



**BID NO.: 8441-0/19**

**OPENING: 2:00 P.M.  
WEDNESDAY  
AUGUST 1, 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@miamidadegov**

**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: 8441-0/19**

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

**Procurement Officer: Martha Garofolo**

**Bids will be accepted until 2:00 p.m. on Wednesday, August 1, 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.**

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 3**  
**TECHNICAL SPECIFICATION**  
**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, on an as needed when needed basis. The solicitation categorizes diagnostic, surgical and emergency/trauma supplies, personal protective equipment, and miscellaneous medical items, in conjunction with the County's needs. Section 4 Bid Submittal Form contains a listing of the items required for this Solicitation.

**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 PRICE ADJUSTMENT**

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 awarded Bidder's responsibility to request any pricing adjustment under this provision. The request for adjustment must be submitted 90 days prior to expiration of the then current contract year. The adjustment request cannot be in excess of the relevant pricing index change. If no adjustment request is received, the County will assume that the awarded Bidder 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 reject any price adjustments submitted.

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

**2.5 METHOD OF AWARD TO MULTIPLE BIDDERS BY CATEGORY**

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

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**MEDICAL SUPPLIES AND RELATED ITEMS**

The Bidders prices for each category will be determined by multiplying the estimated quantity by unit price per item and then totaling the resultant amount for all items in the category. If a Bidder fails to submit an offer for all items within the category, its offer for that specific category will be rejected.

During the evaluation period, the County may at its sole discretion and in its best interest not award line item(s).

Bidders may submit pricing for both Group (A) and Group (B) per Section 4 pricing as follows:

**Group (A) Non-Federally Funded Purchases**

Group A is for purchases using non-federal funds. All clauses within this Solicitation shall apply.

**Group (B) Federally Funded Purchases**

Group B is for purchases using federal funds. Certain clauses within this Solicitation do not apply to purchases made with federal funds, as follows:

**Section 1**

- Paragraph 1.10 (Local Preference)
- Paragraph 1.27 (Office of the Inspector General fee is not applicable)
- Paragraph 1.35 (County User Access Program - UAP)
- Paragraph 1.44 (Local Certified Service-Disabled Veteran's Business Enterprise Preference)

**Section 2**

- Paragraph 2.2 (Small Business Contract Measures).

While the method of award prescribes the method for determining the lowest responsive, responsible Bidder, the County will award this contract to the designated lowest Bidder as the primary awarded Bidder and will award this contract to the designated second lowest Bidder as the secondary awarded Bidder and the third lowest Bidder as the tertiary vender. If the County exercises this right, the primary awarded Bidder shall have the primary responsibility to initially perform the service or deliver the goods identified in this contract. If the primary awarded Bidder fails to perform it may be terminated for default and the County shall have the option to seek the identified goods or services from the secondary awarded Bidder.

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

Bidder's requirements are listed below. Proof of requirements shall be provided in Section 4, of the Bid Submittal Form for all categories as specified.

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**TECHNICAL SPECIFICATION**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

Bidders must meet all specifications and sample requirements. If a Bidder does not meet a requirement of the specifications, they may be rendered non-responsive.

**REQUIREMENTS FOR GROUP (A) AND (B)**

- A) The Bidder must be in the business of providing the products listed in this Bid for which Bidder submits its offer. Bidder must submit references who can verify to the County that Bidder has provided the products.

Bidders shall be one of the following for the products offered:

- B) A manufacturer – Must provide manufacturer’s price list or verifiable webpage for products.
- C) Distributor – Must submit a letter on manufacturer’s letterhead stating the Bidder is an authorized distributor.
- D) Reseller – Must submit a letter on distributor’s letterhead stating the Bidder is an authorized reseller of the distributor.

The County may, at its sole discretion and in its best interest, allow the Bidders to complete, supplement, or supply the required documents during the bid evaluation period. Failure to provide all of the above contract requirements may render the Bidders proposal non-responsive.

**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](mailto:marthag@miamidade.gov)

**2.7 “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 Submittal Form as “No Substitute”.

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

- : Product Information Sheets (2 sets)
- : Product Samples with Initial Offer
- : Product Samples Upon Specific Request
- : Product labels
- : Performance Test Results

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If an "equal" product may be considered by the County in accordance with the Bid Submittal 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 product information sheets, standard manufacturer information sheets, catalogues, and brochures. Also for product information submittals, all supporting documentation submitted by the Bidder 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 County may request in official letter on corporate letterhead the differences between the product(s) they are specifically offering. 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 Submittal Form indicate that only the products specified will be accepted under this solicitation.

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

The awarded Bidder 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 awarded Bidder(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 awarded Bidder. In these cases, the awarded Bidder 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 awarded Bidder fail to deliver in the number of days stated above, the County reserves the right to find the Bidder in default after any back order period that has been specified in this contract has lapsed.

If the contract is terminated, it is hereby understood and agreed that the County has the authority to purchase the goods elsewhere and charge the incumbent awarded Bidder with any re-procurement costs. If the awarded Bidder 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. Awarded Bidder shall require presentation of this written authorization and maintain a copy of the authorization for their records. If the awarded Bidder is in doubt about any aspect of material pick-up, awarded Bidder shall contact the appropriate user department to confirm the authorization.

**A. PACKING SLIP/DELIVERY TICKET TO ACCOMPANY ITEMS**

Awarded Bidder shall enclose a complete packing slip or delivery ticket with any items to be delivered in conjunction with this contract. The packing slip shall be attached to the shipping carton(s), which contain the items and shall be made available to the County's authorized representative during delivery. The packing slip or delivery ticket shall include, at a minimum, the following information: purchase order number; date of order; lot number and a complete listing of items being delivered; and back-order quantities and estimated delivery of back-orders if applicable.

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**TECHNICAL SPECIFICATION**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

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

If the awarded Bidder cannot deliver an ordered product(s) in accordance with the scheduled delivery date due to a current existing backorder of that item with the manufacturer or distributor, the awarded Bidder shall insure that such back orders are filled within five (5) business days from the initial scheduled delivery date for the item. The awarded Bidder 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 awarded Bidder under this contract for any directly associated re-procurement costs. If the awarded Bidder fails to honor these re-procurement costs, the County may terminate the contract for default.

**2.10 SHELF LIFE OF STOCK**

The awarded Bidder shall provide the County with products that have equal to or greater than 18 months of manufacturer shelf life remaining and shall ensure that all items are within this specified shelf life prior to shipment to the County.

The primary awarded Bidder 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. The County reserves the right to inspect the awarded Bidders place of business for compliance with this requirement.

**2.11 SUBSTITUTION OF ITEMS DURING TERM OF CONTRACT**

Substitute brands may be considered during the contract period for discontinued products. The awarded Bidder shall not deliver any substitute products as a replacement to an awarded brand or model without express written consent of the Internal Services Department, Bids & Contracts Division prior to such delivery. Substitute items must be of equal or better quality than the awarded item. Unauthorized or excessive substitution request may be cause to cancel the contract.

**2.12 REQUEST FOR ADDITIONAL INFORMATION**

The County shall have the right to inspect the manufacturers, books and records for the purposes of verifying the awarded Bidder's source of the products furnished under this contract and for such other purposes as permitted or required by applicable law. The awarded Bidder shall make all arrangements necessary for the County to review such records at no cost to the County.

**2.13 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

**SECTION 3**  
**TECHNICAL SPECIFICATION**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

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 may contact the primary awarded Bidder for the applicable category to obtain a price quote for the similar services or items. If there are multiple awarded Bidders on the contract, the County representative may also obtain price quotes from these awarded Bidders. The County reserves the right to award these similar items to the lowest price quoted, or to acquire the items through another means.

**2.14 COMPLIANCE WITH FEDERAL STANDARDS**

- A) **GROUPS (A) AND (B)** - 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).
- B) **GROUP (B)** - Since some of the goods, services, and/or equipment that will be acquired under this solicitation will be purchased, in part or in whole, with federal funding, it is hereby agreed and understood that Section 60-250.4, Section 60-250.5 and Section 60-741.4 of Title 41 of the United States Code, which addresses Affirmative Action requirements for disabled workers, is incorporated into this solicitation and resultant contract by reference. Group (2) in Section 4 of this solicitation provides for pricing when goods are purchased with federal funds.

**SECTION 3**  
**TECHNICAL SPECIFICATION**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

**3.1 SCOPE**

The purpose of this Invitation to Bid is to establish a contract for the purchase of medical supplies and related items in conjunction with the needs of Miami-Dade County on an as needed when needed basis. For further descriptions corresponding to each of the items, refer to Section 4 Bid Submittal Form.

**3.2 VARIOUS CATEGORIES**

This solicitation contains various categories of medical supplies and related items. The following is a sample listing of the categories, the County may purchase additional items, as it deems necessary as per Section 2, Paragraph 2.13 of this solicitation.

Sample Categories:

- Oxygen Delivery / Regulators
- Oxygen Delivery / Airway
- Disposable Laryngoscope Blades
- Amsino Suction Catheter
- Surpraglottic Airway Devices
- Surgical Airway and Related Items
- Sphygmomanometers
- Stethoscope
- Syringes and Needles
- Safety Catheters
- B.I.G. Bone Injection Gun
- Intravenous Administration Sets
- Burn Care
- Cervical Collars
- Splints and Related Trauma Items
- Pet Masks
- Otter Box
- Personal Protective Equipment
- Glucometer / Blood Glucose Testing
- Portable Suction
- Video Laryngoscopes
- Thermometers
- Nonin Pulse Oximetry
- Monitors
- Infection Control Blood Collection Items
- Pediatric Equipment
- Stretchers
- CPR and Simulation Training Equipment
- Surgical Gowns and Equipment
- Haz-Mat / Haz Toxicology Items
- Nasal Packing /Epistaxis
- Miscellaneous Medical Supplies

**SECTION 3**  
**TECHNICAL SPECIFICATION**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

Each category is listed in Section 4 of the Bid Submittal Form; stating their specific scope and requirement.

**3.3 ADDITIONAL REQUIREMENTS FOR MIAMI-DADE FIRE CATEGORY 7**

**A) AIRWAY BAG (NO SUBSTITUTE)**

StatPack Airway Bag Custom G1 Backup, Line item (1) in Section 4, Group (7) shall be a custom Miami-Dade Fire Rescue (MDFR) Configuration made of Blood-Borne Pathogen (BBP) Resistant Material without divider inserts which will be replaced with 2 custom sub pack pouches with clear vinyl tops and Velcro tabbed to enclose.

MDFR Logo shall be sewn on by the manufacturer at no cost to the County on the top lid flap.

**B) QUICK-LOOK AED PACKS (NO SUBSTITUTE)**

StatPack Quick-Look AED pack Line item (2) in Section 4, Group (7) shall be a custom MDFR Configuration made of Blood-Borne Pathogen (BBP) Resistant Material with padded divider inserts.

MDFR Logo shall be sewn on by the manufacturer at no cost to the County on the top lid flap.

**C) LOGO FOR ABOVE ITEMS**



**D) WARRANTY FOR ABOVE ITEMS**

The Manufacturer shall provide lifetime warranty against material and workmanship. If a product fails due to a manufacturing defect, StatPack will repair or replace it free of charge to the County. Damage due to normal wear, accident, improper care or negligence where the manufacturer (StatPack) is not at fault shall be repaired for a reasonable charge.

**SECTION 4  
BID SUBMITTAL FORM**

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

**OPENING: 2:00 P.M.**  
**WEDNESDAY**  
**AUGUST 1, 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:  
**7/18/13**

This Bid Submittal Consists of  
Pages **10** through **44**, plus  
**affidavits**

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.

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

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 4**  
**BID SUBMITTAL FORM**

Award Criteria as per Special Conditions in Section 2, Paragraph 2.5 Method of Award for Group (A) and (B):

- A) The bidder shall provide two references who can verify to the County that the Bidder provides the products listed in this Solicitation.

Business name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

- B) If you are a manufacturer, provide your price list or verifiable webpage for products.

Price List Attached Yes \_\_\_\_\_ No \_\_\_\_\_

Webpage: \_\_\_\_\_

- C) Distributor, attach signed manufacturer's letter of authorization on manufacturer's letterhead.

- D) Reseller, attach signed distributor's letter of authorization on distributor's letterhead.

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY #1 OXYGEN DELIVERY / REGULATORS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	100	Each	Oxygen Regulator for use with on-board (M) tank large cylinder connection Flotec™ # RR510-600 (No Substitute)	\$
2	80	Each	Oxygen Regulator for use with portable oxygen cylinder, must have flow from 0-25 LPM with 1 diss outlet and yoke connection Flotec™ # RR813-340P2 (No Substitute)	\$
3	40	Each	Oxygen Flow-meter, 0-25 LPM range Flotec™ # F10-2G0PB (No Substitute)	\$
4	30	Each	Vacuum (Suction), Quick disconnect male Chemetron adaptor Flotec™ # QDV1-HB-4 (No Substitute)	\$
5	100	Each	Yoke Washer/Seal, For "D" Regulators Flotec #810-6293-001 (No Substitute)	\$

**CATEGORY # 2 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	200	Each	Nasopharyngeal Airways 20 Fr./5.0mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-20 (No Substitute)	\$
2	200	Each	Nasopharyngeal Airways 22 Fr./5.5mm SunMed™, Robertazzi(Trumpet) Style, Latex Free Catalog #1-5075-22 (No Substitute)	\$
3	200	Each	Nasopharyngeal Airways 24 Fr./6.0mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-24 (No Substitute)	\$
4	200	Each	Nasopharyngeal Airways 26 Fr./6.5mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-26 (No Substitute)	\$
5	200	Each	Nasopharyngeal Airways 28 Fr./7.0mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-28 (No Substitute)	\$
6	200	Each	Nasopharyngeal Airways 30 Fr./7.5mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-30 (No Substitute)	\$
7	200	Each	Nasopharyngeal Airways 32 Fr./8.0mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-32 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 2 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
8	200	Each	Nasopharyngeal Airways 34 Fr./8.5mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-34 (No Substitute)	\$
9	200	Each	Nasopharyngeal Airways 36 Fr./9.0mm SunMed™, Robertazzi (Trumpet) Style, Latex Free Catalog #1-5075-36 (No Substitute)	\$
10	1000	Each	Oral Pharyngeal Airways, Guedal Size 5 / 100mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-05 (No Substitute)	\$
11	1000	Each	Oral Pharyngeal Airways, Guedal Size 4/90mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-04 (No Substitute)	\$
12	700	Each	Oral Pharyngeal Airways, Guedal Size 3 / 80mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-03 (No Substitute)	\$
13	700	Each	Oral Pharyngeal Airways, Guedal Size 2 / 70mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-02 (No Substitute)	\$
14	400	Each	Oral Pharyngeal Airways, Guedal Size 1 / 60mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-01 (No Substitute)	\$
15	400	Each	Oral Pharyngeal Airways, Guedal Size 0 / 50mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-10 (No Substitute)	\$
16	400	Each	Oral Pharyngeal Airways, Guedal Size 00 / 40mm SunMed™ Color-Coded PVC/Latex Free Catalog #1-5010-20 (No Substitute)	\$
17	100	Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 10 French (No Substitute)	\$
18	120	Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 12 French (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 2 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
19	100	Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 14 French (No Substitute)	\$
20	100	Each	Double Lumen Nasal Gastric Sump Tube Transparent with X-Ray Opaque Stripe and Sentinel Eye Medovations Style #1217 16 French (No Substitute)	\$
21	100	Each	Meconium Aspirator NeoTech # 0100101 (No Substitute)	\$
22	500	Each	Nasal Cannula, Adult Hudson™ # 1103 (No Substitute)	\$
23	2500	Each	Nasal Cannula, Pediatric Hudson™ # 1826 (No Substitute)	\$
24	500	Each	Non-Rebreather Adult, Oxygen mask with 7 Ft. oxygen supply tubing & reservoir bag Hudson™ # 1059 (No Substitute)	\$
25	30,000	Each	Non-Rebreather Pediatric, Oxygen mask with 7 Ft. oxygen supply tubing & reservoir bag Hudson™ #1058 (No Substitute)	\$
26	15,000	Each	Non-Rebreather Infant, Oxygen mask with supply tubing Rusch™ #395497 (No Substitute)	\$
27	15,000	Each	Mask aerosol, Adult Hudson™ #1083 (No Substitute)	\$
28	6,000	Each	Mask Aerosol, Pediatric Hudson™ #1085 (No Substitute)	\$
29	2,000	Each	Nebulizer, with Tee adapter, mouth piece 7 ft. oxygen tubing & corrugated reservoir hose Hudson™ # 1883, (No Substitute)	\$
30	5,000	Each	Pediatric Aerosol Dragon or Puppy mask without tubing, elastic strap style Kids MED™ # 001266 (No Substitute)	\$
31	3,000	Each	Suction Container, Disposable 1200cc Bemis™ # 484410 (No Substitute)	\$
32	7,000	Each	Laryngoscope Handle, adult, medium Surgical Stainless Steel, waterproof, 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™ #5-0327-93 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 2 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
33	150	Each	Laryngoscope Handle, penlite, Surgical Stainless Steel, waterproof, 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™ #5-0237-91 (No Substitute)	\$
34	100	Each	Beck Airway Airflow Monitor Baam™ (No Substitute)	\$
35	100	Each	Thomas™ ET Tube Holder, Adult Laerdal #600-10000 (No Substitute)	\$
36	2,000	Each	Thomas™ ET Tube Holder, Pediatric Laerdal #600-20000 (No Substitute)	\$
37	500	Each	Esophageal Intubation Detector Ambu Tubecheck-B® # 000-172-002 (No Substitute)	\$
38	500	Each	ET Tube Introducer, Bougie, Adult, Size 15 FR x 70 cm with Coude tip Sun-Med™ # 9-0212-70 (No Substitute)	\$
39	1,500	Each	ET Tube Introducer, Bougie, Pediatric Size 10 FR x 70 cm with Coude tip Sun-Med™ # 9-0211-70 Beck Airway Airflow Monitor, Baam™ (No Substitute)	\$
40	4,200	Each	Adult Bag-Valve Mask, Disposable, with Adult mask. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu® Spur® II # 520-211-000 (No Substitute)	\$
41	750	Each	Pediatric Bag-Valve Mask, Disposable, with Neonate/Infant/Toddler masks. Must meet all State of Florida HRS Requirements for Bag Valve Masks Ambu® Spur® II # 530-214-000 (No Substitute)	\$
42	250	Each	Portex® Blue Line® ET Tube, size 2.5mm, latex free, uncuffed Smiths Medical #100/127/025 (No Substitute)	\$
43	300	Each	AirCare® ET Tube with preloaded stylet, size 3.0mm, latex free, uncuffed Smiths Medical # 100/103/030 (No Substitute)	\$
44	250	Each	AirCare® ET Tube with preloaded stylet, size 3.5mm, latex free, uncuffed Smiths Medical # 100/103/035 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS****CATEGORY # 2 OXYGEN DELIVERY / AIRWAY (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
45	250	Each	AirCare® ET Tube with preloaded stylet, size 4.0mm, latex free, uncuffed Smiths Medical # 100/103/040 (No Substitute)	\$
46	200	Each	AirCare® ET Tube with preloaded stylet, size 4.5mm, latex free, uncuffed Smiths Medical # 100/103/045 (No Substitute)	\$
47	250	Each	AirCare® ET Tube with preloaded stylet size 5.0mm, latex free, uncuffed. Smiths Medical # 100/103/050 (No Substitute)	\$
48	500	Each	AirCare® ET Tube with preloaded stylet, size 6.0mm, latex free, cuffed Smiths Medical # 100/102/060 (No Substitute)	\$
49	1,500	Each	AirCare® ET Tube with preloaded stylet, size 7.0mm, latex free, cuffed Smiths Medical # 100/102/070 (No Substitute)	\$
50	1,500	Each	AirCare® ET Tube with preloaded stylet, size 8.0mm, latex free, cuffed Smiths Medical # 100/102/080 (No Substitute)	\$
51	500	Each	AirCare® ET Tube with preloaded stylet, size 9.0mm, latex free, cuffed Smiths Medical # 100/102/090 (No Substitute)	\$
52	300	Case	Mucosal Atomization Device (M.A.D.) LMA MAD Nasal™ W/O Syringe Catalog # MAD-300 (No Substitute) 100 per case	\$
53	300	Case	Laryngo-Tracheal Mucosal Atomization Device (M.A.D.) LMA MADgic Nasal™ W/O Syringe Catalog # MAD-700 (No Substitute) 100 per case	\$
54	100	Each	Oxygen, small heavy plated metal cylinder wrench for 'D' or 'E' style O2 cylinders Allied Healthcare #020642 or "Approved Equal"	\$
55	100	Each	Oxygen Nut/Nipple, Tapered, Swivel eValueMed # 301-195 or "Approved Equal"	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 3 DISPOSABLE LARYNGOSCOPE BLADES (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	200	Each	BriteView® Disposable Laryngoscope Blade, Miller, size O – white Hartwell Medical # LB-42MIL0-DS (No Substitute)	\$
2	200	Each	BriteView® Disposable Laryngoscope Blade, Miller, size 1 – pink Hartwell Medical # LB-42MIL1-DS (No Substitute)	\$
3	500	Each	BriteView® Disposable Laryngoscope Blade, Miller, size 2 – yellow Hartwell Medical # LB-42MIL2-DS (No Substitute)	\$
4	500	Each	BriteView® Disposable Laryngoscope Blade, Miller, size 3 – orange Hartwell Medical # LB-42MIL3-DS (No Substitute)	\$
5	500	Each	BriteView® Disposable Laryngoscope Blade, Miller, size 4 – lime Hartwell Medical # LB-42MIL4-DS (No Substitute)	\$
6	300	Each	BriteView® Disposable Laryngoscope Blade, Macintosh, size 1 – pink Hartwell Medical # LB-42MAC1-DS (No Substitute)	\$
7	500	Each	BriteView® Disposable Laryngoscope Blade, Macintosh, size 2 – yellow Hartwell Medical # LB-42MAC2-DS (No Substitute)	\$
8	500	Each	BriteView® Disposable Laryngoscope Blade, Macintosh, size 3 – orange Hartwell Medical # LB-42MAC3-DS (No Substitute)	\$
9	500	Each	BriteView® Disposable Laryngoscope Blade, Macintosh, size 4 – lime Hartwell Medical # LB-42MAC4-DS (No Substitute)	\$
10	600	Each	GrandView™ Disposable Laryngoscope Blade, Adult Hartwell Medical # GV-2020A-DS (No Substitute)	\$

**CATEGORY # 4 AMSINO SUCTION CATHETER (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	1,000	Case	Suction Catheter, 8 French Amsino #AS362 (No Substitute) 50 per case	\$
2	1,000	Case	Suction Catheter, 10 French Amsino # AS363 (No Substitute) 50 per case	\$
3	1,000	Case	Suction Catheter, 12 French Amsino # AS364 (No Substitute) 50 per case	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 4 AMSINO SUCTION CATHETER (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
4	1,000	Case	Suction Catheter, 14 French Amsino # AS365 (No Substitute) 50 per case	\$
5	1,000	Case	Suction Catheter, 16 French Amsino # AS366 (No Substitute) 50 per case	\$
6	1,000	Case	Suction Catheter, 18 French Amsino # AS367 (No Substitute) 50 per case	\$

**CATEGORY # 5 SUPRAGLOTTIC AIRWAY DEVICES (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	100	Box	i-gel supraglottic airway for neonates, 2-5 kg, size 1.0 # 8201000 (No Substitute) 10 per box	\$
2	100	Box	i-gel supraglottic airway for infants, 5-12 kg, size 1.5 # 8215000 (No Substitute) 10 per box	\$
3	100	Box	i-gel supraglottic airway for small pediatrics, 10-25 kg, size 2.0 # 8202000 (No Substitute) 10 per box	\$
4	100	Box	i-gel supraglottic airway for large pediatrics, 25-35 kg, size 2.5 # 8225000 (No Substitute) 10 per box	\$
5	100	Box	i-gel supraglottic airway for small adults, 30-60 kg, size 3.0 # 8203000 (No Substitute) 25 per box	\$
6	150	Box	i-gel supraglottic airway for medium adults, 50-90 kg, size 4.0 # 8204000 (No Substitute) 25 per box	\$
7	125	Box	i-gel supraglottic airway for large adults, 90+ kg, size 5.0 # 8205000 (No Substitute) 25 per box	\$

**CATEGORY # 6 SURGICAL AIRWAY AND MISCELLANEOUS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	100	Each	Rapid Airway Introducer for Surgical Cricothyrotomy, Adult, The Quick Fix™ Emergency Medical Consultants, Inc. # 010563-SH (No Substitute)	\$
2	50	Each	Needle Cricothyrotomy Kit, Pediatric The Quick Fix™ Jr. Emergency Medical Consultants, Inc. # L010563-00 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 6 SURGICAL AIRWAY AND MISCELLANEOUS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
3	100	Each	ECG Screen Fix, ECG Monitor Screen Protector/Shield for LP15 Emergency Medical Consultants, Inc. # LP15SFMCI (No Substitute)	\$

**CATEGORY # 7 AIRWAY & AED PACKS MIAMI-DADE FIRE RESCUE (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	Airway Bag, StatPack MDRF Custom G1 Backup, Red BBP material StatPack # G11023-BBP (No Substitute) See Section 3, Technical Specification 3.3	\$
2	50	Each	Quick-Look AED Pack, Red BBP material, MDRF Custom with padded dividers. StatPack # G11039RE-BBP (No Substitute) See Section 3, Technical Specification 3.4	\$

**CATEGORY # 8 SPHYGMOMANOMETERS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	300	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Child Cuff ADC™ # 775-9CN (No Substitute)	\$
2	1,500	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Small Adult Cuff ADC™ # 775-10SAN (No Substitute)	\$
3	4,000	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Adult Cuff ADC™ # 775- 11AN (No Substitute)	\$
4	2,000	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Large Adult Cuff ADC™ # 775-12XN (No Substitute)	\$
5	200	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Thigh Cuff ADC™ # 775- 13TN (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 8 SPHYGMOMANOMETERS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
6	55	Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Adult Cuff ADC™ #775 Series (No Substitute)	\$
7	30	Each	Stethoscope Dual-head, Adult Black ADC Proscope™ #670 (No Substitute)	\$
8	150	Each	Multi-Cuff Sphygmomanometer Carry Case, Orange, System 5™ Case ADC™ # 8830 (No Substitute)	\$

**CATEGORY # 9 STETHESCOPE**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	2,000	Each	Stethoscope, Convertible Dual-head (Adult/Pediatric) multi-frequency gasketed diaphragm configuration, Bi-Lumen (dual bore) 'Single tubing' (2 in 1 design), Green or "Approved Equal"	\$
2	2,000	Each	Stethoscope, Dual-head (Adult/Pediatric) multi-frequency gasketed diaphragm configuration, 'Double tubing', Sprague, Latex Free, Green or "Approved Equal"	\$

**CATEGORY # 10 SYRINGES AND NEEDLES AND RELATED ITEMS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	1,000	Each	60cc Toomey Syringe without Needle Monoject™ #8881560141 (No Substitute)	\$
2	2,000	Each	35cc Luer-Lock Syringe without Needle Monoject™ # 8881535762 (No Substitute)	\$
3	2,000	Each	10-12cc Luer-Slip Syringe without Needle, Terumo™ # 3SS-10S or "Approved Equal"	\$
4	6,000	Each	3cc Luer-Lock Syringe with Removable Needle, 22g x 1" Smiths Medical Hypodermic Needle-Pro® Edge™ Combo # 432210 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 10 SYRINGES AND NEEDLES AND RELATED ITEMS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
5	8,000	Each	10cc Luer-Lock Syringe with Removable Needle, 21g x 1.5" Smiths Medical Needle-Pro® Edge™ Combo #4102115 (No Substitute)	\$
6	6,700	Each	1cc Luer-Slip Syringe, Tuberculin, with Removable Needle, 27g X 1/2" Smiths Medical Needle-Pro® Edge™ TB # 4313 (No Substitute)	\$

**CATEGORY # 11 SAFETY CATHETERS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	10	Case	IV Catheter, Angiocath, 14G x 3.25" Becton Dickinson ® # 382268 (No Substitute) 200 per case	\$
2	10	Case	IV Catheter, Acuvance® Plus, 14G X 2", Straight Hub, Ocrilon® Polyurethane Smith's Medical/Jelco® # 3358 (No Substitute) 200 per case	\$
3	10	Case	IV Catheter, Acuvance® Plus, 16G X 2", Straight Hub, Ocrilon® Polyurethane Smith's Medical/Jelco® # 3352 (No Substitute) 200 per case	\$
4	50	Case	IV Catheter, ViaValve™ Safety, 14G X 1.25" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3268 (No Substitute) 200 per case	\$
5	50	Case	IV Catheter, ViaValve™ Safety, 16G X 1.25" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3262 (No Substitute) 200 per case	\$
6	200	Case	IV Catheter, ViaValve™ Safety, 18G X 1.25" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3265 (No Substitute) 200 per case	\$
7	200	Case	IV Catheter, ViaValve™ Safety, 20G X 1" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3267 (No Substitute) 200 per case	\$
8	20	Case	IV Catheter, ViaValve™ Safety, 22G X 1" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3260 (No Substitute) 200 per case	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 11 SAFETY CATHETERS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
9	10	Case	IV Catheter, ViaValve™ Safety, 24G X 5/8" (Straight Hub) Ocrilon® Polyurethane Smith's Medical/Jelco® # 3263 (No Substitute) 200 per case	\$

**CATEGORY # 12 B.I.G. BONE INJECTION GUN (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	300	Each	Bone Injection Gun (B.I.G.), Disposable, Adult, Automatic Intraosseous Injector WaisMed # BIG-A (No Substitute)	\$
2	300	Each	Bone Injection Gun (B.I.G.), Pediatric Disposable Automatic Intraosseous Injector with adjustable dial depth penetration from 0 to 6 years old WaisMed # BIG-P (No Substitute)	\$
3	10	Each	Bone Injection Gun (B.I.G.) Adult Training Kit WaisMed # BIG-DKIT-A (No Substitute)	\$
4	10	Each	Bone Injection Gun (B.I.G.) Pediatric Training Kit WaisMed # BIG-DKIT-P (No Substitute)	\$
5	20	Each	Bone Injection Gun (B.I.G.) Reloadable Demo Unit, Adult WaisMed # BIG Demo (No Substitute)	\$
6	20	Each	Bone Injection Gun (B.I.G.) Reloadable Demo Unit, Pediatric WaisMed # BIG Demo-P (No Substitute)	\$
7	25	Each	Bone Injection Gun (B.I.G.) Crash Cart Kit WaisMed # BIG-Crash Kit (No Substitute)	\$
8	10	Each	Bone Injection Gun (B.I.G.) Anatomical Training Leg WaisMed # BIG-TLeg (No Substitute)	\$
9	10	Each	Bone Injection Gun (B.I.G.) Replacement Skin for Anatomical Training Leg WaisMed #BIG-Skin (No Substitute)	\$
10	10	Each	Bone Injection Gun (B.I.G.) Replacement Cartridge for Anatomical Training Leg WaisMed # BIG-Cart (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 13 INTRAVENOUS ADMINISTRATION SETS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	500	Case	Baxter™ Administration Set, Y-Type Blood Set, 10gtts/ml Baxter # 2C7627 (No Substitute) 48 per case	\$
2	60	Case	Baxter™ Stopcock, 3-way, Standard Bore, 8" extension Tubing, Male Luer-Lock Adapter Baxter # 2C5602 (No Substitute) 48 per case	\$
3	2,550	Case	Amsino™ AMSafe® IV Administration Drip Set, Latex Free, 10gtts #108306 (No Substitute) 50 per case	\$
4	250	Case	Amsino™ AMSafe® IV Administration Drip Set, Latex Free, 60gtts #608306 (No Substitute) 50 per case	\$
5	100	Case	B/Braun Micro Pin MP-1000, Sterile # 415019 (No Substitute) 100 per case	\$
6	15	Case	B/Braun Safe-Line® Blunt Cannula, Sterile # NF9210 (No Substitute) 400 per case	\$
7	15	Case	B/Braun Safe-Line® Blunt Cannula, Sterile # NF9200 (No Substitute) 400 per case	\$

**CATEGORY # 14 BURN CARE (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	752	Each	4" x 4" Burn Dressing Water Gel ® #0404-60 (No Substitute)	\$
2	1,000	Each	4" x 16" Burn Dressing Water Gel ® #0416-28 (No Substitute)	\$
3	900	Each	12" x 16" Burn Dressing Face Mask Water Gel ® #1216-20 (No Substitute)	\$
4	350	Each	3' x 2 ½' Burn Wrap (pouch) Water Gel ® #P3630-04 (No Substitute)	\$
5	100	Each	5' x 6' Fire Blanket Plus (pouch) Water Gel ® #P7260-04 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 15 STIFNECK™ CERVICAL COLLARS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	950	Each	Cervical Extrication Collar Tall Laerdal® StifNeck® # 980-600 (No Substitute)	\$
2	950	Each	Cervical Extrication Collar Regular Laerdal® StifNeck® # 980-500(No Substitute)	\$
3	1,750	Each	Cervical Extrication Collar Short Laerdal® StifNeck® # 980-400(No Substitute)	\$
4	12,550	Each	Cervical Extrication Collar No-Neck Laerdal® StifNeck® # 980-300(No Substitute)	\$
5	1,250	Each	Cervical Extrication Collar Pediatric Laerdal® StifNeck® # 980-200(No Substitute)	\$
6	750	Each	Cervical Extrication Collar Baby No-Neck Laerdal® StifNeck® # 980-100 (No Substitute)	\$
7	100	Each	Collar Case, Stifneck Carry Bag, Cardura Laerdal® StifNeck® # 980-700 (No Substitute)	\$

**CATEGORY # 16 SPLINTS AND MISC. TRAUMA (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	40	Each	Adult Hare Traction Splint Ferno™ # 444 (No Substitute)	\$
2	60	Each	Traction Splint Case Ferno™ # 039-0216 (No Substitute)	\$
3	50	Each	Traction Splint, Leg Strap Set of 4 Ferno™ #'s 039-0209, 039-0210, 039-0211, 039-0212 (No Substitute)	\$
4	70	Each	Traction Splint, Adult Ankle Strap Replacement Ferno™ #039-0215 (No Substitute)	\$
5	700	Each	Ferno™ Traction Splint, Thigh Strap Replacement #039-0207 (No Substitute)	\$
6	40	Each	Pedi Pac® Ferno™ #78 (No Substitute)	\$
7	25	Each	K.E.D.® Ferno™ #125 (No Substitute)	\$
8	40	Each	Vacuum Splint Kit complete, 3 splint Kit with Aluminum Pump and Rectangular Case Hartwell™ # FS9000RC (No Substitute)	\$
9	40	Each	Vacuum Splint, Size: Small Hartwell™ # FS801 (No Substitute)	\$

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FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 16 SPLINTS AND MISC. TRAUMA (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
10	40	Each	Vacuum Splint, Size: Medium Hartwell™ # FS802 (No Substitute)	\$
11	40	Each	Vacuum Splint, Size: Large Hartwell™ # FS9803 (No Substitute)	\$
12	30	Each	Pump for Vacuum Splint Hartwell™ # FS-12C (No Substitute)	\$
13	1,500	Each	SAM Splint, 36" Roll, Orange/Blue SAM Medical # 6515-01-217-1236 (No Substitute)	\$
14	1,000	Each	Combat Action Tourniquet®, Orange, NSN # 6515-01-521-7976 C-A-T® # 30-0023 (No Substitute)	\$
15	500	Case	Ambu® Head Wedge, Cervical Immobilization Device with 1 Head Strap Ambu® # 000-264-034 (No Substitute) 10 per case	\$
16	10,000	Pack	Patient Restraint Straps, Orange, Disposable, 5', 2-piece, Polypropylene webbing, 2" wide with loop ends and Delrin side release buckle Coast Guard approved and UL approved DMS47152OR or "Approved Equal" 3 Each per pack	\$
17	1,000	Each	All Risk Triage Tag – Florida # DMS-05006F (No Substitute) 50 per box	\$
18	20	Box	Triage Ribbons, Green # DMS-05789 (No Substitute) 10 per box	\$
19	20	Box	Triage Ribbons, Yellow # DMS-05790 (No Substitute) 10 per box	\$
20	20	Box	Triage Ribbons, Red # DMS-05791 (No Substitute) 10 per box	\$
21	20	Box	Triage Ribbons, Black/White # DMS-05792 (No Substitute) 10 per box	\$
22	20	Each	MCI Triage Tape System, 4 bay Ribbon holder Pouch, Red, EMS Innovations # EM19 (No Substitute)	\$
23	10	Each	Treatment Area Tarps, MCI, 4 triage Colors 15' x 20' with Carry Bag # DMS-05004 (No Substitute)	\$

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FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 17 PET MASKS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	40	Each	Large Pet Oxygen Mask SurgiVet® # 32490B10 (No Substitute)	\$
2	40	Each	Medium Pet Oxygen Mask SurgiVet® # 32490B15 (No Substitute)	\$
3	40	Each	Small Pet Oxygen Mask SurgiVet® # 32490B16 (No Substitute)	\$
4	40	Each	Pet Oxygen Mask Kit, Includes one of each size mask SurgiVet® # V7148 (No Substitute)	

**CATEGORY # 18 OTTER BOX (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	OtterBox Drybox, clear, Model # 2000 (No Substitute)	\$
2	80	Each	OtterBox Drybox, clear, Model # 3000 (No Substitute)	\$

**CATEGORY # 19 CUSTOM CASES FOR MIAMI-DADE FIRE RESCUE DEPT. (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	Pulse Ox Custom Nonin Carry Case, Cardura, Blue with Miami-Dade Fire Rescue Logo R&B Fabrications, Inc. # MDFR8500CC (No Substitute)	\$
2	80	Each	Airway Custom Intubation Roll-Up, made of 14 oz. Vinyl, Orange R&B Fabrications, Inc. # MCI9300AWCC (No Substitute)	\$

**CATEGORY # 20 PELICAN CASES (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	Pelican™ 1554 Case, 1550 Case with Padded Dividers Catalog # 1554 (No Substitute)	\$
2	50	Each	Pelican™ 1550 Padded Divider Set Only Catalog # 1555 (No Substitute)	\$
3	50	Each	Pelican™ 1500 EMS, Case with EMS Organizer/Dividers Catalog # 1500 (No Substitute)	\$
4	50	Each	Pelican™ 1500 EMS Accessory Set, Lid Organizer and Divider Set Catalog # 1505EMS (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 21 PELICAN CUSTOM LID INSERT (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	Custom Lid Insert For Pelican Protector 1554 Case, Miami-Dade BLS Lid Insert, Manufactured By Safety International Bags And Straps (No Substitute)	\$

**CATEGORY # 22 PERSONAL PROTECTIVE EQUIPMENT (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	2,000	Each	Safety Glasses, Pyramex Solo, Scratch Resistant, Meets ANSI Z87.1 Pyramex # S510S or "Approved Equal"	\$
2	3,000	Each	Safety Glasses, Pyramex Venture 2 with Black Frame and Clear Anti-Fog Lens, Meets ANSI Z87.1-2010 Pyramex # SB1810ST (No Substitute)	\$
3	50	Each	Safety Glasses, Pyramex Venture 2, Clear Lens, V2 Reader Bifocal: Strength +1.00, Meets ANSI Z87.1-2010 Pyramex # SB1810R10 (No Substitute)	\$
4	50	Each	Safety Glasses, Pyramex Venture 2, Clear Lens, V2 Reader Bifocal: Strength +1.50, Meets ANSI Z87.1-2010 Pyramex # SB1810R15 (No Substitute)	\$
5	50	Each	Safety Glasses, Pyramex Venture 2, Clear Lens, V2 Reader Bifocal: Strength +2.00, Meets ANSI Z87.1-2010 Pyramex # SB1810R20 (No Substitute)	\$
6	50	Each	Safety Glasses, Pyramex Venture 2, Clear Lens, V2 Reader Bifocal: Strength +2.50, Meets ANSI Z87.1-2010 Pyramex # SB1810R25 (No Substitute)	\$
7	50	Each	Safety Glasses, Pyramex Venture 2, Clear Lens, V2 Reader Bifocal: Strength +3.00, Meets ANSI Z87.1-2010 Pyramex # SB1810R30 (No Substitute)	\$
8	50	Each	Case Large for Pyramex Venture 2 Safety Glasses, Snap Closure Pyramex # CA300B (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 22 PERSONAL PROTECTIVE EQUIPMENT (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
9	3,500	Case	Airborne Pathogen Particulate Filter Respirator Mask, Disposable, Size Med/Lg Moldex # 2360-P100 (No Substitute) 5 respirators per bag – 4 bags per case	\$
10	50	Case	Hearing Protection, Disposable Earplugs, Glide™ Trio Triple-Flanged with Cord Moldex # 6445 (No Substitute) 200 pairs per case	\$

**CATEGORY # 23 GLUCOMETER / BLOOD GLUCOSE TESTING (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	80	Each	Glucometer Ascensia Contour ® Mfg.: Bayer Inc. (No Substitute)	\$
2	100	Each	Glucometer Ascensia Contour ® Control Solution (No Substitute)	\$
3	3,000	Bottle	Glucometer Ascensia Contour ® Blood Glucose Test Strips (No Substitute) 25 per bottle	\$
4	100	Each	Glucometer Ascensia Contour ® Case only (No Substitute)	\$
5	2,500	Box	Unistik 3 (Normal) Single Use Safety Lancets Owen Mumford # AT1002 (No Substitute) 100 per box	\$
6	400	Each	Glucometer Battery, 3v Lithium, Single Pack Duracell # DL2032/CR2032 (No Substitute)	\$

**CATEGORY # 24 MISCELLANEOUS**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	12,000	Each	Penlight, Disposable "Generic" With Approved Samples	\$
2	200	Each	Forceps, Pediatric Stainless Steel Magill or "Approved Equal"	\$
3	200	Each	Tweezers, Stainless Steel "Generic" With Approved Samples	\$
4	300	Each	Scissor, Bandage, 5-1/2" Stainless Steel "Generic" With Approved Samples	\$
5	300	Each	Forceps, Adult Stainless Steel Magill or "Approved Equal"	\$
6	8,000	Each	Paramedic Rescue Boot Shear, Pro 7 1/2" Magnum Medical	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS****CATEGORY # 24 MISCELLANEOUS Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
7	100	Each	Bed Pan Plastic "Generic" With Approved Samples	\$
8	11,000	Each	Disposable Arm Boards Padded 3" x 9" "Generic" With Approved Samples	\$
9	12,000	Each	Disposable Arm Boards Padded 3" x 18" "Generic" With Approved Samples	\$
10	1,500	Each	Tongue Depressor Wood Individually Wrapped Sterile "Generic" With Approved Samples	\$
11	350	Each	Bulb Ear Syringe 2oz. with slim tip, for Aspiration & Irrigation Bard # 3582 or "Approved Equal"	\$
12	8,000	Pack	Applicator Cotton Tipped Wood 2 per pack "Generic" With Approved Samples	\$
13	8,000	Box	Scalpel #21, Bard-Parker™ BD # 371621 (No Substitute) 10 per box	\$
14	20,000	Each	Non-Sterile Latex Free Tourniquets Hysynal (No Substitute) 100 Per roll	\$
15	8,500	Each	Bandage Kling Sterile 3"x 4" Yards must be Individually wrapped Dynarex™ #3113 (No Substitute)	\$
16	8,500	Each	Bandage Kling Sterile 6"x 4" yards must be Individually wrapped Dynarex™ #3116 (No Substitute)	\$
17	1,600	Box	Adhesive Bandage Strips 1" x 3", Latex Free. Curad® (No Substitute) 40 per box	\$
18	1,600	Box	Elastic Bandage (Ace), 3" must be Individually wrapped Dynarex™ #3653 (No Substitute) 10 per box	\$
19	2,100	Box	Elastic Bandage (Ace) 6" must be Individually wrapped Dynarex™ #3656 (No Substitute) 50 per box	\$
20	8,100	Each	Triangular Bandage Kendall™#6286 or "Approved Equal"	\$
21	1,500	Case	Gauze, Non-Sterile, 4"x 4" Dynarex™ #3264 or "Approved Equal" 200/Pack - 20 packs per case	\$
22	1,300	Each	Dressing Sterile 5" x 9" Abdominal (ABD) Pad Dynarex™ #3501 or "Approved Equal"	\$
23	500	Each	Dressing Gauze 3" x 9" Kendall Vaseline™ #8884423600 or "Approved Equal"	\$
24	1,500	Each	Multi-Trauma Dressing Sterile Size 12" x 10" Individually packaged GAM Industries™ (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 24 MISCELLANEOUS Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
25	250	Each	Obstetrical (OB) Kit Disposable Dynarex™ # 4902 (No Substitute)	\$
26	3,000	Case	Cold Pack, Reusable Instant, One-Side Insulated Cold Pack, Standard 6" x 9" ColdStar™ # 0201-04 (No Substitute) 24 per case	\$
27	850	Each	Eye Pad Oval 1-5/8" X 2-5/8" Kendall Curity™ #2841 or "Approved Equal"	\$
28	160	Each	Thermometer Digital Fahrenheit AD-Temp™ # 415 Flex (No Substitute)	\$
29	350	Box	Digital Thermometer Disposable Covers AD-Temp™ # 416-50 (No Substitute) 50 per box	\$
30	2,100	Box	Convenience Bag for vomit or urine disposal, 1000cc capacity with inner seal to prevent leaks even if dropped. GKR #1000/7000 or "Approved Equal" 20 Dozen per box	\$
31	2,100	Each	5ml Normal Saline (0.09% Sodium) for Inhalation	\$
32	2,500	Each	Yankauer suction Bulb Tip catheter with control vent Kendall™ or "Approved Equal"	\$
33	1,000	Each	Suction Connecting Tubing, 9/32" I.D. (or greater) Kendall Argyle™ #8888302703 or "Approved Equal"	\$
34	600	Each	Morgan Lens® (No Substitute)	\$
35	5,000	Each	Medical Prep Razors, Disposable for EKG Hair Removal, capable of shaving dry Dynarex Gallant™ #4251 (No Substitute)	\$
36	2,000	Box	Adhesive Tape, 2" 3M Brand, Transpore™ (No Substitute) 12 per box	\$
37	500	Box	Adhesive Tape, Cloth Surgical Tape, Hypoallergenic, Latex Free, 1" x 10 yd. 3M Brand, Durapore™ # 1538-1 (No Substitute) 12 Rolls per box	\$
38	800	Box	Adhesive Tape, Cloth Surgical Tape, Hypoallergenic, Latex Free, 2" x 10 yd. 3M Brand, Durapore™ # 1538-2 (No Substitute) 6 Rolls per box	\$
39	2,000	Box	Adult IV Stabilization Dressing, ConMed Veni-Gard® TM (No Substitute) 100 per box	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 24 MISCELLANEOUS Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
40	1,600	Case	ECG Electrodes, Adult, Conductive Adhesive Gel, ConMed Positrace® (No Substitute) 12 per box / 12 boxes per case	\$
43	20,000	Each	Disposable Needle Bottle/Container P2 Sharps Shuttle (No Substitute)	\$
44	1,000	Each	Patient Limb Holder Restraint Posey® #25251 (No Substitute)	\$
45	1,000	Each	Patient Arm Sling Posey® #7411M or "Approved Equal"	\$
46	50	Each	Sawyer Snake Bite Kit, Complete with case (No Substitute)	\$
47	10,000	Each	Disposable Arm Sleeves Allegiance #9403N (No Substitute)	\$
48	10	Case	Sanitary Pads, Maximum Absorbency, 8" Maxi Pads. 12 per pack / 50 packs per case "Generic" With Approved Samples	\$
49	50	Each	Patient Mover, 28" X 67", Royal Blue Universal Precaution Material, 2" Band Heavy Stitched Webbing Around Edges, 3 Handles Each Side, Heavy Stitch Under Webbing For Durability, Graphics To Read: "Miami-Dade Fire Rescue" Iron Duck # Af38024rbup (No Substitute)	\$
50	120	Each	CPR Micro shield Plus™ MDI® # 76-359 (No Substitute)	\$
51	125	Each	Ring Cutter with blade, Stainless Steel "Generic" With Approved Samples	\$
52	250	Each	Ring Cutter Replacement Blades (For use with Item # 50) "Generic" With Approved Samples	\$
53	150	Each	BLS Trauma Bag, Standard, Navy Blue Iron Duck # 36001-S (No Substitute)	\$
54	7,000	Each	Disposable Blankets, Emergency Barrier Trauma, Yellow Harvest Field #EB100 (No Substitute)	\$
55	2,000	Case	Hot Pack, Reusable Instant, One-Side Insulated Standard 6" x 9" ColdStar™ #0301-04 (No Substitute) 24 per case	\$
56	2,000	Box	Alcohol Prep Pads Dynarex™ #1104 or "Approved Equal" 100 per box	\$
57	50	Each	Isopropyl Alcohol 70%, ½ Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 24 MISCELLANEOUS Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
58	50	Each	Hydrogen Peroxide 1/2 Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
59	20	Each	Pro-2 Caddy, Oxygen carry pack Conterra # O2C2 (No Substitute)	\$
60	50	Each	CPR Pocket Mask Curaplex #R5014 (No Substitute)	\$

**CATEGORY # 25 PORTABLE SUCTION (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	30	Each	S-SCORT JR® Quickdraw, Portable handheld Battery Powered Suction Unit, Model #2400 Vacuum Pump, with Model #2488 Collection Canister 300ccS-Scor # 820-2400 (No Substitute)	\$
2	60	Case	S-SCORT JR® Replacement Collection Canister for Quickdraw Suction Pump S-Scor # 2488-20 (No Substitute) 20 per case	\$
3	50	Each	S-SCORT JR® Desktop Charger includes 1 Battery for S-SCORT JR. Quickdraw Suction Pump S-Scor # 820-2425 (No Substitute)	\$
4	150	Each	S-SCORT JR® Rechargeable Lead Acid Battery for S-SCORT JR. Quickdraw Suction Pump S-Scor # 80611-100 (No Substitute)	\$
5	20	Each	S-SCORT JR®. Carry Case, Two Compartments for S-SCORT JR. Quickdraw Suction Pump and disposables S-Scor # 820-10076 (No Substitute)	\$

**CATEGORY # 26 VIDEO LARYGOSCOPIES (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	5	Each	CoPilot VL® With Starter Kit includes: CoPilot VL® laryngoscope, Reusable Rigid Stylet, Charger, IV Pole Clamp, Instructions for Use, 1 box/10 of #3 Disposable Sheaths, 1 box/10 of #4 Disposable Sheaths, 1 box/10 of #3 Disposable Bougies (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 26 VIDEO LARYGOSCOPIES (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
2	10	Box	CoPilot VL® Disposable Sheaths #3 (No Substitute) 10 per box	\$
3	10	Box	CoPilot VL® Disposable Sheaths #4 (No Substitute) 10 per box	\$
4	5	Each	CoPilot VL® Portable Bag (No Substitute)	\$
5	5	Each	CoPilot VL® Power Supply (No Substitute)	\$
6	5	Each	King Vision Video Laryngoscope Reusable Display # KVISO1 (No Substitute)	\$
7	10	Box	King Vision, Standard Blade, Size 3, Medium, Adult # KVL03 (No Substitute) 10 per box	\$

**CATEGORY # 27 WELCH ALLYN**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	100	Each	Thermometer Oral Probe with Oral Probe Well Sure Temp® Plus 690 Electronic Welch Allyn® # 01690-200 (No Substitute)	\$
2	40,000	Each	Thermometry Probe Covers Sure Temp® Disposable Probe Covers (1,000 covers) Welch Allyn® # 05031-101 (No Substitute)	\$

**CATEGORY # 28 NONIN PULSE OXIMETRY (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	25	Each	Nonin® Palm Sat Digital Hand Held Pulse Oximeter Model # 8500 (No Substitute)	\$
2	50	Each	Nonin® Adult pulse oximeter soft reusable finger sensors (large) Model # 8000SL (No Substitute)	\$
3	50	Each	Nonin® Pediatric pulse oximeter soft reusable finger sensors (small) Model # 8000SS (No Substitute)	\$
4	5	Each	Nonin Hand Held Semi-Quantitative CO2 and Pulse Oximetry Monitor w/ audible Alarm Model # 9847 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 28 NONIN PULSE OXIMETRY (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
5	12	Box	Nonin 9847 Airway Adapter Tube Model # 9840AAT (No Substitute) 12 per box	\$
6	50	Each	Nonin 9847 Carbon Dioxide (CO2) Sensor Model # 9840SA (No Substitute)	\$

**CATEGORY # 29 MASIMO CO MONITORING (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	10	Each	Rad-57 Handheld Monitor Masimo # 9216 (No Substitute)	\$
2	10	Each	Carboxyhemoglobin (SpCO) parameter, valid for the life of the device on which it is installed (used with item #1) Masimo # 2296 (No Substitute)	\$
3	25	Each	Rainbow® DCI-dc3, Adult, Reusable Direct Connect Sensor, 3 ft. (SpO2, SpCO and SpMet) Masimo # 2201 (No Substitute)	\$
4	25	Each	Rainbow® DCIP-dc3 Pediatric Reusable Direct Connect Sensor, 3 ft. (SpO2, SpCO and SpMet) Masimo # 2069 (No Substitute)	\$
5	25	Each	Water Resistant Protective Carrying Case, Red, for portable handhelds Masimo # 2208 (No Substitute)	\$

**CATEGORY # 30 INFECTION CONTROL BLOOD COLLECTION ITEMS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	2	Box	Smart-Site® Leur Lock Needle-Free Valve with male Luer-Lock, Smiths Medical # SM5000 (No Substitute) 100 per box	\$
2	20	Box	Vacutainer, Lavender Top, Blood Collection Tube, 6ml BD # 368661 (No Substitute) 100 per box	\$
3	2	Case	BD Vacutainer® Leur-Lok™ Access Device Becton Dickinson # 364902 (No Substitute) 200 per case	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 30 INFECTION CONTROL BLOOD COLLECTION ITEMS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
4	1,000	Each	Hypodermic Injection Needle, 25g X 1 1/2", Smiths Medical Needle-Pro® Edge™ Safety Needle# 402515 (No Substitute)	\$
5	25	Box	Clear View Complete, Rapid HIV Test Kit Alere™ # 22011013 (No Substitute) 25 per box	\$
6	20	Case	Vacutainer® Gray Top, Blood Collection Tube 10ml, vacuum sealed (No Substitute)	\$

**CATEGORY # 31 HANDTEVY™ PEDIATRIC EQUIPMENT (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	15	Each	Handtevy™ Online Educational Video Pediatric Emergency Standards Inc. PES # HPBvideo (No Substitute)	\$
2	50	Each	Handtevy™ Length-Based Tape Pediatric Emergency Standards Inc. PES # HPB004 (No Substitute)	\$
3	200	Each	Handtevy™ Pediatric Drug Book Customized to contain only the drugs used by Miami Dade Fire Rescue and the corresponding doses in milligrams (mg) and milliliters (mL). Pediatric Emergency Standards Inc. PES # HPB005 (No Substitute)	\$
4	25	Each	Handtevy™ Equipment Pouches Pediatric Emergency Standards Inc. PES # HPB001 (No Substitute)	\$
5	200	Each	Handtevy™ Badge Buddies, Quick reference critical resuscitation card with MDFR corresponding doses in milliliters (mL). Pediatric Emergency Standards Inc. PES # HPB006 (No Substitute)	\$
6	25	Each	Handtevy™ Side Compartment Organizer Pediatric Emergency Standards Inc. PES # HPB002 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 31 HANDTEVY™ PEDIATRIC EQUIPMENT (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
7	25	Each	Handtevy™ Backboard Organizer Pediatric Emergency Standards Inc. PES # HPB003 (No Substitute)	\$
8	25	Set	Replacement Colored Binder Cards Pediatric Emergency Standards Inc. PES # HPB007 (Set of 7) (No Substitute)	\$

**CATEGORY # 32 STRETCHERS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	20	Each	Stretcher, Ferno® Model 28-Z PROFlexx Cot (No Substitute)	\$
2	20	Each	Stretcher, Ferno® Model 28-Z, Lower Tray (No Substitute)	\$
3	20	Each	Stretcher, Ferno® Model 28-Z, Storage Net (No Substitute)	\$
4	20	Each	Stretcher, Ferno® Model 28-Z, IV Pole (No Substitute)	\$
5	20	Each	Stretcher, Ferno® Model 93-H PROFlexx Cot (No Substitute)	\$
6	20	Each	Stretcher, Ferno® Model 93-H, Lower Tray (No Substitute)	\$
7	20	Each	Stretcher, Ferno® Model 93-H, Storage Net (No Substitute)	\$
8	20	Each	Stretcher, Ferno® Model 93-H, IV Pole (No Substitute)	\$
9	20	Each	Stretcher, Ferno® Model 93-X PROFlexx Cot (No Substitute)	\$
10	20	Each	Stretcher, Ferno® Model 93-X, LBS (Large Body Surface) Bariatric Board (No Substitute)	\$
11	2	Box	Disposable Fitted Sheets, form fitted to the Ferno POWERFlexx mattress. # 0314039 or "Approved Equal" 50 per box	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 32 STRETCHERS (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
12	2	Box	Disposable Flat Sheets, Spun-bound polypropylene, 40" x 84", Blue Westcot™#WCDLFLT-50 or "Approved Equal" 50 per box	\$
13	10	Each	Stryker Stair Chair, Model Stair-PRO # 6252 (No Substitute)	\$
14	5	Each	Bariatric Patient mover, polyester reinforced construction, 1600 lb. capacity Stryker model Transfer-Flat (No Substitute)	\$

**CATEGORY # 33 CPR AND SIMULATION TRAINING EQUIPMENT (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	25	Each	Baby Anne®, CPR Manikin Laerdal™ # 050000 (No Substitute)	\$
2	25	Each	Baby Anne®, Replacement Faces Laerdal™ # 050200 (No Substitute)	\$
3	25	Each	Baby Anne® Replacement Airways Laerdal™ # 050100 (No Substitute)	\$
4	25	Each	Little Junior®, CPR Manikin Laerdal™ # 18002001 (No Substitute)	\$
5	25	Each	Little Junior®, Replacement Faces Laerdal™ # 183010 (No Substitute)	\$
6	25	Each	Little Junior®, Replacement Airways Laerdal™ # 183210 (No Substitute)	\$
7	25	Each	Little Anne®, CPR Manikin Laerdal™ # 02002001 (No Substitute)	\$
8	25	Each	Little Anne®, Replacement Faces Laerdal™ # 310210 (No Substitute)	\$
9	25	Each	Little Anne® Replacement Airways Laerdal™ # 020300 (No Substitute)	\$
10	5	Each	SimPad System, Complete Patient Simulator Laerdal™ # 200-300001 (No Substitute)	\$
11	5	Each	SimPad Patient Monitor Software with License Key Laerdal™ # 200-11950 (No Substitute)	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 33 CPR AND SIMULATION TRAINING EQUIPMENT (NO SUBSTITUTE) Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
12	5	Each	Megacode Kelly, Advanced Life Support Skills Manikin Laedral™ #200-05050 (No Substitute)	\$
13	5	Each	Megacode Kid, Advanced Life Support Skills Manikin Laedral™ # 231-050050 (No Substitute)	\$
14	10	Each	Adult Airway Management Trainer Laerdal™ # 25000033 (No Substitute)	\$
15	10	Each	Deluxe Difficult Airway Trainer Laerdal™ # 261-10001 (No Substitute)	\$
16	10	Each	Pediatric Intubation Trainer Laerdal™ #2 55-00001 (No Substitute)	\$
17	10	Each	Infant Airway Management Trainer Laerdal™ # 250-00250 (No Substitute)	\$

**CATEGORY # 34 SURGICAL GOWNS / EQUIPMENT**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Case	Durafit Shoe Cover Light Blue Baxter #A6100-16 or "Approved Equal" 200 Pairs per case	\$
2	75	Case	Surgical Gowns Large Blue Precept #8572 (No Substitute) 15 per Box, 5 boxes per case	\$
3	5	Case	Surgical Gowns Extra-large White Knight, Precept #8576 (No Substitute) 15 per Box, 5 boxes per case	\$
4	200	Case	Surgical Blades #60, Carbon Steel Cincinnati (No Substitute) 150 per box / 100 Boxes per case	\$
5	5	Case	Handles for #60 Surgical Blade Cincinnati (No Substitute) 1 per box / 5 Boxes per case	\$
6	100	Case	Surgical Blades Steel #21, Bard-Parker™ (No Substitute) 150 per box / 100 Boxes per case	\$
7	2	Case	Handles for #21 Bard-Parker™ Surgical Blade (No Substitute) 1 per box / 5 Boxes per case	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (A) PRICING WHEN GOODS ARE PURCHASED WITH NON-FEDERAL FUNDS**

**CATEGORY # 35 HAZ-MAT/HAZ-TOXICOLOGY ITEMS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	10	Each	CYANOKIT 5G, 2.5G Meridian Medical NDC# 11704-270-01 (No Substitute)	\$

**CATEGORY # 36 NASAL PACKING / EPISTAXIS (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Case	Rhino Rocket, 30 Second, SlimLine Small # 11S-S0300-08AS (No Substitute) 8 Boxes per case	\$
2	50	Case	Rhino Rocket, 30 Second, SlimLine Medium # 11S-S0500-08AS (No Substitute) 8 Boxes per case	\$
3	50	Case	Rhino Rocket, 30 Second, SlimLine Large # 11S-S0800-08AS (No Substitute) 8 Boxes per case	\$

**CATEGORY # 37 MOUTHPIECE (NO SUBSTITUTE)**

1	6,000	Each	Alco-Sensor FST® Mouthpiece individually wrapped this mouthpiece is designed to fit the Alco-Sensor FST. #23-0120-00 ( No Substitute)	\$
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**CATEGORY # 38 TUBERCULIN INTRADERMAL TEST SOLUTION (NO SUBSTITUTE)**

2	350	Each	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)	\$
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**CATEGORY # 39 DISPOSABLE ACUPUNCTURE NEEDLES (NO SUBSTITUTE)**

1	400	Box	Mac Disposable Acupuncture Needles Model size: 34G x 0.5" Size: 1.5" #34 Gauge Sterilized with ethylene oxide gas pyrogen free 400 per box (No Substitute)	\$
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**SECTION 4**  
**BID SUBMITTAL FOR:**  
**MEDICAL SUPPLIES AND RELATED ITEMS**

FIRM NAME: \_\_\_\_\_

**GROUP (B) PRICING WHEN GOODS ARE PURCHASED WITH FEDERAL FUNDS**

**CATEGORY # 1 SPHYGMOMANOMETERS / STETHESCOPE (NO SUBSTITUTE)**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	50	Each	Sphygmomanometer must be nylon Blood Pressure Apparatus complete Adult Cuff ADC™ #775 Series (No Substitute)	\$
2	25	Each	Stethoscope Dual-head, Adult Black ADC Proscope™ #670 (No Substitute)	\$
3	25	Each	Sphygmomanometer, Aneroid, Nylon, Latex Free, Navy, Adult Cuff ADC™ # 775- 11AN (No Substitute)	\$

**CATEGORY # 2 MISCELLANEOUS**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
1	500	Each	Tongue Depressor Wood Individually Wrapped Sterile	\$
2	10	Pack	Applicator Cotton Tipped Wood 2 per pack	\$
3	100	Boxes	Alcohol Preps Dynarex™ #1104 or "Approved Equal" 100 per box	\$
4	500	Each	Bandage Kling Sterile 3"x 4" Yards must be Individually wrapped Dynarex™ #3113 (No Substitute)	\$
5	500	Each	Bandage Kling Sterile 6"x 4" yards must be Individually wrapped Dynarex™ #3116 (No Substitute)	\$
6	5	Boxes	Adhesive Bandage Plastic Strips 1" x 3" Curad™ (No Substitute) 40 per box	\$
7	20	Boxes	Elastic Bandage, 3" must be Individually wrapped Dynarex™ #3653 (No Substitute) 10 per box	\$
8	5	Boxes	Elastic Bandage 6" must be Individually wrapped Dynarex™ #3656 (No Substitute) 50 per box	\$
9	5	Each	Triangular Bandage Kendall™ #6286 or "Approved Equal"	\$
10	40	Case	Gauze, Non-Sterile, 4"x 4" Kendall™ #25568-Ply or "Approved Equal" 200 per pack / 20 packs per case	\$
11	24	Case	Cold Pack Disposable Tetra™ # 1731-00 (No Substitute) 24 per case	\$

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

FIRM NAME: \_\_\_\_\_

**GROUP (B) PRICING WHEN GOODS ARE PURCHASED WITH FEDERAL FUNDS**

**CATEGORY # 2 MISCELLANEOUS Continued**

LINE ITEM	ANNUAL EST. QTY.	UNIT OF PURCHASE	DESCRIPTION	UNIT PRICE
12	500	Each	Dressing Gauze 3" x 9" Kendall Vaseline™ #8884423600 or "Approved Equal"	\$
13	500	Each	Dressing Abdominal Pad Sterile 5" x 9" Kendall™ #7196 or "Approved Equal"	\$
14	50	Each	Eye Pad Oval 1-5/8" X 2-5/8" Kendall Curity™ #2841 or "Approved Equal"	\$
15	50	Each	Isopropyl Alcohol 70%, ½ Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
16	50	Each	Hydrogen Peroxide 1/2 Pint Plastic Bottle Medic Brand™ or "Approved Equal"	\$
17	10	Each	Thermometer Digital Fahrenheit A-Temp™ or "Approved Equal"	\$
18	60	Packs	Digital Thermometer Disposable Covers A-Temp™ or "Approved Equal" 30 per pack	\$
19	50	Packs	Ammonia Inhalants 10 per package	\$
20	50	Case	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" 20 dozen per case	\$
21	15	Each	Tweezers, Stainless Steel "Generic" With Approved Samples	\$
22	120	Box	Adhesive Tape, 2" 3M Brand, Transpore™ (No Substitute) 12 per box	\$
23	120	Box	Adhesive Tape, Cloth Surgical Tape, Hypoallergenic, Latex Free, 1" x 10 yd. 3M Brand, Durapore™ # 1538-1 (No Substitute) 12 rolls per box	\$

SECTION 4  
BID SUBMITTAL FOR:  
MEDICAL SUPPLIES AND RELATED ITEMS

ACKNOWLEDGEMENT OF ADDENDA

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INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

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**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 \_\_\_\_\_

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**PART II:**

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID

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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 1.35 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.

**Federal Employer**

Contract No. : \_\_\_\_\_ Identification Number (FEIN): \_\_\_\_\_

Contract Title: \_\_\_\_\_

**Affidavits and Legislation/ Governing Body**

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

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 \_\_\_\_\_



