

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030783

1. REQUESTED MOTION:

ACTION REQUESTED: Approve award of Quote No. Q-030421, Medications for Lee County Emergency Medical Services, to the low quoter meeting specifications per the circled line item, for one year. Five line items are not awarded and deleted from the quote. Also request authority to renew this quote for four additional one-year periods, upon mutual agreement of both parties.

WHY ACTION IS NECESSARY: To establish a quote for medications for Lee County EMS.

WHAT ACTION ACCOMPLISHES: Establishes a competitive, fair market price for medications for Lee County EMS.

2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #

C7A

3. MEETING DATE:

08-05-2003

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. AC-4-1
- CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER _____
- B. DEPARTMENT _____
- C. DIVISION Public Safety

BY: *For* John Wilson *[Signature]*

7. BACKGROUND:

In order to establish a quote for Medications for Lee County EMS, the Purchasing Division solicited sealed quotations for this project. Sealed quotes were received on June 10, 2003. On that date four quotes were received. Funding will come from the individual division's budget and they will be responsible for monitoring their own expenditures. For general information, it is estimated that \$75,000 will be spent on an annual basis for medications.

- ATTACHMENTS: (1) Tabulation Sheet (4) Sun Belt / Emergi-Source's Quote
 (2) Specifications (5) Rx EMS Inc.'s Quote
 (3) Emergency Medical Products Quote (6) Division Recommendation

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i>	<i>Janet Sheehan</i> 7-8-03 <i>E. Pflaumer</i>			<i>[Signature]</i>	OA <i>[Signature]</i> 7/10/03	OM <i>[Signature]</i> 7/11/03	Risk <i>[Signature]</i> 7/12/03	GC <i>[Signature]</i> 7/10/03	<i>HS</i> 7.15.03

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty
 Date: *7/9/03*
 Time: *3:06 p.m.*
 Forwarded To: *[Signature]*
7/9/03 3:55pm

RECEIVED BY
 COUNTY ADMIN
7-4-03
4:50
 COUNTY ADMIN
 FORWARDED TO: *HS*
7/15/03

ATTACHMENT # /

FORMAL QUOTATION #Q-030421	LEE COUNTY, FLORIDA TABULATION SHEET				
OPENING DATE: June 10, 2003	FOR				
BUYER: Earl Pflaumer	MEDICATIONS FOR LEE COUNTY EMS				
VENDORS	Alliance Medical Inc.	Emergency Medical Products Inc.	Sun Belt / Emergi-Source	Rx EMS INC.	
1. NITROLINGUAL SPRAY 14.49 GM					
Product & Manufacturer	Horizon 300-20	Horizon 12010		Horizon 300-20	
Cost Each	\$34.50	\$32.07	\$31.50	\$32.89	
Each X 150 = Est. Annual Cost	\$5,175.00	\$4,810.00	\$4,725.00	\$4,933.50	
2. PROVENTIL 2.5MG VIAL					
Product & Manufacturer	Ivax 6405-44	Dey Labs 697-03		Dey 2697-03	
Cost Each	\$0.142	\$0.19	\$0.19	\$0.18	
Each X 2,300 = Est. Annual Cost	\$326.60	\$437.00	\$437.00	\$414.00	
3. SODIUM CHLORIDE 10ML/0.9% VIAL					
Product & Manufacturer	Abbott 4888-10	Abbott 4888-10		Abbott 4888-10	
Cost Each	\$0.2832	\$0.22	\$0.26	\$0.28	
Each X 9,200 = Est. Annual Cost	\$2,605.44	\$2,024.00	\$2,392.00	\$2,576.00	
4. THIAMINE 100 MG/ML VIAL					
Product & Manufacturer	Am.Phar.0013-02	Am.Phar. 1354		APP 0013-02	
Cost Each	\$2.25	\$1.92	\$2.09	\$1.92	
Each X 550 = Est. Annual Cost	\$1,237.50	\$1,056.00	\$1,149.50	\$1,056.00	
5. SUCCINYLCHOLINE 200 MG/10 ML VIAL					
Product & Manufacturer	Abbott 6629-02	Abbott 6629-02		Abbott 6629-02	
Cost Each	\$0.88	\$0.79	\$0.80	\$0.98	
Each X 500 = Est. Annual Cost	\$440.00	\$395.00	\$400.00	\$490.00	

VENDORS	Alliance Medical Inc.	Emergency Medical Products Inc.	Sun Belt / Emergi-Source	Rx EMS INC.		
6. TRIDIL (NITRO.I.V. DRIP)						
Product & Manufacturer	Abbott 1483-02	Abbott 1483-02		Abbott 1483-02		
Cost Each	\$6.78	\$4.48	\$6.20	\$6.19		
Each X 120 = Est. Annual Cost	\$813.60	\$537.60	\$744.00	\$742.80		
7. AMIODARONE 150MG/3ML VIAL						
Product & Manufacturer	Abbott 4348-55	Bedford 0058-10		Bedford 0058-10		
Cost Each	\$16.90	\$7.47	\$8.49	\$13.90		
Each X 300 = Est. Annual Cost	\$5,070.00	\$2,241.00	\$2,547.00	\$4,170.00		
8. ATROPINE SULFATE 1MG/10ML						
Product & Manufacturer	Abbott 4911-34	IMS 548-2039-00		Abbott 4911-34		
Cost Each	\$2.24	\$1.37	\$1.42	\$2.34		
Each X 1,800 = Est. Annual Cost	\$4,032.00	\$2,466.00	\$2,556.00	\$4,212.00		
9. ATROPINE SULFATE .5MG/5ML SYRINGE						
Product & Manufacturer	No Bid	Abbott 4910-34		Abbott 4910-34		
Cost Each	No Bid	\$2.12	\$1.72	\$2.52		
Each X 150 = Est. Annual Cost	No Bid	\$318.00	\$258.00	\$378.00		
10. DEXTROSE 50% 25 GM/50ML						
Product & Manufacturer	Abbott 4902-34	IMS 548-2001-00		Abbott 4902-34		
Cost Each	\$2.73	\$1.53	\$1.74	\$2.57		
Each X 1,000 = Est. Annual Cost	\$2,730.00	\$1,530.00	\$1,740.00	\$2,570.00		
11. DEXTROSE 25% 2.5 GM/10ML						
Product & Manufacturer	Abbott 1775-10	IMS 548-3315-00		IMS 3315-00		
Cost Each	\$5.43	\$3.06	\$1.98	\$2.62		
Each X 120 = Est. Annual Cost	\$651.60	\$367.20	\$237.60	\$314.40		
12. DEXTROSE 25% 2.5 GM/10ML						
Product & Manufacturer	IMS 1015	IMS 548-1015-00		IMS 1015-00		
Cost Each	\$2.02	\$3.06	\$1.84	\$2.52		
Each X 120 = Est. Annual Cost	\$242.40	\$367.20	\$220.80	\$302.40		

no award

VENDORS	Alliance Medical Inc.	Emergency Medical Products Inc.	Sun Belt / Emergi-Source	Rx EMS INC.		
13. EPINEPHRINE 1:1000 MULTIDOSE 30MG/30ML VIAL						
Product & Manufacturer	IMS 9061	IMS 548-9061-00		IMS 9061-00		
Cost Each	\$4.63	\$2.80	\$2.67	\$2.89		
Each X 120 = Est. Annual Cost	\$555.60	\$336.00	\$320.40	\$346.80		
14. EPINEPHRINE 1:10,000 LIFESHIELD SYRINGE 1 MG/10 ML						
Product & Manufacturer	Abbott 4921-34	IMS 548-2016-00		Abbott 4921-34		
Cost Each	\$2.26	\$1.32	\$1.42	\$2.29		
Each X 2,350 = Est. Annual Cost	\$5,311.00	\$3,102.00	\$3,337.00	\$5,381.50		
15. FUROSEMIDE 80MG 10MG/ML INJECTION						
Product & Manufacturer	Abbott 6056-17	Abbott 6056-17		Abbott 6056-17		
Cost Each	\$3.97	\$3.21	\$3.29	\$3.90		<i>no award</i>
Each X 1,200 = Est. Annual Cost	\$4,764.00	\$3,852.00	\$3,948.00	\$4,680.00		
16. FUROSEMIDE 40MG 40MG/8ML ANSYR						
Product & Manufacturer	Abbott 9631-04	Abbott 9631-04		Abbott 9631-04		
Cost Each	\$2.27	\$1.62	\$1.57	\$1.85		
Each X 1,200 = Est. Annual Cost	\$2,724.00	\$1,944.00	\$1,884.00	\$2,220.00		
17. LIDOCAINE 2% 100 MG/5ML						
Product & Manufacturer	Abbott 4903-34	IMS 548-2190-00		Abbott 4903-34		
Cost Each	\$1.93	\$1.32	\$1.42	\$1.88		
Each X 750 = Est. Annual Cost	\$1,447.50	\$990.00	\$1,065.00	\$1,410.00		
18. NALOXONE 2MG/2ML LUERJET						
Product & Manufacturer	IMS 3369	IMS 548-3369-00		IMS 3369-00		
Cost Each	\$9.37	\$7.44	\$7.89	\$10.60		
Each X 400 = Est. Annual Cost	\$3,748.00	\$2,976.00	\$3,156.00	\$4,240.00		
19. NALOXONE 2MG/2ML INJECTION						
Product & Manufacturer	IMS 1469	IMS 548-1469-00		IMS 1469-00		
Cost Each	\$9.81	\$7.14	\$7.39	\$9.40		<i>no award</i>
Each X 400 = Est. Annual Cost	\$3,924.00	\$2,856.00	\$2,956.00	\$3,760.00		

VENDORS	Alliance Medical Inc.	Emergency Medical Products Inc.	Sun Belt / Emergi-Source	Rx EMS INC.		
20. SODIUM BICARBONATE 8.4% 50ML SYRINGE						
Product & Manufacturer	Abbott 6637-34	IMS 548-2052-00		Abbott 6637-34		
Cost Each	\$2.64	\$1.53	\$1.82	\$2.40		
Each X 500 = Est. Annual Cost	\$1,320.00	\$765.00	\$910.00	\$1,200.00		
21. DILTIAZEM HYDROCHLORIDE INJECTION LYOJET 25MG/5ML						
Product & Manufacturer	No Bid	Hoechst 29254		Biovail 1789-17		
Cost Each	No Bid	\$23.34	\$25.98	\$25.75		<i>no award</i>
Each X 500 = Est. Annual Cost	No Bid	\$11,670.00	\$12,990.00	\$12,875.00		
22. ADENOCARD (ADENOSINE INJECTION) 6mg/2ml						
Product & Manufacturer	Fujisawa 8234-12	Fujisawa 823412		Fuji 8234-12		
Cost Each	\$36.00	\$33.41	\$35.70	\$35.90		
Each X 100 = Est. Annual Cost	\$3,600.00	\$3,341.00	\$3,570.00	\$3,590.00		
23. ADENOCARD (ADENOSINE INJECTION) 12MG/4ML						
Product & Manufacturer	Fujisawa 8234-14	Fujisawa 823414		Fuji 8234-14		
Cost Each	\$67.60	\$63.39	\$67.72	\$67.40		
Each X 100 = Est. Annual Cost	\$6,760.00	\$6,339.00	\$6,772.20	\$6,740.00		
24. AMIODARONE 150MG/3ML AMPULE						
Product & Manufacturer	Abbott 4348-55	Abbott 4348-35		Abbott 4348-35		
Cost Each	\$16.90	\$14.67	\$14.00	\$17.50		<i>no award</i>
Each X 300 = Est. Annual Cost	\$5,070.00	\$4,401.00	\$4,200.00	\$5,250.00		
25. EPINEPHRINE 1:1,000 1MG/1ML AMPULE						
Product & Manufacturer	Abbott 7241-01	Abbott7241-01-13		Abbott 7241-01		
Cost Each	\$0.348	\$0.29	\$0.30	\$0.29		
Each X 750 = Est. Annual Cost	\$261.00	\$217.50	\$225.00	\$217.50		

	Alliance Medical Inc.	Emergency Medical Products Inc.	Sun Belt / Emergi-Source	Rx EMS INC.		
VENDORS						
26. PHENERGAN/ROMETHAZINE 50MG AMPULE						
Product & Manufacturer	No Bid	Elkin Sinn 1125		ESI 1496-35		
Cost Each	No Bid	\$2.44	\$2.52	\$2.89		
Each X 200 = Est. Annual Cost	No Bid	\$488.00	\$504.00	\$578.00		
27. LOPRESSOR/METOPROLOL 5MG AMPULE						
Product & Manufacturer	No Bid	Novartis 1998		Geneva 3070-75		
Cost Each	No Bid	\$8.40	\$3.02	\$3.79		
Each X 500 = Est. Annual Cost	No Bid	\$4,200.00	\$1,510.00	\$1,895.00		
28. LABETALO/TRANDATE 100MG VIAL						
Product & Manufacturer	Abbott 2267-20	Abbott 2267-20		Bedford 0130-20		
Cost Each	\$4.50	\$4.13	\$2.52	\$2.88		
Each X 200 = Est. Annual Cost	\$900.00	\$826.00	\$504.00	\$576.00		
29. ETOMIDATE/AMIDATE 40MG PRE-FILLED SYRINGE						
Product & Manufacturer	Abbott 8060-19	Abbott 8060-19		Abbott 8060-19		
Cost Each	\$19.51	\$16.07	\$20.47	\$19.15		
Each X 200 = Est. Annual Cost	\$3,902.00	\$3,214.00	\$4,094.00	\$3,830.00		
30. VECURONIUM/NORCURON 10MG VIAL						
Product & Manufacturer	No Bid	Abbott 1632-01		Bedford 0037-10		
Cost Each	No Bid	\$7.71	\$5.04	\$5.40		
Each X 100 = Est. Annual Cost	No Bid	\$771.00	\$504.00	\$540.00		

ATTACHMENT # 2

FORMAL QUOTE NO.: Q-030421



PROJECT NO.: Q-030421

OPEN DATE: MAY 27, 2003

AND TIME: 2:30 P.M.

PRE-BID DATE: MAY 14, 2003

AND TIME: 10:00 AM

LOCATION: Purchasing Division
3434 Hancock Bridge Pkwy.
N. Fort Myers, Fl. 33903

REQUEST FOR QUOTATIONS

TITLE: MEDICATIONS FOR LEE COUNTY EMS

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF PURCHASING

MAILING ADDRESS

P.O. BOX 398
FORT MYERS, FL 33902-0398

PHYSICAL ADDRESS

3434 HANCOCK BRIDGE PKWY, #307
NORTH FORT MYERS, FL 33903

EARL PFLAUMER, CPPB
PURCHASING AGENT
PHONE NO.: (239) 689-7385

GENERAL CONDITIONS

Sealed Quotations will be received by the DIVISION OF PURCHASING, until 2:30pm on the date specified on the cover sheet of this "Request for Quotations", and opened immediately thereafter by the Purchasing Director or designee.

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (239) 689-7385.

1. **SUBMISSION OF QUOTE:**

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
 - 1. Marked with the words "Sealed Quote"
 - 2. Name of the firm submitting the quotation
 - 3. Title of the quotation
 - 4. Quotation number
- b. The Quotation shall be submitted in triplicate as follows:
 - 1. The original consisting of the Lee County quotes forms completed and signed.
 - 2. A copy of the original quote forms for the Purchasing Director.
 - 3. A second copy of the original quote forms for use by the requesting department.
- c. The following should be submitted along with the quotation in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Quote", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
 - 1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your quotation; i.e., required submittals, literature, technical data, financial statements.
 - 2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE QUOTE:** If the vendor elects to submit more than one quote, then the quotes should be submitted in separate envelopes and marked as indicated above. The second, or alternate quote should be marked as "Alternate".
- e. **QUOTES RECEIVED LATE:** It is the quoter's responsibility to ensure that his quote is received by the Division of Purchasing prior to the opening date and time specified. Any quote received after the opening date and time will be promptly returned to the quoter unopened. Lee County will not be responsible for quotes received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
- f. **QUOTE CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).

- h. **WITHDRAWAL OF QUOTE:** No quote may be withdrawn for a period of 90 days after the scheduled time for receiving quotes. A quote may be withdrawn prior to the quote-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any quote; to reject any or all quotes with or without cause; and/or to accept the quote that in its judgment will be in the best interest of the County of Lee.
- j. **EXECUTION OF QUOTE:** All quotes shall contain the signature of an authorized representative of the quoter in the space provided on the quote proposal form. All quotes shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the quote shall be initialed.

2. **ACCEPTANCE**

The materials and/or services delivered under the quote **shall** remain the property of the seller until a physical inspection and actual usage of these materials and/or services is accepted by the County and is to be in compliance with the terms herein, fully in accord with the specifications and of the highest quality. In the event the materials and/or services supplied to the County are found to be defective or do not conform to specifications, the County reserves the right to cancel the order upon written notice to the seller and return such product to the seller at the seller's expense.

3. **SUBSTITUTIONS**

Whenever in these specifications a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of materials and not to rule out other brands or makes of equality. However, if a product other than that specified is quote, it is the vendor's responsibility to name such product with his quote and to prove to the County that said product is equal to the product specified. Lee County **shall** be the sole judge as to whether a product being offered by the quoter is actually equivalent to the one being specified by the detailed specifications. (Note: This paragraph does not apply when it is determined that the technical requirements of this solicitation require only a specific product as stated in the detailed specifications.)

4. **RULES, REGULATIONS, LAWS, ORDINANCES & LICENSES**

The awarded vendor shall observe and obey all laws, ordinances, rules, and regulations, of the federal, state, and local government, which may be applicable to the supply of this product or service.

- a. Occupational License – Vendor shall submit within 10 calendar days after request.
- b. Specialty License(s) – Vendor shall possess at the time of the opening of the quote all necessary permits and/or license required for the sale of this product and/or service and upon the request of the County provide copies of licenses and/or permits within 10 calendar days after request.

5. **RECYCLED PRODUCTS**

It is the Lee County Board of County Commissioners' stated policy objective to "Ensure all departments are aware of the availability of recycled products..." (Administrative Code #AC-10-4). In an effort to provide the utmost opportunity for the use of recycled products by Lee County, vendors should list on their letterhead, all necessary information regarding any applicable recycled products they have available. Recycled products should meet all other specifications listed and have a minimum of 50%-recycled content. Whenever fiscally feasible, available recycled products will be purchased.

6. **WARRANTY/GUARANTY** (unless otherwise specified)

All materials and/or services furnished under this quote shall be warranted by the vendor to be free from defects and fit for the intended use.

7. **PRE-BID CONFERENCE**

A pre-bid conference will be held at the location, date, and time specified on the cover of this solicitation. Pre-bid conferences are generally non-mandatory, but it is highly recommended that everyone planning to submit a quote attend.

In the event a pre-bid conference is classified as mandatory, it will be so specified on the cover of this solicitation and it will be the responsibility of the quoter to ensure that they are represented at the pre-bid. Only those quoters who attend the pre-bid conference will be allowed to quote on this project.

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to "Request for Quotations" in order to be kept on the Bidder's List. Failure to respond to three different "request for quotations" may result in the vendor being removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

- a. Submission of a quotation prior to the quote receipt deadline.
- b. Submission of a "no bid" notice prior to the quote receipt deadline.

9. **LEE COUNTY PAYMENT PROCEDURES**

All vendors are requested to mail one original invoice and one invoice copy to:

Lee County Finance Department
Post Office Box 2238
Fort Myers, FL 33902-2238

All invoices will be paid as directed by the Lee County payment procedure unless otherwise differently stated in the detailed specification portion of this quote.

Lee county will not be liable for request of payment deriving from aid, assistance, or help by any individual, vendor, quoter, or bidder for the preparation of these specifications.

Lee County is generally a tax-exempt entity subject to the provisions of the 1987 legislation regarding sales tax on services. Lee County will pay those taxes for which it is obligated, or it will provide a Certificate of Exemption furnished by the Department of Revenue. All contractors or quoters should include in their quote all sales or use taxes, which they will pay when making purchases of material or subcontractor's services.

10. **LEE COUNTY BID PROTEST PROCEDURE**

Any contractor/vendor/firm that has submitted a formal bid/quote/proposal to Lee County, and who is adversely affected by an intended decision with respect to the award of the formal bid/quote/proposal, shall file with the County's Purchasing Director or Public Works Director a written "Notice of Intent to File a Protest" not later than seventy-two (72) hours (excluding Saturdays, Sundays and Legal Holidays) after receipt of a "Notice of Intended Decision" from the County with respect to the proposed award of the formal bid/quote/proposal.

The "Notice of Intent to File a Protest" is one of two documents necessary to perfect Protest. The second document is the "Formal Written Protest", both documents are described below.

The "Notice of Intent to File a Protest" document shall state all grounds claimed for the Protest, and clearly indicate it as the "Notice of Intent to File a Protest". Failure to clearly indicate the Intent to file the Protest shall constitute a waiver of all rights to seek any further remedies provided for under this Protest Procedure.

The "Notice of Intent to File a Protest" shall be received ("stamped in") by the Purchasing Director or Public Works Director not later than Four o'clock (4:00) PM on the third working day following the day of receipt of the County's Notice of Intended Decision.

The affected party shall then file its Formal Written Protest within ten (10) calendar days after the time for the filing of the Notice of Intent to File a Protest has expired. Except as provided for in the paragraph below, upon filing of the Formal Written Protest, the contractor/vendor/firm shall post a bond, payable to the Lee County Board of County Commissioners in an amount equal to five percent (5%) of the total bid/quote/proposal, or Ten Thousand Dollars (\$10,000.00), whichever is less. Said bond shall be designated and held for payment of any costs that may be levied against the protesting contractor/vendor/firm by the Board of County Commissioners, as the result of a frivolous Protest.

A clean, Irrevocable Letter of Credit or other form of approved security, payable to the County, may be accepted. Failure to submit a bond, letter of credit, or other approved security simultaneously with the Formal Written Protest shall invalidate the protest, at which time the County may continue its procurement process as if the original "Notice of Intent to File a Protest" had never been filed.

Any contractor/vendor/firm submitting the County's standard bond form (CSD: 514), along with the bid/quote/proposal, shall not be required to submit an additional bond with the filing of the Formal Written Protest.

The Formal Written Protest shall contain the following:

- County bid/quote/proposal identification number and title.
- Name and address of the affected party, and the title or position of the person submitting the Protest.
- A statement of disputed issues of material fact. If there are no disputed material facts, the Formal Protest must so indicate.
- A concise statement of the facts alleged, and of the rules, regulations, statutes, or constitutional provisions, which entitle the affected party to relief.
- All information, documents, other materials, calculations, and any statutory or case law authority in support of the grounds for the Protest.
- A statement indicating the relief sought by the affected (protesting) party.
- Any other relevant information that the affected party deems to be material to Protest.

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/quote/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/quote/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the

County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

The Dispute Committee shall conduct an informal hearing with the protesting contractor/vendor/firm to attempt to resolve the Protest, within seven working days (excluding Saturdays, Sundays and legal holidays) from receipt of the Formal Written Protest. The Chairman of the Dispute Committee shall ensure that all affected parties may make presentations and rebuttals, subject to reasonable time limitations, as appropriate. The purpose of the informal hearing by the Dispute Committee, the protestor and other affected parties is to provide and opportunity: (1) to review the basis of the Protest; (2) to evaluate the facts and merits of the Protest; and (3) to make a determination whether to accept or reject the Protest.

Once a determination is made by the Dispute Committee with respect to the merits of the Protest, the Dispute Committee shall forward to the Board of County Commissioners its recommendations, which shall include relevant background information related to the procurement.

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

If the Board's decision upholds the recommendation by the Dispute Committee regarding the award, and further finds that the Protest was either frivolous and/or lacked merit, the Board, at its discretion, may assess costs, charges, or damages associated with any delay of the award, or any costs incurred with regard to the protest. These costs, charges or damages may be deducted from the security (bond or letter of credit) provided by the contractor/vendor/firm. Any costs, charges or damages assessed by the Board in excess of the security shall be paid by the protesting contractor/vendor/firm within thirty (30) calendar days of the Board's final determination concerning the award.

All formal bid/quote/proposal solicitations shall set forth the following statement:

"FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIMEFRAMES AS PRESCRIBED HEREIN AND ESTABLISHED BY LEE COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, SHALL CONSTITUTE A WAIVER OF YOUR PROTEST AND ANY RESULTING CLAIMS."

11. **PUBLIC ENTITY CRIME**

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$25,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

12. **QUALIFICATION OF QUOTERS** (unless otherwise noted)

Quotes will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Quoters shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine

ability to perform is satisfactory, and reserves the right to reject quotes where evidence submitted or investigation and evaluation indicates an inability of the quoter to perform.

13. **MATERIAL SAFETY DATA SHEETS**

In accordance with Chapter 443 of the Florida Statutes, it is the vendor's responsibility to provide Lee County with Materials Safety Data Sheets on quoted materials, as may apply to this procurement.

14. **MISCELLANEOUS**

If a conflict exists between the General Conditions and the detailed specifications, then the detailed specifications shall prevail.

15. **WAIVER OF CLAIMS**

Once this contract expires, or final payment has been requested and made, the awarded contractor shall have no more than 30 days to present or file any claims against the County concerning this contract. After that period, the County will consider the Contractor to have waived any right to claims against the County concerning this agreement.

16. **AUTHORITY TO PIGGYBACK**

It is hereby made a precondition of any quote and a part of these specifications that the submission of any quote in response to this request constitutes a quote made under the same conditions, for the same price, and for the same effective period as this quote, to any other governmental entity.

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

If applicable, the County reserves the right to purchase any of the items in this quote from State Contract Vendors if the prices are deemed lower on State Contract than the prices we receive in this quotation.

b) **Any Single Large Project**

The County, in its sole discretion, reserves the right to separately quote any project that is outside the scope of this quote, whether through size, complexity, or dollar value.

c) **Disadvantaged Business Enterprises**

The County, in its sole discretion, reserves the right to purchase any of the items in this quote from Disadvantage Business Enterprise vendor if the prices are determined to be in the best interest of the County, to assist the County in the fulfillment of any of the County's grant commitments to federal or state agencies.

The County further reserves the right to purchase any of the items in this quote from DBE's to fulfill the County's state policy toward DBE's as outlined in County Ordinance 88-45 and 90-04, as amended.

d) **Anti-Discrimination**

The vendor for itself, its successors in interest, and assignees, as part of the consideration there of covenant and agree that:

In the furnishing of services to the County hereunder, no person on the grounds of race, religion, color, age, sex, national origin, handicap or marital status shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination.

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, age, sex, national origin, handicap or marital status. Such action shall include, but not be limited to, acts of employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

Vendor agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth the provisions of this anti-discrimination clause.

Vendor will provide all information and reports required by relevant regulations and/or applicable directives. In addition, the vendor shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the County to be pertinent to ascertain compliance. The vendor shall maintain and make available relevant data showing the extent to which members of minority groups are beneficiaries under these contracts.

Where any information required of the vendor is in the exclusive possession of another who fails or refuses to furnish this information, the vendor shall so certify to the County its effort made toward obtaining said information. The vendor shall remain obligated under this paragraph until the expiration of three (3) years after the termination of this contract.

In the event of breach of any of the above anti-discrimination covenants, the County shall have the right to impose sanctions as it may determine to be appropriate, including withholding payment to the vendor or canceling, terminating, or suspending this contract, in whole or in part.

Additionally, the vendor may be declared ineligible for further County contracts by rule, regulation or order of the Board of County Commissioners of Lee County, or as otherwise provided by law.

The vendor will send to each union, or representative of workers with which the vendor has a collective bargaining agreement or other contract of understanding, a notice informing the labor union of worker's representative of the vendor's commitments under this assurance, and shall post copies of the notice in conspicuous places available to the employees and the applicants for employment.

The vendor will include the provisions of this section in every subcontract under this contract to insure its provisions will be binding upon each subcontractor. The vendor will take such actions with respect to any subcontractor, as the contracting agency may direct, as a means of enforcing such provisions, including sanctions for non-compliance.

18. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

19. **DRUG FREE WORKPLACE**

Whenever two or more quotes/proposals, which are equal with respect to price, quality and service, are received for the procurement of commodities or contractual services, a quote/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with the requirements of Florida Statutes 287.087.

20. **REQUIRED SUBMITTALS**

Any submittals requested should be returned with the quote response. This information may be accepted after opening, but no later than 10 calendar days after request.

21. **TERMINATION**

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Purchasing Director may immediately terminate any agreement as a result of this quote for emergency purposes, as defined by the Lee County Purchasing and Payment Procedure Manual.

Any vendor who has voluntarily withdrawn from a formal quote/proposal without the County's mutual consent during the contract period shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Purchasing.

22. **CONFIDENTIALITY**

Vendors should be aware that all submittals (including financial statements) provided with a quote/proposal are subject to public disclosure and will not be afforded confidentiality.

23. **ANTI-LOBBYING CLAUSE**

All firms are hereby placed on formal notice that neither the County Commissioners nor candidates for County Commission, nor any employees from the Lee County Government, Lee County staff members, nor any members of the Qualification/Evaluation Review Committee are to be lobbied, either individually or collectively, concerning this project. Firms and their agents who intend to submit qualifications, or have submitted qualifications, for this project are hereby placed on *formal notice* that they are *not* to contact County personnel for such purposes as holding meetings of introduction, meals, or meetings relating to the selection process outside of those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

Insurance shall be provided, per the attached insurance guide. Upon request, an insurance certificate complying with the attached guide may be required prior to award.

**LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM
FOR THE PURCHASE OF MEDICATIONS FOR
LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: _____

VENDOR NAME: _____

TO: The Board of County Commissioners
 Lee County
 Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of the which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: _____

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES _____ NO _____

INSERT PRICES ON ATTACHMENT "A"

GRAND TOTAL FROM ATTACHMENT "A" \$ _____

SPECIFY YOUR FIRM'S OUTDATED MEDICATION RETURN POLICY: _____

PRODUCTS TO BE DELIVERED WITHIN _____ CALENDAR DAYS AFTER ORDERING.

Is your firm interested in being considered for the Local Vendor Preference?

Yes _____ No _____

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications:

Yes _____ No _____

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME _____

BY (Printed): _____

BY (Signature): _____

TITLE: _____

FEDERAL ID# or S.S.# _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NO.: _____

E-MAIL ADDRESS: _____

**DETAILED SPECIFICATIONS
FOR THE PURCHASE OF MEDICATIONS
FOR THE LEE COUNTY EMERGENCY MEDICAL SERVICES**

SCOPE

The intent of this specification is to provide for the purchase of medications for Lee County Emergency Medical Services, on an annual basis.

TERM OF QUOTE

This quote shall be in effect for one year, or until new quotes are taken and awarded. This quote, or any portion thereof, has the option of being renewed for four additional one-year periods, upon mutual agreement of both parties.

MAJOR BREAKDOWNS/NATURAL DISASTERS

Lee County requires that the awarded vendor provide the name of a contact person and phone number which will afford Lee County access twenty-four hours per day, 365 days per year, to Medication for EMS, in the event of major breakdowns or natural disasters.

SUMMARY REPORTS

Upon completion of each six month period of the quote, the awarded vendor shall be responsible for furnishing a summary report to Purchasing. This report shall include the previous six months history, showing at a minimum, the following information:

- 1) Total dollars expended per item,
- 2) Total quantity of each item purchased.

BASIS OF AWARD

The basis of award for this quote will be either the low quoter meeting specifications per item, or overall low quoter meeting specifications, at Lee County's sole discretion.

The evaluation will be based on the extended cost of the estimated annual usage of the items, per Attachment "A".

Lee County reserves the right, at the Purchasing Director's discretion, not to award certain items on Attachment "A".

Lee County reserves the right to reject unbalanced quotes (a quote where a normally low cost item is priced well out of the normal range).

DELIVERY REQUIREMENTS

All items are to be delivered FOB, Lee County, Florida, as directed. Lee County EMS desires to have delivery of products within four days or less, preference may be given to vendors who can meet this delivery time frame.

ATTACHMENT "A"

Attachment "A" consists of a brief description of the desired products and the estimated annual usages. If there is an item with no estimated annual usage given, it is either a new item or has no previous history.

Vendors should list the product and manufacturer they are quoting on the blank line next to each item. Vendors are required to price the items "each". Vendors are required to multiply the "each" price by the estimated annual usage, to provide the estimated total annual cost per item.

It is highly desired that the vendors quote all line items. Preference may be given to vendors who quote all line items.

DESIGNATED CONTACT

The awarded vendor shall appoint a person or persons to act as a primary contact with Lee County Emergency Medical Services. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved in this quote.

BACKORDERS

Back orders will generally be allowed, subject to Lee County Emergency Medical Services approval. Backorders must be held to a minimum.

DISCONTINUED ITEMS

Substitutes for any discontinued items must be approved by Lee County Emergency Medical Services. If an acceptable substitute cannot be supplied, Lee County Emergency Medical Services shall have the right to purchase that item elsewhere.

SUBMITTALS

After the quotes are received, if requested by Lee County, vendors will be required to submit references, manufacturer's specification sheets, and/or samples for evaluation. Lee County will not be responsible for any charges incurred by the vendors for providing, packaging, or shipping of samples. Items submitted shall be clearly labeled to indicate vendor identification, manufacturer, and product. These items must be submitted to Purchasing within 5 calendar days after request, or the vendor may be disqualified from the award process.

PRICES

If the awarded vendor receives during the life of the contract period an increase in prices from their supplier for items quoted to Lee County, the vendor may request from Lee County Purchasing, in writing, an increase in the amount that equals the percentage increase passed on by their supplier. A letter from the awarded vendor's supplier and/or manufacturer documenting the amount and cause of the price increase must accompany the request.

Any request for a price increase must be reviewed and approved by both the Purchasing Division and the EMS representative. All documentation necessary to review and analyze the request must be submitted to the Lee County Purchasing Division. A request for a price increase will only take effect after being authorized, in writing, by the Purchasing Division.

LOCAL BIDDER'S PREFERENCE

Note: In order for your firm to be considered for the local vendor preference, you must complete and return the attached "Local Vendor Preference Questionnaire" with your quotation.

The Lee County Local Bidder's Preference Ordinance No. 00-10 is being included as part of the award process for this project. As such, Lee County at its sole discretion, may choose to award a preference to any qualified "Local Contractor/Vendor" in an amount not to exceed 3 % of the total amount quoted by that firm.

"Local Contractor / Vendor" shall mean: a) any person, firm, partnership, company or corporation whose principal place of business in the sole opinion of the County, is located within the boundaries of Lee County, Florida; or b) any person, firm, partnership, company or corporation that has provided goods or services to Lee County on a regular basis for the preceding consecutive five (5) years, and that has the personnel, equipment and materials located within the boundaries of Lee County sufficient to constitute a present ability to perform the service or provide the goods.

The County reserves the exclusive right to compare, contrast and otherwise evaluate the qualifications, character, responsibility and fitness of all persons, firms, partnerships, companies or corporations submitting formal bids or formal quotes in any procurement for goods or services when making an award in the best interests of the County.

ATTACHMENT "A"

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
1	NITROLINGUAL SPRAY 14.49 GM Estimated Annual Usage: 150 EACH COST EACH \$ _____ X 150= EST. ANNUAL COST \$ _____	_____
2	PROVENTIL 2.5MG VIAL Estimated Annual Usage: 2,300 EACH COST EACH \$ _____ X 2,300= EST. ANNUAL COST \$ _____	_____
3	SODIUM CHLORIDE 10ML/0.9% VIAL Estimated Annual Usage: 9,200 EACH COST EACH \$ _____ X 9,200 = EST. ANNUAL COST \$ _____	_____
4	THIAMINE 100 MG/ML VIAL Estimated Annual Usage: 550 EACH COST EACH \$ _____ X 550 = EST. ANNUAL COST \$ _____	_____
5	SUCCINYLBCHOLINE 200 MG/10 ML VIAL Estimated Annual Usage: 500 EACH COST EACH \$ _____ X 500 = EST. ANNUAL COST \$ _____	_____
6	TRIDIL (NITRO I.V. DRIP) 25 MG/250ML VIAL Estimated Annual Usage: 120 EACH COST EACH \$ _____ X 120 = EST. ANNUAL COST \$ _____	_____
7	AMIODARONE 150MG/3ML AMPULE Estimated Annual Usage: 300 EACH COST EACH \$ _____ X 300 = EST. ANNUAL COST \$ _____	_____
8	ATROPINE SULFATE 1MG/10ML Estimated Annual Usage: 1,800 EACH COST EACH \$ _____ X 1,800 = EST. ANNUAL COST \$ _____	_____
9	ATROPINE SULFATE .5MG/5ML SYRINGE Estimated Annual Usage: 150 EACH COST EACH \$ _____ X 150 = EST. ANNUAL COST \$ _____	_____

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

10 DEXTROSE, 50% 25 GM/50ML _____
 Estimated Annual Usage: 1,000 EACH
 COST EACH \$ _____ X 1,000 = EST. ANNUAL COST \$ _____

11 DEXTROSE, 25% 2.5 GM/10ML _____
 Estimated Annual Usage: 120 EACH
 COST EACH \$ _____ X 120 = EST. ANNUAL COST \$ _____

12 DIPHENHYDRAMINE 50MG/1ML _____
 Estimated Annual Usage: 1,000 EACH
 COST EACH \$ _____ X 1,000 = EST. ANNUAL COST \$ _____

13 DOPAMINE 400 MG/10ML _____
 Estimated Annual Usage: 350 EACH
 COST EACH \$ _____ X 350 = EST. ANNUAL COST \$ _____

14 EPINEPHRINE 1:1000 MULTIDOSE 30MG/30ML VIAL _____
 Estimated Annual Usage: 120 EACH
 COST EACH \$ _____ X 120 = EST. ANNUAL COST \$ _____

15 EPINEPHRINE 1:10,000 1MG/10ML _____
 Estimated Annual Usage: 2,350 EACH
 COST EACH \$ _____ X 2,350 = EST. ANNUAL COST \$ _____

16 FUROSEMIDE 80MG/8ML _____
 Estimated Annual Usage: 1,200 EACH
 COST EACH \$ _____ X 1,200 = EST. ANNUAL COST \$ _____

17 LIDOCAINE 2% 100 MG/5ML _____
 Estimated Annual Usage: 750 EACH
 COST EACH \$ _____ X 750 = EST. ANNUAL COST \$ _____

18 NALOXONE 2MG/2ML _____
 Estimated Annual Usage: 400 EACH
 COST EACH \$ _____ X 400 = EST. ANNUAL COST \$ _____

19 SODIUM BICARBONATE 8.4%, 50ML _____
 Estimated Annual Usage: 500 EACH
 COST EACH \$ _____ X 500 = EST. ANNUAL COST \$ _____

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
20	DILTIAZEM HYDROCHLORIDE INJECTION IMS 25MG/5ML NDC # 0548-5800-00 Estimated Annual Usage: 500 EACH COST EACH \$ _____ X 500 = EST. ANNUAL COST \$ _____	_____
21	ADENOCARD (ADENOSINE INJECTION) 6MG/2ML NDC # 0469-8234-12 Estimated Annual Usage: 100 each COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____	_____
22	ADENOCARD (ADENOSINE INJECTION) 12mg/4ml NDC # 0469-8234-14 Estimated Annual Usage: 100 each COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____	_____
23	MAGNESIUM SULFATE 50% 5 G per 10 ML MIN-I-JET NDC # 0548-1034-00 Estimated Annual Usage: 400 each COST EACH \$ _____ X 400 = EST. ANNUAL COST \$ _____	_____
24	AMIODARONE 150MG/3ML AMPULE NDC # 0074-4348-35 Estimated Annual Usage: 300 each COST EACH \$ _____ X 300 = EST. ANNUAL COST \$ _____	_____
25	EPINEPHRINE 1:1,000 1MG/1ML AMPULE NDC # 0074-7241-01 Estimated Annual Usage: 750 each COST EACH \$ _____ X 750 = EST. ANNUAL COST \$ _____	_____
26	PHENERGAN/PROMEHTAZINE 50MG AMPULE NDC # 0008-0746-01 Estimated Annual Usage: 200 each COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____	_____
27	LOPRESSOR/METOPROLOL 5MG AMPULE NDC # 0781-3070-75 Estimated Annual Usage: 500 each COST EACH \$ _____ X 500 = EST. ANNUAL COST \$ _____	_____

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
28	LABELALO/TRANDATE 100MG VIAL NDC # 0074-2267-20 Estimated Annual Usage: 200 COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____	_____
29	ETOMIDATE/AMIDATE 40MG PRE-FILLED SYRINGE NDC # 0074-8060-19 Estimated Annual Usage: 200 each COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____	_____
30	VECURONIUM/NORCURON 10MG VIAL NDC # 0052-0441-10 Estimated Annual Usage: 100 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____	_____

GRAND TOTAL - ANNUAL COST \$ _____

ATTACHMENT "B"

**LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)**

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee County)

1. What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION WITHIN LEE COUNTY (Please complete this section.)

1. How many employees are available to service this contract? _____

2. Describe the types and amount of equipment you have available to service this contract.

(LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED)

3. Describe the types and amount of material stock that you have available to service this contract.

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes _____ No _____

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

GUIDE "B"

INSURANCE REQUIREMENTS FOR PRODUCTS

This Standard Insurance Language is to be utilized for Contracts, or Agreements meeting these circumstances. Certain conditions and/or exposures may not relieve or limit the liability of the vendor. These requirements may not be sufficient or adequate to protect the vendor's interests or liabilities, but are merely minimums.

Circumstances

Project is for vendors providing a tangible product, and not labor, such as, but not limited to, hardware, supplies, and other merchandise.

Worker's Compensation

Does not apply.

Commercial General Liability

Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability and broad form property damage exposures with minimum limits of:

\$100,000 bodily injury per person (BI)
\$300,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$500,000 combined single limit (CSL) of BI and PD

Business Automobile Liability

If the vendor indicates on the price page that vehicles other than their own (common carrier) will be used for delivery, then the following Automobile Liability will not be required.

Coverage shall apply to owned vehicles and/or hired and non-owned vehicles and employee non-ownership use with minimum limits of:

\$100,000 bodily injury per person (BI)
\$300,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$300,000 combined single limit (CSL) of BI and PD

Certificate of Insurance

The Lee County Board of County Commissioners is to be shown as the certificate holder and shall be added as an additional insured on the comprehensive general liability policy. Each policy shall provide a 30 day notification clause in the event of cancellation, non-renewal or adverse change.

An original hand signed certificate shall be on file with and approved by the Lee County Risk Management Division prior to the commencement of any work activities.

In the event the insurance coverage expires prior to the completion of the project, a renewal certificate shall be on file with Risk Management at least 15 days prior to the expiration date.

Revised 11/15/93

LEE COUNTY PURCHASING - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.
Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.

11. The mailing envelope has been addressed to:

MAILING ADDRESS
 Lee County Purchasing
 P.O. Box 398 or
 Ft. Myers, FL 33902-0398

PHYSICAL ADDRESS
 Lee County Purchasing
 3434 Hancock Bridge Pkwy #307
 N. Ft. Myers, FL 33903

- 12. The mailing envelope **MUST** be sealed and marked with:
 Quote Number _____
 Opening Date and/or Receiving Date _____
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 14. If submitting a "NO BID" please write quote number here _____
 and check one of the following:
 Do not offer this product Insufficient time to respond.
 Unable to meet specifications (why) _____
 Unable to meet bond or insurance requirement.
 Other: _____

Company Name and Address:

ATTACHMENT # 3

FORMAL QUOTE NO.: Q-030421

LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM
FOR THE PURCHASE OF MEDICATIONS FOR
LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 6/10/03

VENDOR NAME: EMERGENCY MEDICAL PRODUCTS, INC.

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of the which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: 1, 2, 3

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES _____ NO

INSERT PRICES ON ATTACHMENT "A"

GRAND TOTAL FROM ATTACHMENT "A" \$ 70,128.⁰⁰

SPECIFY YOUR FIRM'S OUTDATED MEDICATION RETURN POLICY: TO QUALIFY FOR THE 100% EXCHANGE POLICY, YOU MUST HAVE THE EXPIRED DRUGS BACK TO US WITHIN A 60 DAY WINDOW; 30 DAYS PRIOR TO AND/OR 30 DAY AFTER EXPIRATION. THIS POLICY IS LISTED IN DETAIL ON PAGE 546 OF THE ENCLOSED EMP, INC 2003 SPRING CATALOG.
PRODUCTS TO BE DELIVERED WITHIN 2-4 CALENDAR DAYS AFTER ORDERING.

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications:

Yes _____ No

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME EMERGENCY MEDICAL PRODUCTS, INC.

BY (Printed): BRADLEY G. SMITH

BY (Signature): Bradley G Smith

TITLE: VP / SALES

FEDERAL ID# or S.S.# 39-1164909

ADDRESS: 1711 PARAMOUNT COURT
WAUKESHA WI 53186

PHONE NO.: (800) 558-6270

FAX NO.: (800) 558-1551

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NO.: _____

E-MAIL ADDRESS: brads@buyemp.com

ATTACHMENT "A" (Revised 5/23/03)

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
P.597	1 NITROLINGUAL SPRAY 14.49 GM (12 GRAM) HORIZON NDC # 300-20 Estimated Annual Usage: 150 EACH COST EACH \$ <u>32.07</u> X 150 = EST. ANNUAL COST \$ <u>4810.50</u>	<u>HORIZON #12010</u>
P.593	2 PROVENTIL 2.5MG VIAL DEY LABS NDC # 697-03 Estimated Annual Usage: 2,300 EACH COST EACH \$ <u>.19</u> X 2,300 = EST. ANNUAL COST \$ <u>437.00</u>	<u>DEY LABS #697-03</u>
P.575	3 SODIUM CHLORIDE 10ML/0.9% VIAL ABBOTT NDC # 4888-10 Estimated Annual Usage: 9,200 EACH COST EACH \$ <u>.22</u> X 9,200 = EST. ANNUAL COST \$ <u>2024.00</u>	<u>ABBOTT #04888-10-10</u>
P.576	4 THIAMINE 100 MG/ML VIAL NDC # 0013-02 Estimated Annual Usage: 550 EACH COST EACH \$ <u>1.92</u> X 550 = EST. ANNUAL COST \$ <u>1056.00</u>	<u>AMERICAN PHARM. #1354</u>
P.575	5 SUCCINYLCHOLINE 200 MG/10 ML VIAL ABBOTT NDC # 6629-02 Estimated Annual Usage: 500 EACH COST EACH \$ <u>.79</u> X 500 = EST. ANNUAL COST \$ <u>395.00</u>	<u>ABBOTT #6629-02</u>
P.598	6 TRIDIL (NITRO I.V. DRIP) 25 MG/250ML BOTTLE ABBOTT NDC # 1483-02 Estimated Annual Usage: 120 EACH COST EACH \$ <u>4.48</u> X 120 = EST. ANNUAL COST \$ <u>537.60</u>	<u>ABBOTT #1483-02</u>
P.577	7 AMIODARONE 150MG/3ML VIAL BEDFORD NDC # 0058-10 Estimated Annual Usage: 300 EACH COST EACH \$ <u>7.47</u> X 300 = EST. ANNUAL COST \$ <u>2241.00</u>	<u>BEDFORD #0058-10</u>

EMERGENCY MEDICAL PRODUCTS INC
1711 PARAMOUNT COURT
WAUKESHA, WI 53186

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
P.561 8	ATROPINE SULFATE 1MG/10ML LIFESHIELD SYRINGE NDC # 4911-34 Estimated Annual Usage: 1,800 EACH COST EACH \$ <u>1.37</u> X 1,800 = EST. ANNUAL COST \$ <u>2466.00</u>	IMS #0548-2039-00 STICKGARD ABBOTT LABS NDC # 0548-2039-00
P.565 9	ATROPINE SULFATE .5MG/5ML LIFESHIELD SYRINGE NDC # 4910-34 Estimated Annual Usage: 150 EACH COST EACH \$ <u>2.12</u> X 150 = EST. ANNUAL COST \$ <u>318.00</u>	ABBOTT #4910-34 ABBOTT LABS
P.561 10	DEXTROSE, 50% 25 GM/50ML LIFESHIELD SYRINGE NDC # 4902-34 Estimated Annual Usage: 1,000 EACH COST EACH \$ <u>1.53</u> X 1,000 = EST. ANNUAL COST \$ <u>1530.00</u>	IMS #0548-2001-00 STICKGARD ABBOTT LABS NDC # 0548-2001-00
P.566 11	DEXTROSE, 25% 2.5 GM/10ML ANSYR SYRINGE NDC # 1775-10 Estimated Annual Usage: 120 EACH COST EACH \$ <u>3.06</u> X 120 = EST. ANNUAL COST \$ <u>367.20</u>	IMS #0548-3315-00 LWER-JET ABBOTT LABS NDC # 0548-3315-00
P.556 12	DEXTROSE, 25% 2.5 GM/10ML MIN-I-JET IMS NDC # 1015 Estimated Annual Usage: 120 EACH COST EACH \$ <u>3.06</u> X 120 = EST. ANNUAL COST \$ <u>367.20</u>	IMS #0548-1015-00
P.571 13	EPINEPHRINE 1:1000 MULTIDOSE 30MG/30ML VIAL IMS NDC # 9061 Estimated Annual Usage: 120 EACH COST EACH \$ <u>2.80</u> X 120 = EST. ANNUAL COST \$ <u>336.00</u>	IMS #0548-9061-00
P.561 14	EPINEPHRINE 1:10,000 1MG/10ML LIFESHIELD SYRINGE NDC # 4921-34 Estimated Annual Usage: 2,350 EACH COST EACH \$ <u>1.32</u> X 2,350 = EST. ANNUAL COST \$ <u>3102.00</u>	IMS #0548-2016-00 STICKGARD ABBOTT LABS NDC # 0548-2016-00

EMERGENCY MEDICAL PRODUCTS INC
1711 PARAMOUNT COURT
WAUKESHA, WI 53186

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
15	FUROSEMIDE 80MG 10MG/ML INJECTION ABBOTT LABS NDC # 6056-17 Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>3.21</u> X 1,200 = EST. ANNUAL COST \$ <u>3852.00</u>	<u>ABBOTT #6056-17</u>
<i>No ps.</i>		
16	FUROSEMIDE 40MG 40MG/4ML ANSYR ABBOTT LABS NDC # 9631-04 Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>1.62</u> X 1,200 = EST. ANNUAL COST \$ <u>1944.00</u>	<u>ABBOTT #9631-04</u>
<i>P.567</i>		
17	LIDOCAINE 2% 100 MG/5ML LIFESHIELD SYRINGE ABBOTT NDC # 4903-34 Estimated Annual Usage: 750 EACH COST EACH \$ <u>1.32</u> X 750 = EST. ANNUAL COST \$ <u>990.00</u>	<u>IMS #0548-2190-00 STICKGARD</u> <i>NDC# 0548-2190-00</i>
<i>P.561</i>		
18	NALOXONE 2MG/2ML LUERJET IMS NDC # 3369 Estimated Annual Usage: 400 EACH COST EACH \$ <u>7.44</u> X 400 = EST. ANNUAL COST \$ <u>2976.00</u>	<u>IMS #0548-3369-00</u>
<i>P.566</i>		
19	NALOXONE 2MG/2ML INJECTION IMS NDC # 1469 Estimated Annual Usage: 400 EACH COST EACH \$ <u>7.14</u> X 400 = EST. ANNUAL COST \$ <u>2856.00</u>	<u>IMS #0548-1469-00</u>
<i>P.557</i>		
20	SODIUM BICARBONATE 8.4%, 50ML LIFESHIELD SYRINGE ABBOTT NDC # 6637-34 Estimated Annual Usage: 500 EACH COST EACH \$ <u>1.53</u> X 500 = EST. ANNUAL COST \$ <u>765.00</u>	<u>IMS #0548-2052-00 STICKGARD</u> <i>NDC# 0548-2052-00</i>
<i>P.561</i>		
21	DILTIAZEM HYDROCHLORIDE INJECTION LYOJECT IMS 25MG/5ML NDC # 1790-17 Estimated Annual Usage: 500 EACH COST EACH \$ <u>23.34</u> X 500 = EST. ANNUAL COST \$ <u>11,670.00</u>	<u>HOECHST #29254</u>
<i>P.559</i>		
22	ADENOCARD (ADENOSINE INJECTION) 6MG/2ML NDC # 0469-8234-12 Estimated Annual Usage: 100 each COST EACH \$ <u>33.41</u> X 100 = EST. ANNUAL COST \$ <u>3341.00</u>	<u>FUJISAWA #823412</u>
<i>P.562</i>		

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
P.562	23 ADENOCARD (ADENOSINE INJECTION) 12mg/4ml NDC # 0469-8234-14 Estimated Annual Usage: 100 each COST EACH \$ <u>63.39</u> X 100 = EST. ANNUAL COST \$ <u>6339.00</u>	<u>FUJISAWA #823414</u>
P.577	24 AMIODARONE 150MG/3ML AMPULE ABBOTT LABS NDC # 4348-35 Estimated Annual Usage: 300 each COST EACH \$ <u>14.67</u> X 300 = EST. ANNUAL COST \$ <u>4401.00</u>	<u>ABBOTT #4348-35</u>
P.578	25 EPINEPHRINE 1:1,000 1MG/1ML AMPULE NDC # 0074-7241-01 Estimated Annual Usage: 750 each COST EACH \$ <u>.29</u> X 750 = EST. ANNUAL COST \$ <u>217.50</u>	<u>ABBOTT #07241-01-13</u>
P.580	26 PHENERGAN/PROMEHTAZINE 50MG AMPULE NDC # 0008-0746-01 Estimated Annual Usage: 200 each COST EACH \$ <u>2.44</u> X 200 = EST. ANNUAL COST \$ <u>488.00</u>	<u>ELKIN SANN #1125</u> <u>NOC # 0641-1469-35</u>
P.579	27 LOPRESSOR/METOPROLOL 5MG AMPULE NDC # 0781-3070-75 Estimated Annual Usage: 500 each COST EACH \$ <u>8.40</u> X 500 = EST. ANNUAL COST \$ <u>4200.00</u>	<u>NOVARTIS #1998</u> <u>NDC # 0028-4201-33</u>
P.572	28 LABETALO/TRANDATE 100MG VIAL NDC # 0074-2267-20 Estimated Annual Usage: 200 COST EACH \$ <u>4.13</u> X 200 = EST. ANNUAL COST \$ <u>826.00</u>	<u>ABBOTT #2267-20</u>
P.558	29 ETOMIDATE/AMIDATE 40MG PRE-FILLED SYRINGE NDC # 0074-8060-19 Estimated Annual Usage: 200 each COST EACH \$ <u>16.07</u> X 200 = EST. ANNUAL COST \$ <u>3214.00</u>	<u>ABBOTT #8060-19</u>
P.576	30 VECURONIUM/NORCURON 10MG VIAL NDC # 0052-0441-10 Estimated Annual Usage: 100 COST EACH \$ <u>7.71</u> X 100 = EST. ANNUAL COST \$ <u>771.00</u>	<u>ABBOTT #1632-01</u> <u>NDC # 0074-1632-01</u>

EMERGENCY MEDICAL PRODUCTS INC
1711 PARAMOUNT COURT
WAUKESHA, WI 53186

FORMAL QUOTE NO.: Q-030421

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

31 DIPHENHYDRAMINE 50MG/1ML IMS #0548-1390-00
SYRINGE IMS NDC # 1390
P.557 Estimated Annual Usage: 1,000 Each
COST EACH \$ 1.29 x 1,000 = EST. ANNUAL COST \$ 1290.00

GRAND TOTAL - ANNUAL COST \$ 70,128.00

EMERGENCY MEDICAL PRODUCTS INC
1711 PARAMOUNT COURT
WAUKESHA, WI 53186

ATTACHMENT # 4

FORMAL QUOTE NO.: Q-030421

LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM
FOR THE PURCHASE OF MEDICATIONS FOR
LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 6/6/03
VENDOR NAME: Sun Belt Medical / Emergi-Source

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of the which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: Stacey Bartolo Ruiz

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES _____ NO

INSERT PRICES ON ATTACHMENT "A"

GRAND TOTAL FROM ATTACHMENT "A" \$ 71,266.50

SPECIFY YOUR FIRM'S OUTDATED MEDICATION RETURN POLICY: 30 days prior to expiration to 30 days after expiration product can be returned for 100% manufacturer's credit.

PRODUCTS TO BE DELIVERED WITHIN 3 CALENDAR DAYS AFTER ORDERING.

Is your firm interested in being considered for the Local Vendor Preference?

Yes _____ No

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications:

Yes _____ No

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Sun Belt Medical / Emergi-Source

BY (Printed): Stacey Barksdale Price

BY (Signature): Stacey Barksdale Price

TITLE: Operations Manager

FEDERAL ID# or S.S.# _____

ADDRESS: 20 Capital Drive
Hilton Head, SC 29926

PHONE NO.: 800-476-5761

FAX NO.: 800-893-6604

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NO.: _____

E-MAIL ADDRESS: Sunbelt2Phargray.com

REVISED: 7/28/00

ATTACHMENT "A" (Revised 5/23/03)

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
1	NITROLINGUAL SPRAY 14.49 GM HORIZON NDC # 300-20 Estimated Annual Usage: 150 EACH COST EACH \$ <u>31.50</u> X 150 = EST. ANNUAL COST \$ <u>4,725.00</u>	
2	PROVENTIL 2.5MG VIAL DEY LABS NDC # 697-03 Estimated Annual Usage: 2,300 EACH COST EACH \$ <u>0.19</u> X 2,300 = EST. ANNUAL COST \$ <u>437.00</u>	
3	SODIUM CHLORIDE 10ML/0.9% VIAL ABBOTT NDC # 4888-10 Estimated Annual Usage: 9,200 EACH COST EACH \$ <u>0.26</u> X 9,200 = EST. ANNUAL COST \$ <u>2,392.00</u>	
4	THIAMINE 100 MG/ML VIAL NDC # 0013-02 Estimated Annual Usage: 550 EACH COST EACH \$ <u>2.09</u> X 550 = EST. ANNUAL COST \$ <u>1,149.50</u>	
5	SUCCINYLCHOLINE 200 MG/10 ML VIAL ABBOTT NDC # 6629-02 Estimated Annual Usage: 500 EACH COST EACH \$ <u>0.80</u> X 500 = EST. ANNUAL COST \$ <u>400.00</u>	
6	TRIDIL (NITRO I.V. DRIP) 25 MG/250ML BOTTLE ABBOTT NDC # 1483-02 Estimated Annual Usage: 120 EACH COST EACH \$ <u>6.20</u> X 120 = EST. ANNUAL COST \$ <u>744.00</u>	
7	AMIODARONE 150MG/3ML VIAL BEDFORD NDC # 0058-10 Estimated Annual Usage: 300 EACH COST EACH \$ <u>8.49</u> X 300 = EST. ANNUAL COST \$ <u>2,547.00</u>	

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
8	ATROPINE SULFATE 1MG/10ML LIFESHIELD SYRINGE ABBOTT LABS NDC # 4911-34	
	Estimated Annual Usage: 1,800 EACH	
	COST EACH \$ <u>1.42</u> X 1,800 = EST. ANNUAL COST \$ <u>2,556.00</u>	
9	ATROPINE SULFATE .5MG/5ML LIFESHIELD SYRINGE ABBOTT LABS NDC # 4910-34	
	Estimated Annual Usage: 150 EACH	
	COST EACH \$ <u>1.72</u> X 150 = EST. ANNUAL COST \$ <u>258.00</u>	
10	DEXTROSE, 50% 25 GM/50ML LIFESHIELD SYRINGE ABBOTT LABS NDC # 4902-34	
	Estimated Annual Usage: 1,000 EACH	
	COST EACH \$ <u>1.74</u> X 1,000 = EST. ANNUAL COST \$ <u>1,740.00</u>	
11	DEXTROSE, 25% 2.5 GM/10ML ANSYR SYRINGE ABBOTT LABS NDC # 1775-10	
	Estimated Annual Usage: 120 EACH	
	COST EACH \$ <u>1.98</u> X 120 = EST. ANNUAL COST \$ <u>237.60</u>	
12	DEXTROSE, 25% 2.5 GM/10ML MIN-I-JET IMS NDC # 1015	
	Estimated Annual Usage: 120 EACH	
	COST EACH \$ <u>1.84</u> X 120 = EST. ANNUAL COST \$ <u>220.80</u>	
13	EPINEPHRINE 1:1000 MULTIDOSE 30MG/30ML VIAL IMS NDC # 9061	
	Estimated Annual Usage: 120 EACH	
	COST EACH \$ <u>2.67</u> X 120 = EST. ANNUAL COST \$ <u>320.40</u>	
14	EPINEPHRINE 1:10,000 1MG/10ML LIFESHIELD SYRINGE ABBOTT LABS NDC # 4921-34	
	Estimated Annual Usage: 2,350 EACH	
	COST EACH \$ <u>1.42</u> X 2,350 = EST. ANNUAL COST \$ <u>3,337</u>	

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
15	FUROSEMIDE 80MG 10MG/ML INJECTION ABBOTT LABS NDC # 6056-17	_____ _____ Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>3.29</u> X 1,200 = EST. ANNUAL COST \$ <u>3,948.00</u>
16	FUROSEMIDE 40MG 40MG/4ML ANSYR ABBOTT LABS NDC # 9631-04	_____ _____ Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>1.57</u> X 1,200 = EST. ANNUAL COST \$ <u>1,884.00</u>
17	LIDOCAINE 2% 100 MG/5ML LIFESHIELD SYRINGE ABBOTT NDC # 4903-34	_____ _____ Estimated Annual Usage: 750 EACH COST EACH \$ <u>1.42</u> X 750 = EST. ANNUAL COST \$ <u>1,065.00</u>
18	NALOXONE 2MG/2ML LUERJET IMS NDC # 3369	_____ _____ Estimated Annual Usage: 400 EACH COST EACH \$ <u>7.89</u> X 400 = EST. ANNUAL COST \$ <u>3,156.00</u>
19	NALOXONE 2MG/2ML INJECTION IMS NDC # 1469	_____ _____ Estimated Annual Usage: 400 EACH COST EACH \$ <u>7.39</u> X 400 = EST. ANNUAL COST \$ <u>2,956.00</u>
20	SODIUM BICARBONATE 8.4%, 50ML LIFESHIELD SYRINGE ABBOTT NDC # 6637-34	_____ _____ Estimated Annual Usage: 500 EACH COST EACH \$ <u>1.82</u> X 500 = EST. ANNUAL COST \$ <u>910.00</u>
21	DILTIAZEM HYDROCHLORIDE INJECTION LYOJECT IMS 25MG/5ML NDC # 1790-17	_____ _____ Estimated Annual Usage: 500 EACH COST EACH \$ <u>25.98</u> X 500 = EST. ANNUAL COST \$ <u>12,990.00</u>
22	ADENOCARD (ADENOSINE INJECTION) 6MG/2ML NDC # 0469-8234-12	_____ _____ Estimated Annual Usage: 100 each COST EACH \$ <u>35.70</u> X 100 = EST. ANNUAL COST \$ <u>3,570.00</u>

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
23	ADENOCARD (ADENOSINE INJECTION) 12mg/4ml NDC # 0469-8234-14 Estimated Annual Usage: 100 each COST EACH \$ <u>67.72</u> X 100 = EST. ANNUAL COST \$ <u>6,772.20</u>	
24	AMIODARONE 150MG/3ML AMPULE ABBOTT LABS NDC # 4348-35 Estimated Annual Usage: 300 each COST EACH \$ <u>14.00</u> X 300 = EST. ANNUAL COST \$ <u>4,200.00</u>	
25	EPINEPHRINE 1:1,000 1MG/1ML AMPULE NDC # 0074-7241-01 Estimated Annual Usage: 750 each COST EACH \$ <u>0.30</u> X 750 = EST. ANNUAL COST \$ <u>225.00</u>	
26	PHENERGAN/PROMEHTAZINE 50MG AMPULE NDC # 0008-0746-01 Estimated Annual Usage: 200 each COST EACH \$ <u>2.52</u> X 200 = EST. ANNUAL COST \$ <u>504.00</u>	
27	LOPRESSOR/METOPROLOL 5MG AMPULE NDC # 0781-3070-75 Estimated Annual Usage: 500 each COST EACH \$ <u>3.02</u> X 500 = EST. ANNUAL COST \$ <u>1,510.00</u>	
28	LABETALO/TRANDATE 100MG VIAL NDC # 0074-2267-20 Estimated Annual Usage: 200 COST EACH \$ <u>2.52</u> X 200 = EST. ANNUAL COST \$ <u>504.00</u>	
29	ETOMIDATE/AMIDATE 40MG PRE-FILLED SYRINGE NDC # 0074-8060-19 Estimated Annual Usage: 200 each COST EACH \$ <u>20.47</u> X 200 = EST. ANNUAL COST \$ <u>4,094.00</u>	
30	VECURONIUM/NORCURON 10MG VIAL NDC # 0052-0441-10 Estimated Annual Usage: 100 COST EACH \$ <u>5.04</u> X 100 = EST. ANNUAL COST \$ <u>504.00</u>	

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

31 DIPHENHYDRAMINE 50MG/1ML _____
SYRINGE IMS NDC # 1390
Estimated Annual Usage: 1,000 Each
COST EACH \$ 1.41 x 1,000 = EST. ANNUAL COST \$ 1,410.00

GRAND TOTAL - ANNUAL COST \$ 71,266.50

ATTACHMENT #5

FORMAL QUOTE NO.: Q-030421

**LEE COUNTY, FLORIDA
PROPOSAL PRICE FORM
FOR THE PURCHASE OF MEDICATIONS FOR
LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 6/9/03

VENDOR NAME: RxEMS

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of the which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges receipt of Addenda numbers: one, two & three

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES _____ NO X

INSERT PRICES ON ATTACHMENT "A"

GRAND TOTAL FROM ATTACHMENT "A" \$ 82,988.90

SPECIFY YOUR FIRM'S OUTDATED MEDICATION RETURN POLICY: _____

Expired medications are handled on a case by case basis (at no charge) according to the manufacturer's return policy

PRODUCTS TO BE DELIVERED WITHIN 2 CALENDAR DAYS AFTER ORDERING.

Is your firm interested in being considered for the Local Vendor Preference?

Yes _____ No ✓

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications:

Yes ✓ No _____

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Bid alternative brands on items: 11, 26, 28 & 30

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: RxEMS, INC

BY (Printed): Lisa Quinn

BY (Signature): [Signature]

TITLE: Director of Operations

FEDERAL ID# or S.S.#: 93-1311513

ADDRESS: 1072 S Powerline Road
Deerfield Beach, FL 33442

PHONE NO.: 888-397-1800

FAX NO.: 800-536-5016

CELLULAR PHONE/PAGER NO.: 954-683-8990

LEE COUNTY OCCUPATIONAL LICENSE NO.: N/A

E-MAIL ADDRESS: Lisa@rxems.com

ATTACHMENT "A" (Revised 5/23/03)

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
1	NITROLINGUAL SPRAY 14.49 GM HORIZON NDC # 300-20 Estimated Annual Usage: 150 EACH COST EACH \$ <u>32.89</u> X 150 = EST. ANNUAL COST \$ <u>4933.50</u>	<u>Horizon 0300-20</u>
2	PROVENTIL 2.5MG VIAL DEY LABS NDC # 697-03 Estimated Annual Usage: 2,300 EACH COST EACH \$ <u>.18</u> X 2,300 = EST. ANNUAL COST \$ <u>414.00</u>	<u>Dey 2697-03</u>
3	SODIUM CHLORIDE 10ML/0.9% VIAL ABBOTT NDC # 4888-10 Estimated Annual Usage: 9,200 EACH COST EACH \$ <u>.28</u> X 9,200 = EST. ANNUAL COST \$ <u>2576.00</u>	<u>Abbott 4888-10</u>
4	THIAMINE 100 MG/ML VIAL NDC # 0013-02 Estimated Annual Usage: 550 EACH COST EACH \$ <u>1.92</u> X 550 = EST. ANNUAL COST \$ <u>1056.00</u>	<u>APP 0013-02</u>
5	SUCCINYLCHOLINE 200 MG/10 ML VIAL ABBOTT NDC # 6629-02 Estimated Annual Usage: 500 EACH COST EACH \$ <u>.98</u> X 500 = EST. ANNUAL COST \$ <u>490.00</u>	<u>Abbott 6629-02</u>
6	TRIDIL (NITRO I.V. DRIP) 25 MG/250ML BOTTLE ABBOTT NDC # 1483-02 Estimated Annual Usage: 120 EACH COST EACH \$ <u>6.19</u> X 120 = EST. ANNUAL COST \$ <u>742.80</u>	<u>Abbott 1483-02</u>
7	AMIODARONE 150MG/3ML VIAL BEDFORD NDC # 0058-10 Estimated Annual Usage: 300 EACH COST EACH \$ <u>13.90</u> X 300 = EST. ANNUAL COST \$ <u>4170.00</u>	<u>Bedford 0058-10</u>

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

8 ATROPINE SULFATE 1MG/10ML Abbott 4911-34
 LIFESHIELD SYRINGE ABBOTT LABS
 NDC # 4911-34
 Estimated Annual Usage: 1,800 EACH
 COST EACH \$ 2.34 X 1,800 = EST. ANNUAL COST \$ 4212.00

9 ATROPINE SULFATE .5MG/5ML Abbott 4910-34
 LIFESHIELD SYRINGE ABBOTT LABS
 NDC # 4910-34
 Estimated Annual Usage: 150 EACH
 COST EACH \$ 2.52 X 150 = EST. ANNUAL COST \$ 378.00

10 DEXTROSE, 50% 25 GM/50ML Abbott 4902-34
 LIFESHIELD SYRINGE ABBOTT LABS
 NDC # 4902-34
 Estimated Annual Usage: 1,000 EACH
 COST EACH \$ 2.57 X 1,000 = EST. ANNUAL COST \$ 2570.00

11 DEXTROSE, 25% 2.5 GM/10ML IMS 3315-00
 ANSYR SYRINGE ABBOTT LABS
 NDC # ~~1775-10~~
 Estimated Annual Usage: 120 EACH
 COST EACH \$ 2.62 X 120 = EST. ANNUAL COST \$ 314.40

12 DEXTROSE, 25% 2.5 GM/10ML IMS 1015-00
 MIN-I-JET IMS
 NDC # 1015
 Estimated Annual Usage: 120 EACH
 COST EACH \$ 2.52 X 120 = EST. ANNUAL COST \$ 302.40

13 EPINEPHRINE 1:1000 MULTIDOSE 30MG/30ML VIAL IMS 9061-00
 IMS NDC # 9061
 Estimated Annual Usage: 120 EACH
 COST EACH \$ 2.89 X 120 = EST. ANNUAL COST \$ 346.80

14 EPINEPHRINE 1:10,000 1MG/10ML Abbott 4921-34
 LIFESHIELD SYRINGE ABBOTT LABS
 NDC # 4921-34
 Estimated Annual Usage: 2,350 EACH
 COST EACH \$ 2.29 X 2,350 = EST. ANNUAL COST \$ 5381.50

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

15	FUROSEMIDE 80MG 10MG/ML INJECTION ABBOTT LABS NDC # 6056-17 Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>3.90</u> X 1,200 = EST. ANNUAL COST \$ <u>4680.00</u>	<u>Abbott 6056-17</u>
16	FUROSEMIDE 40MG 40MG/4ML ANSYR ABBOTT LABS NDC # 9631-04 Estimated Annual Usage: 1,200 EACH COST EACH \$ <u>1.85</u> X 1,200 = EST. ANNUAL COST \$ <u>2220.00</u>	<u>Abbott 9631-04</u>
17	LIDOCAINE 2% 100 MG/5ML LIFESHIELD SYRINGE ABBOTT NDC # 4903-34 Estimated Annual Usage: 750 EACH COST EACH \$ <u>1.88</u> X 750 = EST. ANNUAL COST \$ <u>1410.00</u>	<u>Abbott 4903-34</u>
18	NALOXONE 2MG/2ML LUERJET IMS NDC # 3369 Estimated Annual Usage: 400 EACH COST EACH \$ <u>10.60</u> X 400 = EST. ANNUAL COST \$ <u>4240.00</u>	<u>IMS 3369-00</u>
19	NALOXONE 2MG/2ML INJECTION IMS NDC # 1469 Estimated Annual Usage: 400 EACH COST EACH \$ <u>9.40</u> X 400 = EST. ANNUAL COST \$ <u>3760.00</u>	<u>IMS 1469-00</u>
20	SODIUM BICARBONATE 8.4%, 50ML LIFESHIELD SYRINGE ABBOTT NDC # 6637-34 Estimated Annual Usage: 500 EACH COST EACH \$ <u>2.40</u> X 500 = EST. ANNUAL COST \$ <u>1200.00</u>	<u>Abbott 6637-34</u>
21	DILTIAZEM HYDROCHLORIDE INJECTION LYOJECT IMS 25MG/5ML NDC # 1790-17 Estimated Annual Usage: 500 EACH COST EACH \$ <u>25.75</u> X 500 = EST. ANNUAL COST \$ <u>12875.00</u>	<u>Biovail 1789-17</u>
22	ADENOCARD (ADENOSINE INJECTION) 6MG/2ML NDC # 0469-8234-12 Estimated Annual Usage: 100 each COST EACH \$ <u>35.90</u> X 100 = EST. ANNUAL COST \$ <u>3590.00</u>	<u>Fuji 8234-12</u>

ITEM	DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
23	ADENOCARD (ADENOSINE INJECTION) 12mg/4ml NDC # 0469-8234-14 Estimated Annual Usage: 100 each COST EACH \$ <u>67.40</u> X 100 = EST. ANNUAL COST \$ <u>6740.00</u>	<u>FWI 8234-14</u>
24	AMIODARONE 150MG/3ML AMPULE ABBOTT LABS NDC # 4348-35 Estimated Annual Usage: 300 each COST EACH \$ <u>17.50</u> X 300 = EST. ANNUAL COST \$ <u>5250.00</u>	<u>Abbott 4348-35</u>
25	EPINEPHRINE 1:1,000 1MG/1ML AMPULE NDC # 0074-7241-01 Estimated Annual Usage: 750 each COST EACH \$ <u>.29</u> X 750 = EST. ANNUAL COST \$ <u>217.50</u>	<u>Abbott 7241-01</u>
26	PHENERGAN/PROMEHTAZINE 50MG AMPULE NDC # 0008-0746-01 Estimated Annual Usage: 200 each COST EACH \$ <u>2.89</u> X 200 = EST. ANNUAL COST \$ <u>578.00</u>	<u>ESI 1496-35</u>
27	LOPRESSOR/METOPROLOL 5MG AMPULE NDC # 0781-3070-75 Estimated Annual Usage: 500 each COST EACH \$ <u>3.79</u> X 500 = EST. ANNUAL COST \$ <u>1895.00</u>	<u>Genera 3070-75</u>
28	LABELALO/TRANDATE 100MG VIAL NDC # 0074-2267-20 Estimated Annual Usage: 200 COST EACH \$ <u>2.88</u> X 200 = EST. ANNUAL COST \$ <u>576.00</u>	<u>Bedford 0130-20</u>
29	ETOMIDATE/AMIDATE 40MG PRE-FILLED SYRINGE NDC # 0074-8060-19 Estimated Annual Usage: 200 each COST EACH \$ <u>19.15</u> X 200 = EST. ANNUAL COST \$ <u>3830.00</u>	<u>Abbott 8060-19</u>
30	VECURONIUM/NORCURON 10MG VIAL NDC # 0052-0441-10 Estimated Annual Usage: 100 COST EACH \$ <u>5.40</u> X 100 = EST. ANNUAL COST \$ <u>540.00</u>	<u>Bedford 0037-10</u>

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

31 DIPHENHYDRAMINE 50MG/1ML. IMS 1390.00
 SYRINGE IMS NDC # 1390
 Estimated Annual Usage: 1,000 Each
 COST EACH \$ 1.50 x 1,000 = EST. ANNUAL COST \$ 1500.00

GRAND TOTAL - ANNUAL COST \$ 82,988.90

ATTACHMENT #6

From: Chris Hansen
To: Ciccarelli, Kathryn; Franceschini, Robert; Jeffcoat, Christopher
Date: 6/25/03 9:34AM
Subject: Fwd: Quote Number 030421

Purchasing Friends:

Sorry for the gang distribution, but I wasn't sure who it should go to. I have reviewed staff's proposal with modifications and respectfully request you proceed with this quotation. Thanks for the opportunity to review.

Sincerely,

Chief Chris Hansen, EMS Manager
Lee County Division of Public Safety
PO Box 398 Fort Myers, FL 33902
239.335.1604, Fax: 239.335.1638
www.lee-ems.com
chrish@leegov.com

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CC: LOGISTICS

From: John Norton
To: Kainrad, Dave
Date: 6/24/03 5:18PM
Subject: Quote Number 030421

Hi David,

The attached list has been reviewed by the Training Department. Please ask Chris Hansen to approve the attached quote list for pharmaceutical items with the exceptions noted below:

** Item 2 is the same reason as item 8, per John Norton, EMS, 6/24/03.*

1. Item 8 is not recommended for award to the lowest bidder because the item they quoted is unacceptable. The next lowest bid is accepted.
2. Item 12 is omitted due to organization moving to "needleless" products.
3. Item 15 is omitted due to organization moving to "needleless" products and the selected Furosemide (item 16) helps reduce waste.
4. Item 19 is omitted due to organization moving to "needleless" products.
5. Item 21 is omitted due to Training Department selection of a less expensive item.
6. Item 24 is omitted due to organization move away from medications in glass ampules.

The current pharmaceutical quote expires July 22, 2003 so time is of the essence in processing a response to Purchasing.

Thanks.

Please advise how I may serve you today.

John V. Norton
Supply Specialist/Public Safety
nortonjv@leegov.com
Phone 239-652-6020
Fax 239-652-6018

CC: Bardell, Richard; Molina, Phillip; Pcolar, Micahel; Pflaumer, Earl