

**DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Rev 1

New contract
 OTR
 CO
 SS
 BW
 Emergency

Previous Contract/Project No:
8441-4/12-4

Re-Bid
 Other

LIVING WAGE APPLIES: ___ YES NO

Requisition/Project No: **ROID1300097**

TERM OF CONTRACT: **Initial term of 5 years with no options to renew**

Requisition/Project Title: **MEDICAL SUPPLIES & RELATED ITEMS**

Description: The purpose of this solicitation is to establish a contract for the purchase of medical supplies and related items in conjunction with the County's needs on an as needed when needed basis.

User Department(s): **CAHSD, MDR, MDPD, ME, PHCD, PROS, VZ**

Issuing Department: **INTERNAL SERVICES DEPARTMENT**

Contact Person: **MARTHA GAROFOLO** Phone: **305-375-4265**

Estimated Cost: **\$ 7,436,250.00**

Funding Source: **VARIOUS SEE ATTACHED FUNDING SOURCE LISTING**

ANALYSIS

Commodity/Service No: 257-00, 257-26, 465-93, 475-00		SIC:	
Trade/Commodity/Service Opportunities			
Contract/Project History of Previous Purchases For Previous Three (3) Years Check Here <input type="checkbox"/> if this is a New Contract/Purchase with no Previous History			
EXISTING		2ND YEAR	3RD YEAR
Contractor:			
Small Business Enterprise:			
Contract Value:			
Comments:			
Continued on another page (s): ___ Yes ___ No			

RECOMMENDATIONS

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%		
		%		
		%		
		%		

Basis of Recommendation:

Signed: *Martha Garofolo*

Date to SBD: **4/3/13**

Date Returned to DPM: _____

FOUNDING SOURCE LISTING

DEPARTMENT	FUNDING SOURCE	ALLOCATION
CAHSD	GENERAL	\$ 33,750.00
MDFR	DISTRICT	\$ 6,500,000.00
MDPD	GENERAL	\$ 35,000.00
ME	GENERAL	\$ 80,000.00
PHCD	FEDERAL 100%	\$ 750,000.00
PROS	PROPRIETARY	\$ 35,000.00
VZ	PROPRIETARY	\$ 2,500.00
TOTAL		\$ 7,436,250.00

Walters, Vivian (RER)

From: Garofolo, Martha (ISD)
Sent: Tuesday, April 02, 2013 3:32 PM
To: Walters, Vivian (RER)
Cc: Garofolo, Martha (ISD); Johnson, Laurie (RER)
Subject: RQID000097 MEDICAL SUPPLIES & RELATED ITEMS C
Attachments: MEDICAL SUPPLIES ITB DRAFT REVISED 4-2-13.docx; CONTRACT PROJECT MEASURE ANALYSIS.pdf; FUNDING SOURCE LISTING.xlsx

Good afternoon, attached is the contract project measures analysis for RQID000097 Medical Supplies & Related Items.

Contract Title: Medical Supplies & Related Items
Term: Initial Term of 5 years with no option to renew
Funding Source: See attached listing
Estimated value: \$7,436,250.

Please review for measures and advise.

Thanks.

Martha Garofolo
Procurement Contracting Officer
Internal Services Department
111 N.W. 1st Street, Suite 1300
Miami, Florida 33128-1974
(305) 375-4265 Fax (305) 375-4407
Email: marthag@miamidade.gov

11/11/13 11:11 AM
11/11/13 11:11 AM

FOUNDING SOURCE LISTING

DEPARTMENT	FUNDING SOURCE	ALLOCATION
CAHSD	GENERAL	\$ 33,750.00
MDFR	DISTRICT	\$ 6,500,000.00
MDPD	GENERAL	\$ 35,000.00
ME	GENERAL	\$ 80,000.00
PHCD	FEDERAL 100%	\$ 750,000.00
PROS	GENERAL /	\$ 35,000.00
VZ	PROPRIETARY	\$ 2,500.00
TOTAL		\$ 7,436,250.00



BID NO.: RQID1300097

**OPENING: 2:00 P.M.
WEDNESDAY
APRIL XX , 2013**

MIAMI-DADE COUNTY, FLORIDA

**I N V I T A T I O N
T O B I D**

**TITLE:
MEDICAL SUPPLIES AND RELATED ITEMS**

**FOR INFORMATION CONTACT:
Martha Garofolo, 305-375-4265, marthag@miamidade.gov**

IMPORTANT NOTICE TO BIDDERS:

- **READ THIS ENTIRE DOCUMENT, THE GENERAL TERMS AND CONDITIONS, AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH THE TERMS OUTLINED IN PARAGRAPH 1.2(D) OF THE GENERAL TERMS AND CONDITIONS.**
- **FAILURE TO SIGN BID SUBMITTAL FORM IN SECTION 4 WILL RENDER YOUR BID NON-RESPONSIVE**

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION**



MIAMI-DADE COUNTY, FLORIDA

INVITATION TO BID

Bid Number: RQID1300097

Bid Title: MEDICAL SUPPLIES AND RELATED ITEMS

Procurement Officer: Martha Garofolo

Bids will be accepted until 2:00 p.m. on Wednesday, April xx, 2013

Bids will be publicly opened. The County provides equal access and does not discriminate on the basis of disability in its programs or services. It is our policy to make all communication available to the public, including those who may be visually or hearing impaired. If you require information in a non-traditional format please call 305-375-5278.

Instructions: The Clerk of the Board business hours are 8:00am to 4:30pm, Monday through Friday. Additionally, the Clerk of the Board is closed on holidays observed by the County. Each Bid submitted to the Clerk of the Board shall have the following information clearly marked on the face of the envelope: the Bidders name, return address, Bid number, opening date of the Bid and the title of the Bid. Included in the envelope shall be an original and two copies of the Bid Submittal, plus attachments if applicable.

All Bids received time and date stamped by the Clerk of the Board prior to the bid submittal deadline shall be accepted as timely submitted. The circumstances surrounding all bids received and time stamped by the Clerk of the Board after the bid submittal deadline will be evaluated by the procuring department, in consultation with the County Attorney's Office, to determine whether the bid will be accepted as timely.

NOTICE TO ALL BIDDERS:

- FAILURE TO SIGN THE BID SUBMITTAL FORM WILL RENDER YOUR BID NON-RESPONSIVE.
- THE BID SUBMITTAL FORM CONTAINS IMPORTANT CERTIFICATIONS THAT REQUIRE REVIEW AND COMPLETION BY ANY BIDDER RESPONDING TO THIS SOLICITATION.

MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION

SECTION 1
GENERAL TERMS AND CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

All general terms and conditions of Miami-Dade County Procurement Contracts for Invitations to Bid are posted online. Persons and Companies that receive an award from Miami-Dade County through Miami-Dade County's competitive procurement process must anticipate the inclusion of these requirements in the resultant Contract. These standard general terms and conditions are considered non-negotiable subject to the County's final approval.

All applicable terms and conditions pertaining to this solicitation and resultant contract may be viewed online at the Miami-Dade County Procurement Management website by clicking on the below link:

<http://www.miamidade.gov/procurement/library/general-terms-and-conditions-itb.pdf>

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

2.1 PURPOSE

The purpose of this solicitation is to establish a contract for the purchase of medical supplies and related items in conjunction with the County's needs on an as needed when needed basis.

2.2 SMALL BUSINESS CONTRACT MEASURES (Bid Preference)

Refer to Section 1, General Terms and Conditions, Subsection 1.43, Small Business Enterprises Measures.

2.3 TERM OF CONTRACT FIVE (5) YEARS

This contract shall commence on the first calendar day of the month succeeding approval of the contract by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter distributed by the County's Department of Internal Services, Procurement Management Division and contingent upon the completion and submittal of all required bid documents. The contract shall expire on the last day of the last month of the contract term.

2.4 OPTION TO RENEW FOR FIVE (5) ADDITIONAL YEAR(S) (With Price Adjustment)

Prior to, or upon completion of, the initial contract term of five (5) years, the County shall have the option to renew this contract for an additional five (5) year period.

The initial contract prices resultant from this solicitation shall prevail for a one (1) year period from the contract's initial effective date. Prior to completion of each one year period of the contract, the County may consider an adjustment to price effective the next contract year based on changes in the following pricing index: All Urban Consumers for the South Medical Commodities, Series Id: CUUR0300SAM1, Not Seasonally Adjusted.

It is the vendor's responsibility to request any pricing adjustment under this provision. The vendor's request for adjustment must be submitted 90 days prior to expiration of the then current contract year.

The vendor adjustment request cannot be in excess of the relevant pricing index change. If no adjustment request is received from the vendor, the County will assume that the vendor has agreed to maintain the then current pricing. Any adjustment request received after the annual contract anniversary date will only be considered for the following contract year.

The County reserves the right to negotiate lower pricing for the option to renew term based on market research information or other factors that influence price. The County reserves the right to apply any reduction in pricing for the option to renew term based on the downward movement of the applicable index.

The County reserves the right to reject any price adjustments submitted by the vendor and/or to not exercise any otherwise available option period based on such price adjustments. Continuation of the contract beyond the initial period, and any option subsequently exercised, is a County prerogative, and not a right of the vendor.

SECTION 3
TECHNICAL SPECIFICATION

3.1 SCOPE

The purpose of this Invitation to Bid is to establish a contract for the purchase of Medical Supplies in conjunction with the needs of Miami-Dade County on an as needed when needed basis, and in accordance with all the Terms and Conditions, and Technical Specifications of the bid.

NOTE:

User Departments please provide specific technical specifications for your departmental needs for this section.

SECTION 4
BID SUBMITTAL FORM

Submit Bid To:
CLERK OF THE BOARD
Stephen P. Clark Center
111 NW 1st Street
17th Floor, Suite 202
Miami, Florida 33128-1983

OPENING: 2:00 P.M.
WEDNESDAY
APRIL XX , 2013



PLEASE QUOTE PRICES F.O.B. DESTINATION, FREIGHT ALLOWED, LESS TAXES, DELIVERED IN MIAMI-DADE COUNTY, FLORIDA.

NOTE: Miami-Dade County is exempt from all taxes (Federal, State, Local). Bid price should be less all taxes. Tax Exemption Certificate furnished upon request.

Issued by: **M.G.** ISD/PM Date Issued: This Bid Submittal Consists of Pages through

Sealed bids subject to the Terms and Conditions of this Invitation to Bid and the accompanying Bid Submittal. Such other contract provisions, specifications, drawings or other data as are attached or incorporated by reference in the Bid Submittal, will be received at the office of the Clerk of the Board at the address shown above until the above stated time and date, and at that time, publicly opened for furnishing the supplies or services described in the accompanying Bid Submittal Requirement.

Title:
MEDICAL SUPPLIES AND RELATED ITEMS

A Bid Deposit in the amount of **N/A** the total amount of the bid shall accompany all bids.

A Performance Bond in the amount of **N/A** the total amount of the bid will be required upon execution of the contract by the successful bidder and Miami-Dade County.

DO NOT WRITE IN THIS SPACE	
ACCEPTED _____	HIGHER THAN LOW _____
NON-RESPONSIVE _____	NON-RESPONSIBLE _____
DATE B.C.C. _____	NO BID _____
ITEM NOS. ACCEPTED _____	
COMMODITY CODE: 257-00, 257-26, 475-00, 465-93	
Procurement Contracting Officer: Martha Garofolo	

FIRM NAME _____

RETURN ONE ORIGINAL AND TWO COPIES OF BID SUBMITTAL PAGES AND AFFIDAVITS.

FAILURE TO SIGN THE BID SUBMITTAL FORM IN SECTION 4 WILL RENDER YOUR BID NON-RESPONSIVE.

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

This prerogative will be exercised only when such continuation is clearly in the best interest of the County.

2.5 METHOD OF AWARD TO MULTIPLE BY GROUP

Award of this contract will be made to up to the three (3) lowest priced responsive, responsible vendors on a group-by-group basis. Vendors may bid on any or all groups. To be considered for award, the vendor shall offer prices for all items within a given group.

The County will then select the vendors for award for each group by totaling the unit prices for all of the items within each group. If a vendor fails to submit an offer for all items within the group, its offer for that specific group will be rejected.

The primary vendor shall have the primary responsibility to initially deliver the goods identified in this contract. If the primary vendor fails to perform it may be terminated for default and the County shall have the option to seek the identified goods from the secondary vendor. During the term of the contract, the County may also make award to the third lowest vendor as tertiary if the primary and secondary vendors do not perform. Additionally, the County reserves the right to re-assign the primary, secondary and tertiary designations should the price adjustments pursuant to Section 2.4 result in a new order of low price.

Award to multiple vendors is made for the convenience of the County and does not exempt the primary vendor from fulfilling its contractual obligations. Failure of any vendor to perform in accordance with the terms and conditions of the contract may result in the vendor being deemed in breach of contract. The County may terminate the contract for default and charge the vendor re-procurement costs, if applicable.

Bidders requirements are listed below, proof of requirements shall be provided in Section 4, of the bid submittal form for all groups as specified. Bidders must meet all specifications and sample requirements contained within this document. If at any time a bidder does not meet a requirement of the specifications, they may be rendered non-responsive.

- A) The bidder's submittal shall include one (1) commercial or governmental agency as a reference who can verify to the County that the bidder has successfully provided the products listed in this bid. The reference's company name, contact name, telephone number, and e-mail address shall be provided.
- B) Bidder shall be an authorized distributor for the products listed in this solicitation.
- C) If you are a distributor, please attach signed manufacturer's letter of authorization on Manufacturer's letterhead.
- D) If you are a manufacturer, please provide your price list or verifiable webpage for products.
- E) Reseller, please attach signed distributor's letter of authorization on distributor's letterhead.

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

2.6 CONTACT PERSON

For any additional information regarding the specification and requirements of this contract, Contact: Martha Garofolo, at (305) 375-4265 or email: marthag@miamidade.gov

2.7 PURCHASE OF OTHER ITEMS NOT LISTED WITHIN THIS SOLICITATION BASED ON PRICE QUOTES

While the County has listed all major items within this solicitation, which are utilized by County departments in conjunction with their operations, there may be similar items that must be purchased by the County during the term of this contract. Any additional items required may be purchased as needed. Under these circumstances, a County representative will contact the primary vendor to obtain a price quote for the similar services or items.

If there are multiple vendors on the contract, the County representative shall also obtain price quotes from these vendors. The County reserves the right to award these similar items to the primary contract vendor, another contract vendor based on the lowest price quoted, or to acquire the items through another means.

2.8 “EQUAL” PRODUCT CAN BE CONSIDERED UPON RECEIPT OF SPECIFIED DATA

The manufacturer's name, brand name and/or product number information contained in this solicitation are being used for the sole purpose of establishing the minimum requirement of level of quality, standard of performance, and design and is in no way intended to prohibit the offer of another manufacturer's items of equal material unless otherwise indicated on the Bid/Proposal Submission Form.

This specific solicitation requires submission of the following documentation to enable County evaluation of “equal” products:

- : Product Information Sheets
- : Product Samples with Initial Offer
- : Product Samples Upon Specific Request
- : Product labels
- : Performance Test Results

If an “equal” product may be considered by the County in accordance with the Bid/Proposal Submission Form, the product shall be equal in quality and standards of performance to the product specified in the solicitation. Where an “or equal” product is offered, the County may request from the bidder two (2) complete sets of product information sheets, standard manufacturer information sheets, catalogues, and brochures. Also for product information submittals, all supporting documentation submitted by the offeror must in total meet the required specifications set forth in this solicitation. Where the standard product literature submitted provides information that does not comply with the specifications, the offeror shall state, in an official letter on corporate letterhead as part of their initial offer, the differences between the product they are specifically offering.

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

If samples of all "or equal" products are required for evaluation, such product samples are to be provided at no cost to the County at the time of specific request. Failure to meet this requirement may result in your offer being rejected. The County shall be sole judge of equality, based on the best interests of the County, and its decision in this regard shall be final. Items labeled "No Substitute" on the County's Bid/Proposal Submission Form are the only products that will be accepted under this solicitation.

2.9 DELIVERY SHALL BE FIVE (5) BUSINESS DAYS AFTER DATE OF ORDER

The vendor shall make deliveries within five (5) business days after the date of the order. All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes shall be adhered to by the vendor(s); except in such cases where the delivery will be delayed due to acts of nature, strikes, or other causes beyond the control of the vendor. In these cases, the vendor shall notify the County of the delays in advance of the original delivery date so that a revised delivery schedule can be appropriately considered by the County. All products submitted must be in the original manufacturers packaging.

Should the vendor(s) to whom the contract(s) is awarded fail to deliver in the number of days stated above, the County reserves the right to cancel the contract on a default basis after any back order period that has been specified in this contract has lapsed. If the contract is so terminated, it is hereby understood and agreed that the County has the authority to purchase the goods elsewhere and to charge the incumbent vendor with any re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

Certain County employees may be authorized in writing to pick-up materials under this contract. Vendors shall require presentation of this written authorization. The vendor shall maintain a copy of the authorization. If the vendor is in doubt about any aspect of material pick-up, vendor shall contact the appropriate user department to confirm the authorization.

A. BACK ORDERS MUST BE FILLED WITHIN FIVE (5) BUSINESS DAYS

If the vendor cannot deliver an ordered products in accordance with the scheduled delivery date due to a current existing backorder of that item with the vendor's manufacturer or distributor, the vendor shall insure that such back orders are filled within five (5) business days from the initial scheduled delivery date for the item. The vendor shall not invoice the County for back ordered items until such back orders are delivered and accepted by the County's authorized representative. It is understood and agreed that the County may, at its discretion, verbally cancel back orders after the grace period identified in this paragraph has lapsed, seek the items from another vendor, and charge the incumbent vendor under this contract for any directly associated re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

2.10 COMPLIANCE WITH FEDERAL STANDARDS

All items to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to, those issued by the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), and the National Fire Protection Association (NFPA).

SECTION 2
SPECIAL CONDITIONS

MEDICAL SUPPLIES AND RELATED ITEMS

2.11 SHELF LIFE OF STOCK

The vendor shall supply the County with products equal to or greater than 18 months of manufacturer shelf life and shall insure that all items are within this specified shelf life prior to shipment to the County.

A. STOCK LEVELS SHALL BE MAINTAINED BY VENDOR

The primary vendor(s) shall ensure that adequate stock levels equivalent to a monthly average based on estimated annual quantities are maintained at its place of business in order to assure the County of prompt delivery.

2.12 SUBSTITUTION OF ITEMS DURING TERM OF CONTRACT

Substitute brands may be considered during the contract period for discontinued products. The vendor shall not deliver any substitute product as a replacement to an awarded brand or model without express written consent of Department of Procurement Management, Bids & Contracts Division prior to such delivery. Substitute items must be of equal or better quality than the awarded item. Substitutes shall be considered only in emergency situations and unauthorized or excessive substitution requests may be cause to cancel the contract.

2.13 REQUEST FOR ADDITIONAL INFORMATION FROM VENDOR DURING CONTRACT TERM

The County upon request shall have the right to inspect the manufacturers, books and records for the purposes of verifying the vendor's source of the products furnished under this agreement and for such other purposes as permitted or required by applicable law.

The vendor shall make all arrangements necessary for the County to review such records at no cost to the County.

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

Award Criteria:

- A) The bidder's submittal shall include one (1) reference who can verify to the County that the bidder has successfully provided the products listed in this bid.

Business name _____

Address _____ City _____ State ____ Zip _____

Contact name _____ Phone _____

Email address _____

- B) If the bidder is a manufacturer, your price list or verifiable webpage for products shall be submitted with bid submittal.
- C) If the bidder is a Distributor, a signed manufacturer's letter of authorization on Manufacturer's letterhead shall be submitted with bid submittal.
- D) If the bidder is a Reseller, a signed distributor's letter of authorization on distributor's letterhead shall be submitted with bid submittal.

GROUP #1 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Oxygen Regulator for use with on-board (M) tank large cylinder connection Flotec™ # RR510-600 (No Substitute)	\$
2		Each	Oxygen Regulator for use with portable oxygen cylinder, must have flow from 0 1pm to 25 1pm, must have 2 diss outlets and yoke connection Flotec™ # RR830-540P2 (No Substitute)	\$
3		Each	Nebulizer with Tee adapter, mouth piece, 7 ft. oxygen tubing, and corrugated reservoir hose. Hudson™ #1883 (No Substitute)	\$
4		Each	Nasopharyngeal Airways 12 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
5		Each	Nasopharyngeal Airways 14 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
6		Each	Nasopharyngeal Airways 16 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
7		Each	Nasopharyngeal Airways 18 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
8		Each	Nasopharyngeal Airways 20 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
9		Each	Nasopharyngeal Airways 22 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
10		Each	Nasopharyngeal Airways 24 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
11		Each	Nasopharyngeal Airways 26 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
12		Each	Nasopharyngeal Airways 28 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
13		Each	Nasopharyngeal Airways 30Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
14		Each	Nasopharyngeal Airways 32 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
15		Each	Nasopharyngeal Airways 34 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
16		Each	Nasopharyngeal Airways 36 Fr. Rusch™ (Robertazzi Style) (No Substitute)	\$
17		Each	Oral Pharyngeal Airways 100mm Gratco™ or Approved Equal	\$
18		Each	Oral Pharyngeal Airways 90mm Gratco™ or Approved Equal	\$
19		Each	Oral Pharyngeal Airways 80mm Gratco™ or Approved Equal	\$
20		Each	Oral Pharyngeal Airways 60mm Gratco™ or Approved Equal	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
21		Each	Oral Pharyngeal Airways 50mm Gratco™ or Approved Equal	\$
22		Each	Oral Pharyngeal Airways 40mm Gratco™ or Approved Equal	\$
23		Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 <u>10 French</u> (No Substitute)	\$
24		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>12 French</u> (No Substitute)	\$
25		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>14 French</u> (No Substitute)	\$
26		Each	Double Lumen Nasal Gastric SumpTube. Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style 1217 <u>16 French</u> (No Substitute)	\$
27		Each	Meconium Aspirator NeoTech #0100101 (No Substitute)	\$
28		Each	Adult Nasal Cannula Hudson™ # 1103 (No Substitute)	\$
29		Each	Pediatric Nasal Cannula Hudson™ #1826 (No Substitute)	\$
30		Each	Non-Rebreather Infant Oxygen Mask with tubing Rusch™ #395497 (No Substitute)	\$
31		Each	Pediatric Aerosol Mask Hudson™ #1085 (No Substitute)	\$
32		Each	Non-rebreather Mask with 7 Ft. Oxygen Supply, Adult Tubing and Reservoir Bag Hudson™ #1059 (No Substitute)	\$
33		Each	Non-rebreather Mask with 7 Ft. oxygen supply, pediatric tubing and reservoir bag Hudson™ #1058 (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
34		Each	Mask aerosol adult Hudson™ #1083 (No Substitute)	\$
35	50	BOXES	CPR Pocket Mask Curaplex #R5014 (No Substitute)	
36		Each	Disposable Suction Container 1200cc must be compatible with impact suction unit model #321K Bemis™ #484410 (No Substitute)	\$
37		Each	Laryngoscope handle adult medium chrome plated brass 2"C". This item must not have a removable pivot pin. The pivot point for the attachment of the blade must be an integral part of the handle. Sun-Med™ #5-0327-03 (No Substitute)	\$
38		Each	Laryngoscope handle, penlite chrome plated brass 2"AA" pediatric. This item must not have a removable pivot pin. The pivot point for the attachment of the blade must be an integral part of the handle. Sun-Med™ #5-0237-01 (No Substitute)	\$
39		Each	Adapter Tips V-Vac® #985002 (No Substitute)	\$
40		Each	Catheter Replacements V-Vac® #985004 (No Substitute)	\$
41		Each	Hand Powered Suction Unit V-Vac® #985000 (No Substitute)	\$
42		Each	Hand Powered Suction Unit Disposable Canister V-Vac® #985001. (No Substitute)	\$
43		Each	Beck Airway Airflow Monitor, Baam™	\$
44		Each	Endotracheal Tube Securing Device Thomas™ Et Holder, Adult #500ETH (No Substitute)	\$
45		Each	Endotracheal Tube Securing Device Thomas™ Et Holder, Pedi #400ETH (No Substitute)	\$
46		Each	Esophageal Intubation Detector Ambu Tubecheck-B® # 000172002 (No Substitute)	\$
47		Each	Disposable Bag-Valve Mask, Adult. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu Spur™ #420211000B (No Substitute)	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
48		Each	Disposable Bag-Valve Mask, Child. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu Spur™ #430213000B (No Substitute)	\$
50		Each	Pediatric Dragon Mask Westmed® #312 (No Substitute)	\$
51		Each	Slick Set® ET Tube & Stylette Set 2.5mm The 15mm adapter must not be removable. (No Substitute)	\$
52		Each	Slick Set® ET Tube & Stylette Set 3.0mm The 15mm adapter must not be removable. (No Substitute)	\$
53		Each	Slick Set® ET Tube & Stylette Set 3.5mm The 15mm adapter must not be removable. (No Substitute)	\$
54		Each	Slick Set® ET Tube & Stylette Set 4.0mm The 15mm adapter must not be removable. (No Substitute)	\$
55		Each	Slick Set® ET Tube & Stylette Set 4.5mm The 15mm adapter must not be removable. (No Substitute)	\$
56		Each	Slick Set® ET Tube & Stylette Set 5.0mm The 15mm adapter must not be removable. (No Substitute)	\$
57		Each	Slick Set® ET Tube & Stylette Set 6.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$
58		Each	Slick Set® ET Tube & Stylette Set 7.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$
59		Each	Slick Set® ET Tube & Stylette Set 8.0mm Must be cuffed The 15mm adapter must not be removable. (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
60		Each	Slick Set ® ET Tube & Stylette Set 9.0mm Must be cuffed The 15mm adapter must not be removable (No Substitute)	\$
61		Each	Oxygen Hand Wheel Rubber Grip with Chain	\$

TOTAL GROUP (1) LINE ITEMS 1 – 61 \$ _____

GROUP #2 SPHYGMOMANOMETERS / STETHESCOPE (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	250	Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Adult Cuff ADC™ #775 Series (No Substitute)	\$
2		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Child Cuff ADC™ #775C (No Substitute)	\$
3		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Infant Cuff ADC™ #775I (No Substitute)	\$
4		Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Thigh Cuff ADC™ #760T (No Substitute)	\$
5	250	Each	Stethoscope Dual-head, Adult Black ADC Proscope™ #670 (No Substitute)	\$
6		Each	Stethoscope, Dual-head, Pediatric Black ADC Proscope™ #675 (No Substitute)	\$

TOTAL GROUP (2) LINE ITEMS 1 – 6 \$ _____

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #3 SYRINGES AND NEEDLES

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	60cc Syringe without Needle Catheter Tip Monoject™ #8881560141 (No Substitute)	\$
2		Each	12cc Syringe with Needle w/21g x 1.5 Monoject™ #8881512746 (No Substitute)	\$
3		Each	10cc Syringe without Needle, Catheter Tip, with graduations up to 12cc Terumo™ # 3SS-10S or Approved Equal	\$
4		Each	3cc Syringe with Needle 22g x 5/8" Monoject™ #1513256 (No Substitute)	\$
5		Each	1cc Syringe, Tuberculin 1mL 27 X 1/2" with Removable Needle Yellow Monoject™ #8881501368 (No Substitute)	\$
6		Each	35cc Syringe without Needle Lock Tip Monoject™ # 8881535762 (No Substitute)	\$
7		Boxes	Vacutainer Red Top, 7ml Monoject™ #8881301512 (No Substitute) 100/Box	\$
8		Boxes	Vacutainer Gray Top, 7ml Monoject™ #8881352580 (No Substitute) 100/Box	\$
9		Boxes	Vacutainer Lavender Top, 7ml Monoject™ #8881311545 (No Substitute) 100/Box	\$
10		Each	Vacutainer Gray Top, 10ml Vials vacuum sealed Monoject™ or "Approved equal"	\$
11		Each	Vacutainer Red Top, 10ml., Vial vacuum sealed Monoject™ or "Approved equal"	\$
12		Each	Intraosseous Needle, 16G Non-threaded Tip Cook® (No Substitute)	\$
13		Each	Arterial Blood Gas Syringe, 3cc Contains (1) Syringe (1) Filter Pro (1) Cube Pulsator #4036 Sims Portex Inc. (No Substitute)	\$
14	250	Boxes	TB Syringe 1ml 27G x 1/2 (0.4mm x 13mm) Syringe must have gray safety cap BD Safety Glide #305945 (No Substitute)	

TOTAL GROUP (3) LINE ITEMS 1 – 14 \$ _____

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP # 4 SAFETY CATHETERS (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Cases	14G X 2" (Straight) (No Substitute) Introcan Safety ® #4252594 (200/Case)	\$
2		Cases	16G X 2" (Straight) (No Substitute) Introcan Safety ® #4252578 (200/Case)	\$
3		Cases	18G X 1.25" (Straight) Introcan Safety ® #4252560 (No Substitute) (200/Case)	\$
4		Cases	IV Catheter 16G X 1.25" (Straight) Introcan Safety ® #4252586 (No Substitute) (200/Case)	\$
5		Cases	20G X 1.25" (Straight) Introcan Safety ® #4252535 (No Substitute) (200/Case)	\$
6		Cases	22G X 1" (Straight) Introcan Safety ® #4252519 (No Substitute) (200/Case)	\$
7		Cases	24G X 0.75" (Straight) Introcan Safety ® #4252500 (No Substitute) (200/Case)	\$
8		Cases	14G x 3.25" Becton Dickinson ® Angiocath ® #382268 (No Substitute) (200/Case)	\$
9		Cases	IV Catheter 14G X 1.25" (Straight) Introcan Safety ® # 4251890 (No Substitute) (200/Case)	\$

TOTAL GROUP (4) LINE ITEMS 1 – 9 \$ _____

GROUP #5 B.I.G. BONE INJECTION GUN (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Bone Injection Gun, Disposable Automatic Intraosseous Injector with a 15G Trocar/Luer Lock Needle <u>adult</u> B.I.G.™ (No Substitute)	\$
2		Each	Bone Injection Gun, Disposable Automatic Intraosseous Injector with a 18G Trocar/Luer Lock Needle and adjustable dial depth penetration for <u>pediatrics</u> from 0 to 6 years old <u>pediatric</u> B.I.G.™ (No Substitute)	\$

TOTAL GROUP (5) LINE ITEMS 1 – 2 \$ _____

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #6 BURN CARE (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	4" x 16" Water Jel Water Gel @ #0416-28 (No Substitute)	\$
2		Each	Face Mask 12"x16" Water Gel @ #1216-20 (No Substitute)	\$
3		Each	Blanket 5'x 6' Water Gel @ #P7260-04 (No Substitute)	\$

TOTAL GROUP (6) LINE ITEMS 1 – 3 \$ _____

GROUP #7 CPR REPLACEMENT PARTS AND EQUIPMENT (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Replacement Faces Laerdal™ Baby Anne™ (No Substitute)	\$
2		Each	Replacement Faces Laerdal™ Little Anne™ (No Substitute)	\$
3		Each	Replacement Airways Laerdal™ Baby Anne™ (No Substitute)	\$
4		Each	Replacement Airways Laerdal™ Little Anne™ (No Substitute)	\$
5		Each	Advanced Complete Patient Simulator Laedral Megacode Kelly VitalSim™ #200-00001 (No Substitute)	\$
6		Each	NT Standard Manikin Only No Trainer Laerdal Megacode Kid VitalSim™ #231-05001 (No Substitute)	\$
7		Each	Advance Airway Management Trainer Laerdal™ #260-10001 (No Substitute)	\$
8		Each	Pediatriac Intubation Trainer Laerdal™ #255-00001 (No Substitute)	\$

TOTAL GROUP (7) LINE ITEMS 1 – 8 \$ _____

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #8 DISPOSABLE LARYNGOSCOPE "LITE" BLADES (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller O (No Substitute)	\$
2		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 1 (No Substitute)	\$
3		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 2 (No Substitute)	\$
4		Each	Rusch Disposable Laryngoscope "Lite"Blades Miller 3 (No Substitute)	\$
5		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 2 (No Substitute)	\$
6		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 3 (No Substitute)	\$
7		Each	Rusch Disposable Laryngoscope "Lite"Blades MacIntosh 4 (No Substitute)	\$

TOTAL GROUP (8) LINE ITEMS 1 – 7 \$ _____

GROUP #9 SPLINTS AND MISC. (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Adult Hare Traction Splint Ferno™ # 444 (No Substitute)	\$
2		Each	Pedi Pac Ferno™ #78 (No Substitute)	\$
3		Each	Vacuum Splint Kit complete, Ferno™ # AS190 (No Substitute)	\$
4		Each	Traction Splint Case Ferno™ # 039-0216 (No Substitute)	\$
5		Each	Traction Splint, Leg Strap Set of 4 Ferno™ #'s 039-0209, 039-0210, 039-0211, 039-0212 (No Substitute)	\$
6		Each	Traction Splint, Adult Ankle Strap Replacement Ferno™ #039-0215 (No Substitute)	\$
7		Each	Ferno™ Traction Splint, Thigh Strap Replacement #039-0207 (No Substitute)	\$
8		Each	KED Ferno™ #125 (No Substitute)	\$
9		Each	AS 100 Vacuum Splint, Size: Small Ferno™ #4991332 (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
10		Each	AS 120 Vacuum Splint, Size: Medium Ferno™ #4995552 (No Substitute)	\$
11		Each	AS 140 Vacuum Splint, Size: Small #4996945 (No Substitute)	\$
12		Each	Pump for Vacuum Splint Ferno™ (No Substitute)	\$
13		Each	Speed Splint Armstron #M-100 (No Substitute)	\$
14		Each	Triage Tags Mettag™ MT-137 (No Substitute)	\$
15		Each	Emergency Form III Bilateral Traction Splint Sager® #S304 (No Substitute)	\$

TOTAL GROUP (9) LINE ITEMS 1 – 15 \$ _____

GROUP #10 STIFNECK™ CERVICAL COLLARS (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Cervical Extrinsication Collar Tall Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
2		Each	Cervical Extrinsication Collar Short Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
3		Each	Cervical Extrinsication Collar Regular Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
4		Each	Cervical Extrinsication Collar Pediatric Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
5		Each	Cervical Extrinsication Collar No-Neck Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
6		Each	Cervical Extrinsication Collar Baby No-Neck Laerdal StifNeck™ # 9800 Series (No Substitute)	\$
7		Each	Collar Case for use with Items 1 thru 6 (Above) Laerdal StifNeck™ No Substitute	\$

TOTAL GROUP (10) LINE ITEMS 1 – 7 \$ _____

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

GROUP #11 REYNOLDS MEDICAL IMMOBILIZER (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Head Immobilization Device Adult Orange in color Rid Reynolds™ #006 (No Substitute)	\$
2		Each	Head Immobilization Device Pediatric Rid Orange in color Reynolds™ #005 (No Substitute)	\$
3		Each	Head Immobilization Device Head bed™ Laerdal #982001 (No Substitute)	\$

TOTAL GROUP (11) LINE ITEMS 1 – 3 \$ _____

GROUP #12 AMSINO SUCTION CATHETER (NO SUBSTITUTE)

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Case	Suction Catheter, 8 French Amsino (No Substitute) (50 / case)	\$
2		Case	Suction Catheter, 10 French Amsino (No Substitute) (50 / case)	\$
3		Case	Suction Catheter, 12 French Amsino (No Substitute) (50 / case)	\$
4		Case	Suction Catheter, 14 French Amsino (No Substitute) (50 / case)	\$

TOTAL GROUP (12) LINE ITEMS 1 – 4 \$ _____

GROUP #13 WELCH ALLYN THERMOMETERS & MISC.

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Thermometer Oral Probe with Oral Probe Well Sure Temp® Plus 690 Electronic Welch Allyn® # 01690-200	\$
2		Each	Thermometry Probe Covers Sure Temp® Disposable Probe Covers (1,000 covers) Welch Allyn Model No: 05031-101	\$
3	50	Each	Thermometer Digital Fahrenheit A-Temp™ or "Approved Equal"	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

4	50	Packs	Digital Thermometer Disposable Covers A-Temp™ or "Approved Equal"	\$
---	----	-------	--	----

TOTAL GROUP (13) LINE ITEMS 1 – 4 \$ _____

GROUP #14 IRON DUCK TRAUMA BAGS / SURGICAL GOWNS / BLANKETS

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	BLS Trauma Bag, Iron Duck Trauma Standard Navy Iron Duck # 36001 SN (No Substitute)	\$
2		Case	Durafit Shoe Cover Light Blue Baxter #A6100-16 or "Approved Equal" (200 Pairs / Case)	\$
3		Case	Surgical Gowns Large Blue Precept #8572 "No Substitute" (15 / Box, 5 boxes / Case)	\$
4		Case	Surgical Gowns Extra-large White Knight Precept #8576 "No Substitute" (15 / Box, 5 boxes / Case)	\$
5		Each	Disposable Blankets Yellow #EB100-50 (No Substitute)	\$

TOTAL GROUP (14) LINE ITEMS 1 – 5 \$ _____

GROUP #15 CINCINNATI SURGICAL BLADES / BARD-PARKER SURGICAL BLADES

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Boxes	Surgical Blades #60 Carbon Steel Cincinnati "No Substitute" (100 / Box)	\$
2		Boxes	Handles for #60 Surgical Blade Cincinnati "No Substitute" (5 / Box)	\$
3		Boxes	Surgical Blades Steel #21 Bard-Parker or "Approved equal" (100 / Box),	\$
4		Boxes	Handles for #60 Surgical Blade Cincinnati "No Substitute" (5 / Box)	\$
5		Boxes	Handles for #60 Cincinnati Surgical Blade (5/Box) "No Substitute"	\$
6		Each	Ring Cutter with blade, Stainless Steel	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

7		Each	Ring Cutter Replacement Blades (For use with Item # 5)	\$
---	--	------	---	----

TOTAL GROUP (15) LINE ITEMS 1 – 7 \$ _____

GROUP #16 MISCELLANEOUS

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1		Each	Penlight, Disposable	\$
2		Each	Forcep Pediatric Stainless Steel Magill or "Approved Equal"	\$
3		Each	Tweezers, Stainless Steel	\$
4		Each	Scissor, Bandage, 5-1/2" Stainless Steel	\$
5		Each	Forcep Adult Stainless Steel Magill or "Approved Equal"	\$
6		Each	Paramedic Rescue Boot Shear	\$
7		Each	Bed Pan Plastic	\$
8		Each	Disposable Arm Boards Padded 3" x 9"	\$
9		Each	Disposable Arm Boards Padded 3" x 18"	\$
10	2500	Each	Tongue Depressor Wood Individually Wrapped Sterile	\$
11		Each	Bulb Ear Syringe 3oz. for irrigation	\$
12	50	Each	Applicator Cotton Tipped Wood (2 per pack)	\$
13		Each	Scalpel #21 Sterile Becton Dickinson™ (No Substitute)	\$
14		Each	Non-Sterile Latex Free Tourniquets Hysynal (No Substitute) (100 / Roll)	\$
15	500	Boxes	Alcohol Preps Dynarex™ #1104 or "Approved Equal" (100 / Box)	\$
16	2500	Each	Bandage Kling Sterile 3"x 4" Yards must be Individually wrapped Dynarex™ #3113 (No Substitute)	\$
17	2500	Each	Bandage Kling Sterile 6"x 4" yards must be Individually wrapped Dynarex™ #3116 (No Substitute)	\$
18	25	Boxes	Adhesive Bandage Plastic Strips 1" x 3" Curad™ (No Substitute) (40 / Box)	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
19	100	Boxes	Elastic Bandage, 3" must be Individually wrapped Dynarex™ #3653 (No Substitute) (10 / Box)	\$
20	25	Boxes	Elastic Bandage 6" must be Individually wrapped Dynarex™ #3656 (No Substitute) (50 / Box)	\$
21	25	Each	Triangular Bandage Kendall™ #6286 or "Approved Equal"	\$
22	150	Case	Gauze, Non-Sterile, 4"x 4" Kendall™ #25568-Ply or "Approved Equal" (200/Pack 20 Packs/Case)	\$
23		Each	Dressing Sterile 5" x 9" Abdominal Pad Kendall™ #7196 or "Approved Equal"	\$
24		Each	Obstetrical Kit Disposable Dynarex™# 4901. (No Substitute)	\$
25	150	Case	Cold Pack Disposable Tetra™ # 1731-00 (No Substitute) (24 / Case)	\$
26	2500	Each	Dressing Gauze 3" x 9" Kendall Vaseline™ #8884423600 or "Approved Equal"	\$
27	2500	Each	Dressing Abdominal Pad Sterile 5" x 9" Kendall™ #7196 or "Approved Equal"	\$
28	250	Each	Eye Pad Oval 1-5/8" X 2-5/8" Kendall Curity™ #2841 or "Approved Equal"	\$
29		Each	Povidone/Iodine 1% Ointment, 3gm, Individual Foil Packaging Clinipad™ or "Approved Equal"	\$
30		Each	Povidone/Iodine 1% Solution, 8oz. bottle Clinipad™ or "Approved Equal"	\$
31		Boxes	Non-Aspirin Tablets Acetaminophen 500mg TYLENOL™ or "Approved Equal" 2 / Pack Individually Wrapped (100 Packs per Box)	\$
32	250	Each	Isopropyl Alcohol 70%, ½ Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
33	250	Each	Hydrogen Peroxide 1/2 Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
34	250	Packs	Ammonia Inhalants (10 per package)	\$

**SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
35	250	Dozen	Convenience Bag for vomit or urine, cardboard mouth, 1000cc capacity with inner seal to prevent leaks even if dropped. GKR #1000/7000 or "Approved Equal"	\$
36		Each	Multi-Trauma Dressing Sterile Size 12" x 10" Individually packaged GAM Industries™ (No Substitute)	\$
37		Each	Yankauer suction tip catheter Kendall™ or "Approved Equal"	\$
38		Each	5ml Normal Saline (0.09% Sodium) for Inhalation	\$
39		Each	Suction Connecting Tubing, 9/32" I.D. Kendall Argyle™ #8888302703 or "Approved Equal"	\$
40		Each	MORGAN LENS® (No Substitute)	\$
41		Each	Disposable Medical Prep Razors for EKG Hair Removal Must be capable of shaving dry Dynarex Gallant™ #4251 (No Substitute)	\$
42		Boxes	Adhesive Tape, 2" 3M Brand Transpore™ (No Substitute) (12 / Box)	\$
43		Boxes	Adult IV Securing Device Veni-Gard® (No Substitute) (100 Box 500/Case)	\$
44		Each	Disposable Needle Bottle P2™ Sharp Shuttle (No Substitute)	\$
45		Each	Patient Limb Holder Restraint Posey® (No Substitute)	\$
46		Boxes	Fire Rescue Airborne Pathogen Particulate Filter Mask Regular Size Technol PFR 95 PFR 95-270 (No Substitute) (35 Per Box)	\$
47		Each	Vacutainer Luer® Adapters Multi-sample Becton Dickinson #367290 (No Substitute)	\$
48		Each	3gm, Individual Foil Packaging Surgilube™ NDC#0168-0205-43 (No Substitute)	\$
49		Each	Sawyer Snake Bite Kit, Complete with case (No Substitute)	\$
50		Each	Disposable Arm Sleeves Allegiance #9403N (No Substitute)	\$

**SECTION 4
 BID SUBMITTAL FOR:
 MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: _____

LINE ITEM	ANNUAL ESTIMATED QUANTITY	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
51	250	Boxes	Alcohol Pre-Pads Dynarex Corp. #DYN1103	\$
52	5	Boxes	Alcohol Pre-Pads saturated with 70% Isopropyl Alcohol NDC#65517-00011 (200 Pads per box) (No Substitute)	\$
53	250	Bottles	Tuberculin, Purified Protein Derivative, Diluted Aplisol 5 TU/0.1 ML for Intradermal Test in the Diagnosis of Tuberculosis Stabilized Solution. The solution must be Clinically equivalent in potency to the standard PPD-S (5 TU per 0.1 mL) of the USPHS National Centers for Disease Control. NDC 42023-104-01(No Substitute)	\$
54	125	Case	Ambu Spur bags resuscitator adult with bag reservoir #520211000 (12 per case) (No Substitute)	\$

TOTAL GROUP (16) LINE ITEMS 1 – 54 \$ _____

SECTION 4
BID SUBMITTAL FOR:
MEDICAL SUPPLIES AND RELATED ITEMS

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS BID

- Addendum #1, Dated _____
- Addendum #2, Dated _____
- Addendum #3, Dated _____
- Addendum #4, Dated _____
- Addendum #5, Dated _____
- Addendum #6, Dated _____
- Addendum #7, Dated _____
- Addendum #8, Dated _____

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

TITLE OF OFFICER: _____

**Bid Title: MEDICAL SUPPLIES AND RELATED ITEMS**

By signing this Bid Submittal Form the Bidder certifies that it satisfies all legal requirements (as an entity) to do business with the County, including all Conflict of Interest and Code of Ethics provisions in Section 2-11 of the Miami-Dade County Code. Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the Miami-Dade County Ethics Commission prior to submittal of a Bid response or application of any type to contract with the County by the employee or his or her immediate family and file a copy of that request for opinion and any opinion or waiver from the Board of County Commissioners with the Clerk of the Board. The affected employee shall file with the Clerk of the Board a statement in a form satisfactory to the Clerk disclosing the employee's interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract at the same time as or before submitting a Bid, response, or application of any type to contract with the County. Also a copy of the request for a conflict of interest opinion from the Ethics Commission and any corresponding opinion, or any waiver issued by the Board of County Commissioners, must be submitted with the response to the solicitation.

In accordance with Sec. 2-11.1(s) of the County Code as amended, prior to conducting any lobbying **regarding this solicitation, the Bidder must file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Bidder.** Failure to file the appropriate form in relation to each solicitation may be considered as evidence that the Bidder is not a responsible contractor.

The Bidder confirms that this Bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid for the same goods and/or services and in all respects is without collusion, and that the Bidder will accept any resultant award. Further, the undersigned acknowledges that award of a contract is contingent upon vendor registration. Failure to register as a vendor within the specified time may result in your firm not being considered for award.

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information at the time of bid or proposal submission.

Place a check mark here only if bidder has such conviction to disclose.

By executing this proposal through a duly authorized representative, the proposer certifies that the proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, as those terms are used and defined in sections 287.135 and 215.473 of the Florida Statutes. In the event that the proposer is unable to provide such certification but still seeks to be considered for award of this solicitation, the proposer shall execute the proposal through a duly authorized representative and shall also initial this space: _____. In such event, the proposer shall furnish together with its proposal a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 of the Florida Statutes. The proposer agrees to cooperate fully with the County in any investigation undertaken by the County to determine whether the claimed exception would be applicable. The County shall have the right to terminate any contract resulting from this solicitation for default if the proposer is found to have submitted a false certification or to have been placed on the Scrutinized Companies for Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.10 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.

Place a check mark here only if affirming bidder meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for Local Preference.

LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the purpose of this certification, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County, as defined in Section 1.10 of the General Terms and Conditions of this solicitation.

Place a check mark here only if affirming bidder meets requirements for the Locally-Headquartered Preference (LHP). Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for the LHP. The address of the locally-headquartered office is _____.



LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.

Place a check mark here only if affirming bidder is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this proposal.

COUNTY USER ACCESS PROGRAM (UAP): Joint purchase and entity revenue sharing program

For the County's information, the bidder is requested to indicate, at 'A' and 'B' below, its general interest in participating in the Joint Purchase Program of the County User Access Program (UAP) described in Section 1.352.24 of this contract solicitation, if that section is present in this solicitation document. Bidder participation in the Joint Purchase portion of the UAP is voluntary, and the bidder's expression of general interest at 'A' and 'B' below is for the County's information only and shall not be binding on the bidder.

A. If awarded this County contract, would you be interest in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located within the geographical boundaries of Miami-Dade County?

Yes _____ No _____

B. If awarded this County contract, would you be interested in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located outside the geographical boundaries of Miami-Dade County?

Yes _____ No _____

Firm Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone No.: _____ Fax No.: _____

Email Address: _____ FEIN No. ____ - ____ / ____ / ____ / ____ / ____

Prompt Payment Terms: ____% ____ days net ____ days (Please see paragraph 1.2 H of General Terms and Conditions)

Signature: _____ (Signature of authorized agent)

*"By signing this document the bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract."

Print Name: _____ Title: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.



APPENDIX

AFFIDAVITS FORMAL BIDS



Miami-Dade County
Internal Services Department
Procurement Management Division
Affirmation of Vendor Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective June 1, 2008, vendors are required to complete a new Vendor Registration Package, including a Uniform Affidavit Packet (Vendor Affidavits Form), before being awarded a new contract. The undersigned affirms that the Vendor Affidavits Form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. : _____ **Federal Employer Identification Number (FEIN):** _____

Contract Title: _____

Affidavits and Legislation/ Governing Body

<p>1. Miami-Dade County Ownership Disclosure Sec. 2-8.1 of the County Code</p>	<p>6. Miami-Dade County Vendor Obligation to County Section 2-8.1 of the County Code</p>
<p>2. Miami-Dade County Employment Disclosure County Ordinance No. 90-133, amending Section 2-8-1(d)(2) of the County Code</p>	<p>7. Miami-Dade County Code of Business Ethics Article 1, Section 2-8.1(f) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code</p>
<p>3. Miami-Dade County Employment Drug-free Workplace Certification Section 2-8.1.2(b) f the County Code</p>	<p>8. Miami-Dade County Family Leave Article V of Chapter 11 of the County Code</p>
<p>4. Miami-Dade County Disability Non-Discrimination Article 1, Section 2-8.1.5 Resolution R182-00 amending R-385-95</p>	<p>9. Miami-Dade County Living Wage Section 2-8.9 of the County Code</p>
<p>5. Miami-Dade County Debarment Disclosure Section 10.38 of the County Code</p>	<p>10. Miami-Dade County Domestic Leave and Reporting Article 8, Section 11A-60 11A-67 of the County Code</p>

Printed Name of Affiant	Printed Title of Affiant	Signature of Affiant
Name of Firm	Date	
Address of Firm	State	Zip Code

Notary Public Information

Notary Public – State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20 _____

by _____ He or she is personally known to me or has produced identification

Type of identification produced _____

Signature of Notary Public Serial Number

Print or Stamp of Notary Public Expiration Date Notary Public Seal

Walters, Vivian (RER)

From: Garofolo, Martha (ISD)
Sent: Monday, April 08, 2013 2:05 PM
To: Walters, Vivian (RER)
Subject: Medical Supplies Commodity Code 257-26

Here you go Vivian ☺

Session A - [24 x 80]

File Edit View Communication Actions Window Help



Host:

Port:

LU Name:

```
PCHL5100 V5.1          MIAMI-DADE COUNTY ADPICS 5.1
LINK TO:              COMMODITY TABLE MAINTENANCE

COMMODITY: 257-26     MEDICAL SUPPLIES AND PHARM
```

```
BLOCK >
000 >
OF >
000 >
< >
< >
< >
FUNCT >
< >
<
```

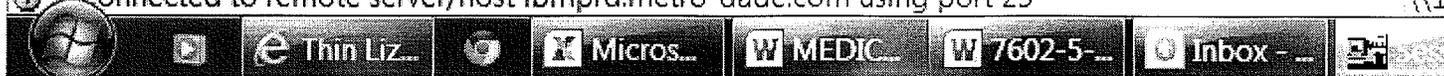
```
COMMODITY TYPE: C      BUYER          : 000
STORAGE TYPE   :      LAST UNIT COST:      2,250.0000
INSPECT TYPE   :      QTY ON ORDER  :      10.00 TAX
PURCHASE U/M   : EA    LAST REC DATE : / /      LEA
CONSUMABLE IND: N    LAST ORD DATE : 12/09/11    SUB
F1-HELP        F2-SELECT          F4-PRIOR      F5-N
F7-VIEW WHSE   F8-VIEW DETL       F9-LINK
```

G014 - RECORD FOUND

MA A

Connected to remote server/host ibmprd.metro-dade.com using port 23

\\1



Martha Garofolo