1	
041-71	EXACT OR APPROVED EQUAL	+				-	
271	BD Syringe - Slip tip with Precision Guide	2	cases	\$	-	\$	
	Needle - 1 cc Tuberculine					1	
	REF 309626 25g x 5/8"						
141-72	NO SUBSTITUTES					1	
		10	60505	 \$		\$	
272	Vanishpoint Syringe	10	cases	1.9	-		
	3 cc - 20g x 1"						
	REF 10371			1			
141-73	NO SUBSTITUTES					1	
273	Vanishpoint Syringe	5	cases	\$	-	\$	
210		"	02300			1	
	10 cc - 21g x 1 1/2"					1	
	REF 11061	1	ı I			1	
41-74	NO SUBSTITUTES						

074								
274	Terumo Needle	2	cases		\$	-	\$	
	19 gauge x 1"							
044.70	REF NN 1925R							
041-78								
275	Cook Medical - Interosseous Infusion Needle	5	cases		\$	-	\$	
	Pediatric Use - 16g/3 cm		1				1	
	REF C-DIN-16-3,0-T45	1	1					
041-79	NO SUBSTITUTES	<u> </u>						
276	ADC Blood Pressure Cuff	15	each		S		s	
	Large Adult		1		T		1	
	REF 760-12XBX	1	1					
041-82	EXACT OR APPROVED EQUAL	1					1	
277	Fluid Resistant Blue Disposable Fitted	90	packs		•		-	
	Sheets - 30" x 72"	30	packs		\$	-	\$	
	Pack of 10 sheets	ı					1	
041-88	EXACT OR APPROVED EQUAL							
278		<u> </u>						
210	Dukal 7303 Heavy Duty - Fluid Impervious	350	each		\$	-	\$	
	Emergency Disposable Blankets		1 [
	Yellow - 54" x 80"		1 1	1				
041-93	EXACT OR APPROVED EQUAL			1				
279	Covidien SharpSafety Needle Disposal	200	each		\$		\$	
	Sharps Containter - 20 count		"		*	-	φ.	
	14-10873-156680/89005A							
041-94	EXACT OR APPROVED EQUAL		1					
280	Covidien SharpSafety Needle Disposal	400						
	Sharp Containter - Single Use	400	each		\$	-	\$	
	REF 8301							
044.05				1			1	
041-95	EXACT OR APPROVED EQUAL							
281	Covidien SharpSafety Needle Disposal	110	each		\$		\$	
	Sharps Containter - 150 count			1			1	
	REF 8507SA		! }	1				
041-96	EXACT OR APPROVED EQUAL							
282	Argyle 301606 Hose Set	5	cases	 		_	_	
	Non Conductive Connecting Tube		00000	1	•	-	\$	
	1/4" x 6' Sterile	1						
041-98	NO SUBSTITUTES	1		1				
283				 				
200	Braun Sterile Water 500 ml for	60	each		3	-	\$	
	Irrigation USP							
	REF R5001-01							
041-101	EXACT OR APPROVED EQUAL							
284	James Alexander Antibacterial Benzion	5	boxes	 3		_	\$	
	Tincture Swab USP						*	
	REF 882	ĺ	1	ľ				
141-102	EXACT OR APPROVED EQUAL							
285	Medline Isoropyl Alcohol 70%	250	each	 		_	_	
	16 oz. bottles	200	Cacii	\$		-	\$	
	REF MDS0980032	- 1						
44 404			-					
41-104	EXACT OR APPROVED EQUAL			 				
286	Covidien Antibacterial Prep Pads	60	boxes	\$		-	\$	
	Medium 2 ply - Box of 200	- 1	- 1					
	REF 6818	- 1						
41-105	EXACT OR APPROVED EQUAL	ľ	i					
287	Steris Alcare Plus Antibacterial Foam	160	each	 \$		-	\$	
	Hand Cleaner - 9 oz.			Ψ.		-	Φ	
	REF: 6399-35N/511	ı	l l	ĺ				
	NO SUBSTITUTES	- 1	1					
	Unstik 2 Normal Lancets	00						
		90	boxes	\$		- 1	\$	
	Sterile - Single Use Capillary Blood			1				
	Sampling Devise - Box of 50							
	REF AT0700			1		- 1		
	NO SUBSTITUTES			J				
289	Morrison Medical - Orange Fluid Impervious	500	each	 \$		_ +	\$	
	5' Strap w/buckle			1 "			*	
	REF 1350xor-5'	1	- 1					
	NO SUBSTITUTES	İ	1	ĺ				
$\overline{}$	Medsource MS-STBK Trauma Stethoscope	30	noot					
		30	each	\$		-	\$	-
	Sprague Rappaport Style		- 1	1				
1	22" double tubing; 2 diaphrams, 2 pairs of		1					
	ear tips and 3 bells		ļ					
1-110	EXACT OR APPROVED EQUAL			1				
291	MedsourcE Medical Stethoscope	30	each	\$			œ	_
	22" tubing with dual head chrome plated			1 3		-	\$	-
			1	1		- 1		
:		- 1	- 1					
i	binawals REF MS-70031 EXACT OR APPROVED EQUAL							

292	Bandage Scissors	40	each		\$	-	\$	
	Stainless Steel							
041-112	EXACT OR APPROVED EQUAL							
293	EMS Shears Autoclavable	80	each		\$	-	\$	
	Stainless Steel; with safety bandage tip	1						
	and one serrated edge 7 1/4"	i						
041-113	EXACT OR APPROVED EQUAL							
294	ADC 4010	40	boxes		\$	-	\$	
	Bite Sticks - Latex Free		1					
041-116	EXACT OR APPROVED EQUAL						-	
295	Medex Medical Bifurrated H-Flow	5	boxes		\$	•	\$	
	Blood Tubing - Sterile, Single Use	1						
	REF MX882	1					1	
041-117	NO SUBSTITUTES	10					+	
296	Covidien Combi-Tube	40	each		\$	-	\$	
	Esophageal Tracheal Airway with X-Ray		1					
	Line REF 5-18541							
041-119	NO SUBSTITUTES				\$		\$	
297	Dynarex Ammonia Inhalents	30	boxes		•	-		
	REF 1401							
	T/455 40 400004/50 50/4/						1	
041-121	EXACT OR APPROVED EQUAL						-	
298	Medical Actions 108MBX	50	packages		\$	-	\$	
	Bio Waste Bags Red - 25" x 34" x 1.2 ml		1					
044 40-	50 bags per package/200 case						1	
	NO SUBSTITUTES				-		6	
299	Hartwell Bio Hoop Bags	60	packs		\$	-	\$	
	30 litre bags; Packs of 12						1	
044 4	REF BH1100H						1	
	NO SUBSTITUTES	100			-		\$	
300	Arm Board - Long	100	each		\$	-	*	
	VVhite 3" x 18"							
044 45-	DVACE OF APPROVED FOR							
041-125	EXACT OR APPROVED EQUAL				-		\$	
301	Rusch	50	each		\$	_	1 3	
	No. 3 Mac Blade							
044 600	REF 4043R						1	
041-128	NO SUBSTITUTES			· · · · · · · · · · · · · · · · · · ·	\$	-	\$	
302	Rusch	30	each		3	-	3	
	No. 4 Mac Blade						1	
	REF 4804400	1						
	NO SUBSTITUTES	1 40					s	
303	Rusch	10	each		\$	-	Φ.	
	No. 3 Miller Blade						1	
	REF 4853300							
	NO SUBSTITUTES	100	h		\$		\$	
304	Precision Xtra Glucose Test Strips	100	boxes		Ψ		1 *	
	Box of 50						1	
	REF 99838-65							
	NO SUBSTITUTES		h					
305	Betadine Solution - 16 fl. oz.	20	bottles		\$	-	\$	
	Topical Antiseptic							
	EXACT OR APPROVED EQUAL				-			
306	AMBU Pediatric Resuscitator	20	each		\$	-	\$	
	SPUR II							
	REF 530214000B							
	NO SUBSTITUTES	1	 				-	
307	Digitcare DFR12-1	150	boxes		\$	-	\$	
	Defender Nitrile Gloves - SMALL, Purple							
	50 per box							
041-168	NO SUBSTITUTES						-	
308	Digitcare DFR12-5	350	boxes		\$	-	\$	
	Defender Nitrile Gloves - XXL, Purple							
	50 per box							
041-170	NO SUBSTITUTES	L.	<u> </u>					
309	Covidien Pediatric Electrodes	10	boxes		\$	-	\$	
	Kendall 133 Foam Electrodes 20 per box							
	REF 31439725							
	NO SUBSTITUTES							
310	Laerdal	10	each		\$	-	\$	
	V-VAC Replacement Cartridge						1	
	REF 985001						1	
	NO SUBSTITUTES			4	-		1	
311	Rusch Pediatric Slick Stylettes - PM500	10	boxes		\$	-	\$	
	Disposable Endotracheal - Small	1					1	
			'					
	REF 500 NO SUBSTITUTES							

	Medsource	30	each		\$	-	\$	
	EMS Wool Blanket - 66" x 90"				, *	-	9	
	Dark Gray							
	REF MS-90520		1					
041-174								
313	PDI KY Jelly - Sterile	10	boxes					
	Box of 144	1 "	DOMOS		\$	-	\$	
	REF T00137				1			
041-177								
314	ADC Infant Blood Pressure Cuff	5	each					
	Aneroid Sphygmomanometer	"	Cacii		\$	-	\$	
	REF 775-9CN							
041~181	EXACT OR APPROVED EQUAL							
315	CO2 Sampling Line and Airway Adapter	50						
010	Filter Line Set	50	each		\$	-	\$	
	Microstream REF XS04620							
041-184	NO SUBSTITUTES							
316		-	 					
310	Emergent Respiratory Med Mask Circuit	80	each		\$		\$	
	with Filter - CPAP Set - Adult							
041 405	REF 1900-124	1						
041-185	NO SUBSTITUTES	+						
317	Lifeshield IV Plumset	25	each		\$	-	\$	
	104" 15 drip							
044 ***	REF 11943							
041-186	NO SUBSTITUTES							
318	Digitcare DFR12-2	250	boxes		\$		S	
	Defender Nitrile Gloves - Medium, Purple				ľ		1	
	50 per box				1			
041-187	NO SUBSTITUTES							
319	Digitcare DFR12-3	1500	boxes		\$		\$	
	Defender Nitrile Gloves - Large, Purple				"	_	Ψ	
	50 per box				1			
041-188	NO SUBSTITUTES				1			
320	Digitcare DFR12-4	800	boxes		s		-	
	Defender Nitrile Gloves - XLarge, Purple				2	-	\$	
	50 per box							
141-189	NO SUBSTITUTES							
321	Protect Plus IV Catheter - 20 gauge x 1"	5	boxes				 	
	Jelco - Smith's Medical	"	POADS		\$	-	\$	
	REF 3057 - Box of 50	1 1					1	
41-190	NO SUBSTITUTE						1	
	LMA Esophageal Intubation Detector	30	onch					
	Tubecheck	30	each		\$	-	\$	
	REF EID200				ļ			
41-191		1 1						
	NO SUBSTITUTE Morton	—						
		10	boxes		\$	-	\$	
	Medi-flow Lens - Sterile	1 1						
	REF MT2000						1	
	NO SUBSTITUTE	-					1	
	O-Two	10	each		\$	-	\$	
	Disposable Vent Circuit						1	
	REF 01CV8015		- 1		1			
	NO SUBSTITUTE							
	Universal 15-Drop Dripset	2500	each		$\overline{}$			
	safeline injection site and spin lock connect				1			
	REF US1160 50 per case						1	
	NO SUBSTITUTE							
326	Braun Universal 60-Drop Dripset	150	each		\$		s	
	50 per case		ĺ		1	_	*	
	REF 352257 / US1105							
11-196	NO SUBSTITUTE				ĺ			
	Braun Syringes	30	cases		\$		0	
	10cc Pre-filled Saline 100 per case				J #	-	\$	
	REF 513-576		-		1		Ι΄.	
	NO SUBSTITUTE							
	Curaplex Pediatric Nebulizers	20	each		-		-	
	Mask with 7' tubing	20	Caul		\$	-	\$	-
	REF 301-203				ļ		1	
	APPROVED EQUAL IS ACCEPTABLE		1					
	GROUP 8 GRAND TOTAL							
					\$	-		
	items 236 - 328)	- 11		TO, BUT NOT LISTED IN THIS GROU			l	



PRICE PROPOSAL

Bid Proposal Continued

Submitted	on this <u>10th</u> day of	May, 2016	
a.	(If an individual, part	tnership, or non-incorporated	organization)
		Signature of BIDDER	
		Name and Title	
b.	(If a corporation)		
	(Affix Seal)	Signature of BIDDER	
		Name and Title	Darrell Hughes, General Council
		Attested by Secretary	
	Incorporated under t	the laws of the State of <u>Ohi</u> o	

BID PRICES WITHOUT THE MANUAL SIGNATURE OF AN AUTHORIZED AGENT OF THE BIDDER SHALL BE REJECTED AS NON-RESPONSIVE, NON-CONFORMING AND INELIGIBLE FOR AWARD.



ADDENDA

CITY OF BOYNTON BEACH

BID No.: 044-2210-16/JMA

BIDDER:	Bound Tree N	Medical, LLC			
DATE SUBMIT	ΓED: <u>5/10/2</u>	2016			-
Contract Form, to	furnish all mat	erial, equipment,	d, to contract with the means of transportat cuments and the folk	ion, and services	necessary to
ADDENDUM 1		DATE /29/2016	ADDENDUM	<u>No</u> . <u>I</u>	<u>DATE</u>
□ NO A	DDENDUM V	WAS RECEIVE	ED IN CONNECTION	ON WITH THIS	BID

NON COLLUSION AFFIDAVIT OF PRIME BIDDER

State of Ohio
County of <u>Franklin</u>)
<u>Darrell Hughes</u> , being first duly sworn, deposes and says that:
He/She is General Council of Bound Tree Medical, LLC (Title) (Name of Corporation or Firm) the bidder that has submitted the attached bid:
 He/She is fully informed respecting the preparation and contents of the attached bid and all pertinent circumstances respecting such bid;
3) Said bid is genuine and is not a collusive or sham bid;
4) Further, the said bidder nor any of its officers, partners, owners, agents, representative employees or parties in interest, including this affiant, has in any way colluded, conspire connived or agreed, directly or indirectly with any other bidder, firm or person to submit collusive or sham bid in connection with the Contract for which the attached bid has bee submitted or to refrain from bidding in connection with such Contract, or has in any manned directly or indirectly, sought by agreement or collusion or communications or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element of the bid price or the bid price any other bidder, or to secure through any collusion, conspiracy, connivance or unlawf agreement any advantage against the City of Boynton Beach or any person interested in the proposed Contract; and
5) The price or prices quoted in the attached bid are fair and proper and are not tainted by ar collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any its agents, representatives, owners, employees, or parties in interest, including this affiant.
Subscribed and sworn to before me: (Signed) General Council Title
This <u>10th</u> day of <u>May</u> , 2016
My commission expires

City of Boynton Beach Bid No. 044-2210-16/JMA

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA Ohio COUNTY OF PALM BEACH Franklin) : SS)		
bid will be paid to any employees	of the City	of Bo	say that no portion of the sum herein ynton Beach as a commission, or any member of my firm or by an
		Ву:	NAME - SIGNATURE
Sworn and subscribed before me this <u>10th</u> day of <u>May</u>		,20	16
			Printed Information:
			Darrell Hughes NAME
			General Council
			TITLE
NOTARY PUBLIC, State of Florida at Large	Ohio		Bound Tree Medical, LLC COMPANY
OFFICIAL NOTARY SEAL" STAM	1P		

City of Boynton Beach Bid No. 044-2210-16/JMA

CONFIRMATION OF MINORITY OWNED BUSINESS

A requested form to be made a part of our files for future use and information. Please fill out and indicate in the appropriate spaces provided which category best describes your company.

Return this form with your bid proposal sheet making it an official part of your bid response.

ls your	CC	mpa	ny a Minority Owned Business?		X	
				Yes	No	
If Yes,	ple	ease	indicate by an "X" in the appropriate	box:		
	()	AMERICAN INDIAN			
	()	ASIAN			
	()	BLACK			
	()	HISPANIC			
	()	WOMEN			
	()	OTHER			
	()	NOT APPLICABLE (specify	у)		
Do you	р	osse	ss a Certification qualifying your busi	ness as a Minority Ov	wned Business?	
				YES	No_X	_
If YES,	N	ame	the Organization from which this cert	tification was obtaine	d and date:	
Issuing	0	rgan	ization for Certification			
Date of	f C	ertifi	cation			

CONFIRMATION OF DRUG-FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the City of Boynton Beach or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 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, and 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 subsection (1).
- 4) In the statement specified in subsection (1), notify the employee 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 Chapter 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 this section.

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

_		
	Vendor's	Signature



PALM BEACH COUNTY INSPECTOR GENERAL

ACKNOWLEDGMENT

The Contractor is aware that the Inspector General of Palm Beach County has the authority to investigate and audit matters relating to the negotiation and performance of the resultant Contract and in furtherance thereof may demand and obtain records and testimony from the Contractor and its subcontractors and lower tier subcontractors.

The contractor understands and agrees that in addition to all other remedies and consequences provided by law, the failure of the Contractor or its subcontractors or lower tier subcontractors to fully cooperate with the Inspector General when requested may be deemed by the municipality to be a material breach of this contract justifying its termination.

Bound	d Tree Medical
CONT	RACTOR NAME
By	
	G 1G "
Title: _	General Council
D . (
Date: _	5/10/2016



STATEMENT OF NO BID

If you are not bidding this service/commodity, please complete and return this form to: PROCUREMENT SERVICES, City of Boynton Beach, 100 E. Boynton Beach Boulevard, P.O. Box 310, Boynton Beach, Florida 33425-0310.

Failure to respond may result in deletion of vendor's name from the qualified bidder's list for the City of Boynton Beach.

COMPANY NA	AME:				
ADDRESS:					
TELEPHONE:					
01011471107					
SIGNATURE:					
DATE:					
WE, the undersigned have declined to bid on your Bid No. 044-2210-16/JMA ; Annual Supply of Medical Supplies and Medications for the following reason(s):					
	Specifications too "tight", i.e., geared toward brand or manufacturer only (explain below)				
	Insufficient time to respond to the Invitation to Bid				
	We do not offer this product or an equivalent				
	Our product schedule would not permit us to perform				
	Unable to meet specifications				
	Unable to meet bond requirements				
	Specifications unclear (explain below)				
	Other (specify below)				
REMARKS _					