

## AGENDA ITEM REPORT

**DATE:** June 5, 2018  
**DEPARTMENT:** Procurement Management  
**REQUESTER:** Mary Tucker  
**TITLE:** Approve Purchase of Safety Supplies and Equipment - Countywide

### I. MOTION REQUESTED

- A) Approve Piggyback No. PB170544GWT, Safety Supplies and Equipment to utilize pricing on the City of Sunrise, FL Contract No. 17-46-09-HR for the purchase of safety supplies and equipment, on an as needed basis, as approved in the departments' annual adopted budgets, from the following three vendors: Safety Products, Inc.; School Specialty, Inc.; and Henry Schein, Inc.
- B) Authorize the use of the contract through its expiration date of December 31, 2019 and any renewals/extensions approved by the City of Sunrise, FL.

### II. ITEM SUMMARY

Approve utilization of the City of Sunrise, FL contract for the purchase of safety supplies and equipment countywide through December 31, 2019 or longer if extended. Total expenditures for these goods for the Fiscal Year 2016 – 2017 were approximately \$62,440.04.

### III. BACKGROUND AND IMPLICATIONS OF ACTION

- A) Board Action and Other History  
The previous contract with The City of Sunrise expired February 11, 2018. Lee County Procurement Management reviewed the City of Sunrise's new bid and contracts and determined that it is eligible to piggyback. The term of the contract is for two years January 1, 2018 through December 31, 2019. Total expenditures for these goods for the Fiscal Year 2016 – 2017 were approximately \$62,440.04.
- B) Policy Issues
- C) BoCC Goals
- D) Analysis
- E) Options

### IV. FINANCIAL INFORMATION

A)	Current year dollar amount of item:	See comments below.
B)	Is this item approved in the current budget?	Yes
C)	Is this a revenue or expense item?	Expense
D)	Is this Discretionary or Mandatory?	Discretionary
E)	Will this item impact future budgets? If yes, please include reasons in III(D) above.	Yes
F)	Fund: Program:	

	Project: Account Strings:	
G)	Fund Type?	
H)	Comments: Expenditures will be as needed and within the departments' annual approved, adopted budgets.	

**V. RECOMMENDATION**

Approve

**VI. TIMING/IMPLEMENTATION**

**VII. FOLLOW UP**

**ATTACHMENTS:**

Description	Upload Date	Type
City of Sunrise Henry Schein Award	5/9/2018	Letter
City of Sunrise School Specialty Award	5/9/2018	Letter
City of Sunrise Safety Products, Inc. Award	5/9/2018	Letter
City of Sunrise Henry Schein Bid	5/9/2018	Contract
City of Sunrise Safety Products, Inc Bid	5/9/2018	Contract
City of Sunrise School Specialty Bid	5/9/2018	Contract

**REVIEWERS:**

Department	Reviewer	Action	Date
Procurement Management	Turner, Nicole	Approved	5/15/2018 - 8:46 AM
Budget Services	Henkel, Anne	Approved	5/16/2018 - 8:02 AM
Budget Services	Winton, Peter	Approved	5/17/2018 - 8:48 AM
County Attorney	Lira, Louis C.	Approved	5/17/2018 - 10:26 AM
County Manager	Brady, Christine	Approved	5/29/2018 - 9:31 AM

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



December 28, 2017

Sent Via Email: [andy.goldy@henryschein.com](mailto:andy.goldy@henryschein.com)

Mr. Andy Goldy  
Henry Schein, Inc.  
PO Box 3227  
Irmo, S.C. 29063

Subject: Award– Bid Title: Safety Supplies and Equipment  
Bid No. 17-46-09-HR

Dear Mr. Goldy:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Safety Supplies and Equipment on December 12, 2017. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

15% Discount off Catalog Prices

([www.henryschein.com](http://www.henryschein.com); [www.defibtech.com](http://www.defibtech.com); [www.fernoems.com](http://www.fernoems.com); [www.microflex.com](http://www.microflex.com))

The contract period shall be for two years, January 1, 2018 through December 31, 2019.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM  
Contracts Administrator

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



December 29, 2017

Sent Via Email [kathy.skibba@schoolspecialty.com](mailto:kathy.skibba@schoolspecialty.com)

Ms. Kathy Skibba, Bid Coordinator  
School Specialty, Inc.  
W6316 Design Drive  
Greenville, WI 54942

Subject: Award– Bid Title: Safety Supplies and Equipment  
Bid No. 17-46-09-HR

Ms. Skibba,

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Safety Supplies and Equipment on December 12, 2017. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

**Supply Items** 34% Discount off Catalog Prices  
**Furniture** 10% Discount off Catalog Prices  
21<sup>st</sup> Century Safety and Security Solutions & School Specialty Education  
Essentials Catalogs

The contract period shall be for two years, January 1, 2018 through December 31, 2019.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

A handwritten signature in black ink that reads "Holly Raphaelson".

Holly Raphaelson, MBA, C.P.M., CPPO, CPSM  
Contracts Administrator

**FINANCE & ADMIN. SERVICES DEPARTMENT**  
*Purchasing Division*  
Phone: 954-572-2274  
Fax: 954-578-4809



December 28, 2017

Sent Via Email: [kcornelius@spisafety.com](mailto:kcornelius@spisafety.com)

Ms. Karen Cornelius  
Safety Products, Inc.  
3517 Craftsman Blvd  
Lakeland, Florida 33803

Subject: Award– Bid Title: Safety Supplies and Equipment  
Bid No. 17-46-09-HR

Dear Ms. Cornelius:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Safety Supplies and Equipment on December 12, 2017. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Safety Equipment	20% Discount off Catalog Prices
Traffic Control	15% Discount off Catalog Prices
Essentials	20% Discount off Catalog Prices
BEC16 Master Catalog	20% Discount off Catalog Prices

The contract period shall be for two years, January 1, 2018 through December 31, 2019.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM  
Contracts Administrator



## INVITATION FOR BID

### PURCHASING DIVISION

Mailing Address:

**10770 West Oakland Park Blvd.  
Sunrise, Florida 33351**

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#### Bid Data

Bid Number: 17-46-09-HR  
Service or Commodity Title: Safety Supplies and Equipment  
Purchasing Agent: Holly Raphaelson, C.P.M., CPSM, CPPO  
Phone: (954) 572-2202  
Fax: (954) 578-4809  
Email: [hraphaelson@sunrisefl.gov](mailto:hraphaelson@sunrisefl.gov)

#### Bid Opening

Day/Date: Wednesday, October 25, 2017  
Time: 2:00 p.m.  
Physical Location: City Hall  
Office of the City Clerk – Fourth Floor  
10770 West Oakland Park Blvd.  
Sunrise, FL 33351

#### Bid Contents

Section 1: Specifications/Scope of Work  
Section 2: Attachments  
Section 3: Instructions to Bidders  
Section 4: Terms and General Conditions  
Section 5: Bid Submission Check List  
Section 6: Bid Submission Package

Bid packages and specifications are no longer available directly from the City of Sunrise Purchasing Division. The City is now using **Onvia DemandStar** for the posting and distribution of all City Bids, RFPs, RFQs, RLIs and Quotations. This Bid may be obtained at [www.demandstar.com](http://www.demandstar.com). The City is not responsible for the accuracy of other means of distribution. Alteration of the content of this document shall result in disqualification.

**NOTE:** If not submitting a bid, fill out and return the "Statement of No Bid" Form of this document.

#### SPECIAL ACCOMMODATION:

If a person decides to appeal any decision made by the board, agency, or commission with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is based F.S.S. 286.0105. The City does not tolerate discrimination in any of its programs, services or activities; and will not exclude participation in, deny the benefits of, or subject to discrimination anyone on the grounds of real or perceived race, color, national origin, sex, gender identity, sexual orientation, age, disability/handicap, religion, family or income status.

In compliance with the ADA and F.S.S. 286.26, any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the City's ADA Coordinator at least 48 hours in advance of the scheduled meeting. Requests can be directed via e-mail to [hr@sunrisefl.gov](mailto:hr@sunrisefl.gov) or via telephone to (954) 838-4522; Florida Relay: 711; Florida Relay (TIY/VCO): 1-800-955-8771; Florida Relay (Voice): 1-800-955-8770. Every reasonable effort will be made to allow for meeting participation.

## **SECTION 1 – SPECIFICATIONS**

The City of Sunrise is soliciting bids for the purchase and delivery of safety products and equipment to be used by all City departments. Purchases shall be made based upon a percentage off discount from a published catalog(s) or price list(s) and the awarded vendor(s) shall be responsible for supplying catalogs to all departments as required.

Vendor shall indicate on the Bid Sheet all catalog names and numbers that they will be supplying to the City, along with the percentage off discount that will be allowed for each catalog. The percentage off discount that the vendor bids shall remain firm for the term of the contract. Deliveries within the City of Sunrise shall be FOB Destination. There will be no minimum order requirements or minimum dollar amount required for delivery.

Catalog prices must remain in effect for one year from date of issuance of the Catalog. If or when a new catalog is published, vendor shall notify the City and provide copies of current catalogs to all using departments within the City.

This contract may be awarded at a time when vendor's Catalog is in the middle of a year. If that should occur, the City shall utilize the current catalog until the catalog's expiration date and then subsequent catalog pricing shall be required to remain in effect for at least one year from date of issuance.

Vendor(s) may specify more than one catalog name and number on the bid sheet.

Vendor(s) shall submit copies of their catalogs with their bid.

Additional copies of all catalogs shall be requested from all awarded vendor(s) as required for City of Sunrise Using Agencies.

**SECTION 2 - ATTACHMENTS**

As listed below:

ATTACHMENT "A" is a list of sample safety products and equipment that have been purchased in the past by the City of Sunrise for informational purposes. This list is a sampling only and not inclusive of all items that may be purchased under this contract.

### **SECTION 3 - INSTRUCTIONS TO BIDDERS**

**BIDDERS: TO INSURE ACCEPTANCE OF THE BID, THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:**

This Request for Bid is to supply Safety Products and Equipment to the City of Sunrise, as required. After receipt of an offer and acceptance by the City Commission, commodities or services will be provided as indicated below:

An award letter notifying the Bidder of acceptance of their Bid by the City Commission specifying duration of the Contract with extension periods if any, and the method of ordering.

**3.1 HOW TO SUBMIT A BID**

All bids must be submitted in sealed envelopes, delivered or mailed to Office of the City Clerk, Fourth Floor, City of Sunrise, 10770 West Oakland Park Blvd., Sunrise, Florida 33351. The bid number and bid title must be plainly marked on the outside of the envelope. It will be the sole responsibility of the Bidder to ensure that the bid reaches the office of the City Clerk on or before the opening time and date shown on the Invitation for Bid Cover (Page 1). No bids will be received, accepted, or considered after said time and date, unless the City, in its sole discretion reasonably exercised, elects to extend the time for submission and receipt of bids. Any request for an extension of time necessitated by an unforeseen emergency should be made prior to the Bid Opening and directed to the Purchasing Director/Designee, City of Sunrise (954) 572-2274.

**FAXED BIDS WILL NOT BE ACCEPTED**

**3.2 THE BID PACKAGE**

The bid package consists of Specifications, Additional Requirements, Attachments, Instructions to the Bidders, Terms and General Conditions, and the following Schedules:

Schedule "A" - Bid Sheet & Certification  
 Schedule "B" - Non-Collusion Affidavit  
 Schedule "C" - Bidder's Drug Free Statement  
 Schedule "D" - Bidder's Qualification Statement  
 Schedule "E" - Warranty Information Form (If Applicable)  
 Schedule "F" - Insurance & License Requirements  
 Schedule "G" - Statement of No Bid

Section 6, "Bid Submission Package", and any other required documents must be returned in order for the bid to be considered for award. The Bidder should submit one (1) original – **clearly marked as original** - and two (2) photocopies (all collated and marked "Copy") of their bid. All Bids are subject to the conditions specified herein. All bids received will be read into the record and may be rejected for noncompliance to requirements after a full review by the Purchasing Division.

**3.3 INQUIRIES, ADDENDA AND MODIFICATIONS**

The Bidder must direct any inquiries on the specifications, additional requirements, attachments, terms and general conditions or instructions, in writing, either via U.S. Mail, Email or Fax, to the individual named on Page 1 at the Purchasing Division, City of Sunrise, 10770 West Oakland Park Blvd, Sunrise, Florida, 33351, Fax No. (954) 578-4809. All inquiries must be received by the Purchasing Division no later than 12:00 p.m. ten (10) calendar days prior to the Bid opening.

Any addenda or other modifications to the Documents will be made in writing, and issued by the City, prior to the time and date of Bid Opening. Such written addenda or modifications shall be part of the Documents and shall be binding upon each Bidder. No verbal addenda or modifications shall be allowed nor shall any Bidder rely upon any verbal addenda or modifications in preparing or submitting its bid.

3.4 EXECUTION OF BID

Bid must contain an original signature of an authorized representative of the company in the space provided. Failure to sign the bid shall invalidate it, and it will not be accepted. All bids must be completed in ink or typewritten. No erasures are permitted. If a correction is necessary, the bidder should draw a single line through the entered figure and enter the corrected figure above it. Corrections should be initialed by the person signing the bid, or a duly authorized representative of the firm submitting bid. Any illegible entries, pencil bids or corrections not initialed may not be accepted. Only corrections that show the clear intent of the bidder, in the sole discretion of the City of Sunrise, will be accepted.

3.5 NO BID

If not submitting a bid, respond by returning the "STATEMENT OF NO BID" Schedule G of this Invitation for Bid. Repeated failure to respond without sufficient justification may be cause from removal of a Bidder's name from future solicitations.

3.6 PRE-BID CONFERENCE

Not applicable for this bid.

3.7 PRICES BID

List both the unit price and the extended total, if applicable. Prices must be stated in the units specified on the Bid Sheet. In case of a discrepancy in computing the amount of the bid between the unit price bid and the extended total, the unit price will govern. When bids are awarded on the basis of Lump Sum, if there is a discrepancy between the written and numeric amount, the written amount prevails.

3.8 F.O.B. POINT

All bid prices shall be F.O.B. destination freight prepaid and delivered by Vendor to the City's specified location(s).

3.9 BID VALIDITY

All bids shall remain valid for ninety (90) days after the time of bid opening. After this time period the Bidder may request the Bid be withdrawn.

3.10 DELIVERY / COMPLETION TIME / RESPONSE TIME

Delivery shall be within ten (10) calendar days after receipt of purchase order. If specified delivery cannot be met, show number of days required to make delivery after receipt of Purchase Order in space provided on the Bid Sheet. Delivery time may become a basis for making an award. Delivery shall be within the normal working hours of the user, Monday through Friday, excluding City holidays.

3.11 SAMPLES

Not applicable to this bid.

3.12 WARRANTIES / GUARANTEES

Vendor warrants that the materials, goods, services and/or workmanship furnished and/or delivered pursuant to the Purchase Order shall:

Conform in all respects to the description, drawings and specifications contained in this Bid

Be merchantable and fit for the ordinary purpose for which such goods are used or intended to be used

Be new and unused, of good quality and free from defects whether latent or patent in material or workmanship

Be free from any security interests, liens or encumbrances. Vendor warrants that it has good and marketable title to the goods delivered

There is no infringement upon or violation of any copyrights or patent rights

Minimum warranty shall be one (1) year from time of delivery or manufacturers' suggested warranty. The Bidder shall furnish with the bid all pertinent warranty data as it relates to the items bid upon. If requested, the Bidder is to complete Schedule "E".

3.13 ESTIMATED QUANTITIES

Not applicable to this bid.

3.14 ADDITIONAL QUANTITIES/BALANCE OF LINE

Bidder must indicate in the space provided on the Bid Sheet the percentage (%) off their written price list for the balance of their line. The City reserves the right to purchase items other than those listed in the catalogs. Upon request from the City, vendor shall provide a written quote and shall not ship products without a specific purchase order.

3.15 FAMILIARITY WITH LAWS

The Bidder should be familiar with all federal, state, and local laws, ordinances, codes, rules, and regulations that may in any way affect this bid. Lack of knowledge on the part of the Bidder shall in no way relieve them from responsibility.

3.16 BRAND NAMES / APPROVED EQUALS

Not applicable to this bid.

3.17 PAST PROBLEMS ON PRIOR CONTRACTS / LITIGATION

The Bidder shall disclose any pending or anticipated litigation between the Bidder and any other party or parties that might affect the performance of this Contract. Such litigation must be indicated on Schedule D. When the Bidder or a proposed sub-Contractor has previously worked for the City and has received complaints from the City or has been involved in disputes with the City about the work, the Bidder should submit with their bid an explanation of what, if anything, the Bidder has done or will do to avoid similar problems in the future. This explanation must deal specifically with the problems involved on the prior Contract and any organizational, operational or other changes which have been or will be implemented. If, in the sole judgment of the City, the Bidder has failed

to provide an adequate plan to ensure that the Contractual dispute previously experienced by the City will not recur, the City reserves the right to reject the bid submitted by that Bidder.

3.18 BASIS OF AWARD

The City reserves the right to reject any and all bids, to waive any irregularity in bids received, to accept any item or group of items, unless qualified by the Bidder. The City reserves the right before recommending any award to inspect the Bidders' facilities or take any other action necessary to determine a Bidder's ability to perform in accordance with the specification, terms and conditions of the Invitation for Bid.

Award will be made to all responsive and responsible Bidders. It is the intent of the City to place orders with the lowest priced responsive and responsible Bidder for the desired product. The City reserves the right to place orders with other Bidders in ascending order of evaluated cost, in the case of immediate need or if product availability is affected.

3.19 COST LIABILITY

The Bidder shall bear all costs associated with submitting the Bid, including preparation, site visitation or any travel connected with submittal of the Bid.

3.20 CONTENTS OF BID / PUBLIC RECORDS

Any material submitted in response to this Bid will become a public record pursuant to Chapter 119, Florida Statutes. No claim of confidentiality or trade secret will be honored unless a specific exemption from the public records law exists and the Florida or Federal statute identifying the exemption is identified in the Bid. An incorrectly claimed exemption does not disqualify the firm, only the exemption claimed.

3.21 INVESTIGATIONS OF CONDITIONS AFFECTING OPERATIONS

Before submitting a Bid, each Bidder shall make all investigations and examinations necessary to ascertain conditions and requirements of the Bid. Failure to make investigations and examinations shall not relieve the successful Bidder from the obligation to comply in every detail with all provisions and requirements of the Bid nor shall it be a basis for any claim whatsoever for alteration in any term of or payment required by the Purchase Order or any subsequent Contract.

3.22 CONE OF SILENCE

This solicitation falls under the City of Sunrise's Code of Ordinances Section 2-1 (n) known as the "Cone of Silence". After a Bid is opened or a Short List is established, a vendor or a vendor's representative as defined in the Ordinance, a proposer, service provider, consultant or lobbyist, may not seek information or clarification or in any way contact any Official or employee of the City concerning this solicitation with the exception of the City Attorney, the Purchasing Director or an individual specifically designated in this document for dissemination of information. A copy of any written communication concerning this solicitation shall be filed with the Purchasing Division and shall be made available to the public upon request. A violation of the "Cone of Silence" renders any award voidable at the sole discretion of the City Commission and may subject the potential vendor or vendor's representative to debarment in accordance with the City's Code of Ordinances. Nothing in the Ordinance prevents a vendor or vendor's representative from taking part in a public meeting concerning the solicitation.

**SECTION 4 - TERMS AND GENERAL CONDITIONS****4.1 INDEMNIFICATION**

To the fullest extent permitted by law, the CONTRACTOR agrees to indemnify, defend and hold harmless the City of Sunrise, its officers, agents, volunteers, and employees from and against all claims, damages, losses, and expenses, including but not limited to attorney fees, court costs, or other alternative dispute resolution costs arising out of or resulting from the performance of work under this Agreement; provided that any such claims, damages, losses or expenses are attributable to bodily injury, sickness, disease, death, or personal injury, or property damage; but only to the extent caused in whole or in part by the negligent acts, errors, or omissions of the CONTRACTOR, CONTRACTOR's subcontractor(s), or anyone directly or indirectly employed or hired by CONTRACTOR or anyone for whose acts CONTRACTOR may be liable, OR REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENT ACTS, ERRORS, OR OMISSIONS OF THE CITY OF SUNRISE ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES, UNLESS SUCH NEGLIGENT ACTS, ERRORS, OR OMISSIONS CONSTITUTE GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT. The City of Sunrise reserves the right, but not the obligation, to participate in defense without relieving CONTRACTOR of any obligation hereunder. CONTRACTOR agrees this indemnity obligation shall survive the completion or termination of the Agreement.

**4.2 INSURANCE REQUIREMENTS**

Not applicable to this Bid.

**4.3 PATENTS AND ROYALTIES**

The Bidder, without exception, shall indemnify and save harmless the City of Sunrise and its employees from liability of any kind including cost and expenses for or on account of any copyrighted, patented or unpatented invention, process or article of manufacture lot any article used in the performance of the Contract, including its use by the Purchaser. If the Bidder uses any design, device or materials covered by letters, patent or copyright, it is mutually agreed. And understood without exception that the bid prices shall include all royalties or cost arising from the use of such design, device or materials in any way involved in the work.

**4.4 INITIAL CONTRACT PERIOD AND CONTRACT RENEWAL**

The initial contract period shall be for two (2) years, commencing on the date of award or the date this contract is executed by both parties or November 11, 2017 whichever is later. In addition, the City reserves the right to renew the contract for \_\_\_ additional one (1) year periods, providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City, contingent upon budget approval.

**4.5 CONTRACT CONTINUITY / TRANSITIONAL PERIOD**

In the event the services are scheduled to end either by Contract expiration or by termination by the City of Sunrise (at the City's discretion), the Bidder shall continue the services, if requested by the City, until new services can be completely operational. At no time shall this transitional period extend more than one hundred eighty (180) days beyond the expiration date of the existing Contract. The Bidder will be reimbursed for this service at the rate in effect when this transitional period clause is invoked by the City.

**4.6 CONTRACTS OVERLAPPING FISCAL YEARS:**

The City's fiscal year begins October 1 and ends September 30 of the following calendar year. When a Contract's terms extends beyond the fiscal year in which the Contract commences, the City will

issue a new Purchase Order to cover its needs for the balance of the fiscal year and a new purchase order will be issued to correspond with the remaining months of the Contract that extends into the next fiscal year. Issuance of a new Purchase Order shall be subject to the availability of budgeted funds.

4.7 TERMINATION FOR GOVERNMENTAL NON-APPROPRIATIONS

City is a bona fide governmental entity of the State of Florida with City's fiscal year ending on September 30 of each calendar year. If City does not appropriate sufficient funds to purchase the quantities required under this Agreement for any of the City's fiscal years subsequent to the one in which the Agreement is executed and entered into, then this Agreement shall be terminated effective upon expiration of the fiscal year in which sufficient funds to continue satisfaction of City's obligation under this Agreement were last appropriated by City and City shall not, in this sole event be obligated to make any further purchases beyond said fiscal year.

4.8 TERMINATION FOR CAUSE

This Agreement may be terminated by either party upon three (3) calendar days written notice to the other party, should such other party fail substantially to perform in accordance with its material terms through no fault of the party initiating the termination. In the event the Contractor abandons this Agreement or causes it to be terminated by the CITY, the Contractor shall indemnify the CITY against any loss pertaining to this termination. In the event that the Contractor is terminated by the CITY for cause and it is subsequently determined by a court of competent jurisdiction that such termination was without cause, such termination shall thereupon be deemed a termination for convenience under Section 4.9 and the provisions of Section 4.9 shall govern.

4.9 TERMINATION FOR CONVENIENCE

A Contract resulting from this Bid may be terminated by the City without cause upon thirty (30) days written notice to the Vendor. In the event of such a termination without cause, the Vendor shall be compensated for all services performed to the City's satisfaction, together with reimbursable expenses incurred. In such event, the Vendor shall promptly submit to the City its invoice for final payment and reimbursement under the terms of this Contract.

4.10 TERMS RELATING TO PRICE

Unless otherwise noted by the City, all prices shall be firm through the period of the Contract or purchase order and shall not be subject to increase. In the event of a manufacturer's or Vendor's price decrease during the Contract period, the City shall receive the full benefit of such price reduction on any undelivered goods or services on an existing purchase order and on any subsequent order placed during the Contract period. The Director of Purchasing must be notified in writing of any price reduction within five (5) days of the effective date. Failure to report price reductions may result in cancellation of Contract for cause, pursuant to these Terms and Conditions.

In the event of a manufacturer's price increase during the Contract period, the Vendor shall submit proof from the manufacturer of said increase, and the City may accept the price increase at the time of Contract renewal, or terminate or re-bid the Contract, in whole, or in part, whichever is in the best interest of the City.

4.11 SELLING, TRANSFERRING OR ASSIGNING RESPONSIBILITIES

The Vendor shall not sell, transfer or assign the performance required by this bid without the prior written consent of the City. Any Award issued pursuant to this bid and the monies which may become due hereunder are not assignable, unless the prior written approval of the City is obtained.

**4.12 PAYMENT/BILLING INSTRUCTIONS**

Payment will be made by the City after the items or services awarded have been, received, inspected, found to comply with award specifications, are free of damage or defect and are properly invoiced.

Invoices, unless otherwise indicated, must show Purchase Order Number and shall be submitted in duplicate to:

CITY OF SUNRISE,  
Finance Department  
10770 West Oakland Park Blvd.  
Sunrise, FL 33351

Payment will be made within 30 days after delivery, authorized inspection and acceptance. The City is exempt from Federal and State Taxes for tangible personal property. The City will provide an exemption certificate to the Vendor upon request. The Vendor is not exempt from paying sales tax to the suppliers for materials to fulfill Contractual obligations with the City, nor is Vendor authorized to use the City's tax exemption Number in securing such materials.

**4.13 COMPLIANCE WITH STATE OF FLORIDA CRIME ENTITY**

Please be informed that pursuant to Section 287.133(2) (a), Florida Statutes, "A person or affiliate who has been placed on the convicted Bidder list following a conviction for a public entity crime may not submit a bid or Bid on a Contract to provide any goods or services to the City, may not submit a bid on a Contract with the City for the construction or repair of a public building or public work, may not submit bids on leases of real property to the City, may not be awarded or perform work as a Bidder, supplier, sub-Bidder, or consultant under a Contract with the City, and may not transact business with the City in excess of the threshold amount provided in S.287.017 for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted Bidder list." The submission of a bid shall constitute an affirmative representation of the Bidder to the City that the Bidder is aware of the Statute and in full compliance thereof.

**4.14 COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT**

If applicable, Vendor certifies that all material, equipment, etc. contained in the bid meets all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful Bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc., into compliance with the aforementioned requirements shall be borne by Vendor.

**4.15 MATERIAL SAFETY DATA SHEETS (MSDS)**

In compliance with Chapter 442, Florida Statutes when applicable, any item delivered from a Contract resulting from this Bid must be accompanied by a Material Safety Data Sheet (MSDS), if applicable. The MSDS must include the following information: (a) The chemical name and the common name of the toxic substance. (b) The hazards or other risks in the use of the toxic substances, including: 1) The potential for fire, explosion, corrosivity and reactivity; 2) The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and 3) The primary routes of entry and symptoms of overexposure. (c) The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure. (d) The emergency procedure for spills, fire, disposal and first aid. (e) A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this

information. (f) The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

4.16 STORAGE, REMOVAL AND DISPOSAL OF SOLID WASTE / CONSTRUCTION DEBRIS:

Not applicable to this bid.

4.17 NO DAMAGES FOR DELAY

The CONTRACTOR shall not be entitled to any claim for damages including, but not limited to, loss of profits, loss of use, home office overhead expenses, equipment rental and similar costs, on account of delays in the progress of the Project from any cause whatsoever including an act or neglect of the CITY, adverse weather conditions, and act of God, strike, war or national disaster or emergency, unusual delay in deliveries, unusual delay in procuring permits, differing site conditions, unavoidable casualties or other causes beyond the CONTRACTOR'S control, or by delay authorized by the CITY, or by other causes which the CONTRACTOR determines may justify delay. The CONTRACTOR'S sole recovery and sole remedy for any such delay shall be a reasonable extension of time and a revision to the Project Schedule as determined by the CITY. However, additional costs to the CONTRACTOR or delays in the CONTRACTOR'S performance caused by improperly timed activities shall not be the basis for granting a time extension. If the CONTRACTOR wishes to make a claim for an increase in time of performance, written notice of such claim shall be made to the CITY within ten (10) working days after the occurrence of the event, or the first appearance of the condition giving rise to such claim. The CITY'S representative shall determine whether or not the CONTRACTOR is entitled to a time extension for the delay. The failure of the CONTRACTOR to give such notice shall constitute a waiver of any claim under this section.

4.18 VENUE

Any Contract resulting from this bid shall be governed by the laws of the State of Florida. Should the Parties be involved in legal action arising under, or connected to this Agreement, except as set forth in Paragraph 4.1, Indemnification, 4.3 Patents and Royalties, and 4.8 Termination for Cause each party will be responsible for their own attorney's fees and costs. The venue for any litigation will be Broward County, Florida. Both Parties agree to waive a jury trial, and will proceed to trial by judge if necessary.

4.19 PUBLIC RECORDS LAW

The CONTRACTOR shall comply with all applicable requirements contained in the Florida Public Records Law (Chapter 119, Florida Statutes), including but not limited to any applicable provisions in Section 119.0701, Florida Statutes. To the extent that the CONTRACTOR and this Agreement are subject to the requirements in Section 119.0701, Florida Statutes, the CONTRACTOR shall: (a) keep and maintain public records required by the City to perform the services provided hereunder; (b) upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow public records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law; (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law for the duration of the term of this Agreement and following completion of this Agreement if the CONTRACTOR does not transfer the records to the City; and (d) upon completion of the Agreement, transfer, at no cost, to

the City all public records in the possession of the CONTRACTOR or keep and maintain public records required by the City to perform the service. If the CONTRACTOR transfers all public records to the City upon completion of the Agreement, the CONTRACTOR shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the CONTRACTOR keeps and maintains public records upon completion of the Agreement, the CONTRACTOR shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City. If the CONTRACTOR fails to comply with the requirements in this Section 4.19, the City may enforce these provisions in accordance with the terms of this Agreement. If the CONTRACTOR fails to provide the public records to the City within a reasonable time, it may be subject to penalties under Section 119.10, Florida Statutes.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE CONTRACTOR SHOULD CONTACT THE CITY'S CUSTODIAN OF PUBLIC RECORDS: THE CITY CLERK, FELICIA M. BRAVO, BY TELEPHONE (954/746-3333), e-mail (CityClerk @sunrisefl.gov), or mail (City of Sunrise, Office of the City Clerk, 10770 West Oakland Park Boulevard, Sunrise, Florida 33351).**

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print):

*Henry Schern*Phone: *800 845 3530*Fax: *800 533 4793***BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...**

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☒ 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Clearly mark the BID NUMBER AND BID NAME on the outside of your envelope.
- ☒ 10. Submit one (1) original (marked "Original") and two (2) photocopies (all collated and marked "Copy") of bid; Two (2) electronic true and exact copies of the bid on CD, flash drive or DVD in .pdf format.
- ☒ 11. Include a Bid Bond, if applicable.
- ☒ 12. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

**SECTION 6 – BID SUBMISSION PACKAGE**

**SCHEDULE "A"**  
**CITY OF SUNRISE**  
**BID SHEET & CERTIFICATION**

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

**SAFETY PRODUCTS AND EQUIPMENT**

*website*

CATALOG NAME/ MANUFACTURER	CATALOG NUMBER	EXPIRATION DATE OF CATALOG	PERCENTAGE DISCOUNT
<i>www. Henry Schein. com</i>	—	—	<i>15%</i>
<i>www. DEFIBTECH. com</i>	—	—	<i>15%</i>
<i>www. PENNOMES. com</i>	<i>NON-EXCLUSIVE ITEMS</i>	—	<i>15%</i>
<i>www. Microflex. com</i>	—	—	<i>15%</i>

All deliveries will be made by Common Carrier ONLY. Yes ☒ No ☐

Delivery will be made within 2 calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: ☒ No: ☐

**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.

ADDENDUM NO: \_\_\_\_/DATE \_\_\_\_ ADDENDUM NO: \_\_\_\_/DATE \_\_\_\_

*Henry Schein Inc*

Vendor Name

*Amy Gandy*

Name of Authorized Person

**SCHEDULE "A"**  
**(Continued)**

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Henry Schen Inc  
Address PO BOX 3227  
City Irmo State SC Zip 29063  
Phone# 800 845 3530 Fax# 800 533 1793 E-Mail Andy.Gordy @ HenrySchen.com  
Signature: [Signature] Title General Manager  
Printed Name: Andy Gordy  
FEID or Social Security No. 113136595

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

**SCHEDULE "B"**  
**CITY OF SUNRISE**

**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF SOUTH Carolina )  
 ) SS  
COUNTY OF Richland )

Andy Goudy, being first duly sworn, deposes and says that  
(Type or print name of person who is signing below)

1. He/she is the General Manager (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: NONE Relationship: —

Name: — Relationship: —

Company Name: Henry Schein Inc

Bidders' Authorized Signature: [Signature]

Subscribed and sworn to before me this 23<sup>RD</sup> day of October, 20 17

[Signature]  
Notary Public

GLENN L. WATTS III  
(Print, Type or Stamp name of Notary Public)

Personally known ☒ or Produced I.D. —  
Type and number of I.D. Produced:  
—

**SCHEDULE "C"**  
**CITY OF SUNRISE**


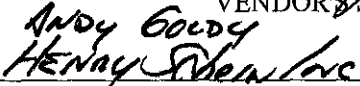
**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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

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

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
\_\_\_\_\_  
VENDOR'S SIGNATURE  
  
\_\_\_\_\_  
COMPANY'S NAME

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Henry Schein Inc  
 Address: P.O. Box 3227 Irmo SC 29062  
Street City State Zip Code  
 Telephone: (800) 845 3550 Fax: (800) 533 4793 E-Mail: EMS @  
 Web Site: www.henryschein.com HenrySchein.com

How many years has your organization been in business under its present name? 85 Yrs

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: \_\_\_\_\_

Under what former names has your business operated? : \_\_\_\_\_

At what address was that business located? \_\_\_\_\_

Are You Certified? Yes ☒ No ☐ If Yes, ATTACH COPY OF LICENSE  
 Are You Licensed? Yes ☒ No ☐ If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?  
 Yes \_\_\_\_\_ No ☒ If yes, explain: \_\_\_\_\_

Are you a sales representative, distributor, ☒ broker, \_\_\_\_\_ manufacturer \_\_\_\_\_  
 of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes ☒ No ☐ If Yes, explain (date, service/project, bid title, etc.) \_\_\_\_\_

Have you ever received a complaint on a Contract or bid awarded to you by any government entity?  
 Yes \_\_\_\_\_ No ☒ if yes, explain: \_\_\_\_\_

Have you ever been debarred or suspended from doing business with any government entity?  
 Yes \_\_\_\_\_ No ☒ If Yes, explain \_\_\_\_\_

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid:

None

(Attach additional sheets as necessary)

### SCHEDULE "D"

(Continued)

#### REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: See Attached Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_ Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_ Agency/Firm Name: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_ Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_ Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

YOUR COMPANY NAME Henry Schen Inc  
 ADDRESS PO Box 3227  
10 mi SC 29063  
 PHONE: 800 815 3550 FAX: 800 533 9793  
 EMAIL: ems@henry-schen.com



Headquartered in Melville, NY. Henry Schein employs nearly 18,000 people and has operations or affiliates in 33 countries.

Henry Schein, Inc. (NASDAQ: HSIC), the largest provider of health care products and services, office-based practitioners, is a Fortune 250® company and a member of the NASDAQ 100® Index. The Company is recognized for its excellent customer service and highly competitive prices. Henry Schein's five businesses – Dental, Medical, Animal Health, International and Technology – serve nearly 775,000 customers worldwide, including dental practitioners and laboratories, physician practices and animal health practices, as well as government and other institutions.

The Company operates through a centralized and automated distribution network, which provides customers with a comprehensive selection of more than 90,000 national and Henry Schein private-brand products in stock, as well as more than 100,000 additional products available as special-order items. We leverage over \$1B of annual purchase volume, global sourcing relationships and supplier partners to support delivery of high quality care. Henry Schein also provides exclusive, innovative technology offerings for dental, medical and veterinary professionals, including value-added practice management software and electronic health record solutions.

Henry Schein has been in the medical supply business over 85 years with over 35 years of experience in the EMS marketplace. Representing the EMS industry's leading manufacturers, Henry Schein offers a full line of EMS specialty equipment and medical supplies. With over 20 dedicated EMS sales professionals (most started their careers as field Medics), Henry Schein EMS has one of the largest and most experienced EMS teams in the industry.

Inventory maintained to serve its customers immediate shipping needs exceeds \$1.2 billion. Henry Schein daily serves over 500,000 customers. With 3 million square feet of warehouse space, Henry Schein ships over 10 million orders a year, delivering most in 1-day. The total number of products offered in Henry Schein's distribution centers, catalogs, and websites are over 200,000. Its EMS specialty catalog has over 2,200 EMS specific items. Most catalog products are stocked in Henry Schein distribution warehouses. In addition Henry Schein offers thousands of "value-priced, private label" products, including wound care, latex-free exam gloves, needles, syringes, nasal cannulas, tapes, and cleaning supplies.



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**Steven G. Folden** on contract since 1996 till present  
**Fayette County Fire/EMS**  
**140 Stonewall Ave., W. Suite 214**  
**Fayetteville, GA 30214** phone: 770-305-5173  
**stevef@fayettecountyga.gov** fax : 770-305-5190

**Christina Summers** on contract since 2006 til present  
**Onslow County**  
**234 Northwest Corridor Blvd**  
**Jacksonville NC 28540** phone 910-455-1750  
**Christina\_summers@onslowcountync.gov** fax 910-347-3165

**John A Spiliotopoulos** on contract since 2006  
**Broward Co Fire Rescue/Logistics**  
**2308B SW 42<sup>nd</sup> St**  
**Dania Beach FL 33312** phone 954-625-2971  
**John\_spiliotopoulos@sheriff.org** fax 954-791-2372

**Javier E. Wallis, Buyer** on contract since 2005  
**Logistical Services Division**  
**Miami-Dade Fire Rescue Dept**  
**6000 SW 87<sup>th</sup> Ave,**  
**Miami FL 33173** phone 786-336-3174  
**jwallis@miamidade.gov** fax 786-336-3091

**Larry Horton, Fire Chief** on contract since 1996  
**Bentonville Fire/Rescue**  
**800 SW A Street**  
**Bentonville, AR 72712** phone 479-271-3151  
**lhorton@bentonvillear.com** fax 479-271-3154

**Chuck Jordan Bridges** on contract since 2006  
**City of Las Vegas Fire Rescue**  
**831 N Mojave Rd**  
**Las Vegas, NV 89101** ph: 702-229-8103  
**jbridges@lasvegasnevada.gov** fax 702-229-8105

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

Bid is a Discount from web/catalog/price list

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly) NOT warranty applies to items

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

☒ YES ☐ NO

WARRANTY PERIOD FOR PARTS REPLACEMENT —

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD? UNIT returned To MFT

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

via Henry Chen / web

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HERewith:

☒ YES ☐ NO

NAME OF BIDDER: Henry Chen Inc

SIGNATURE AND TITLE: [Signature]

TELEPHONE: 800 845 3570 FAX: 800 533 4793

DATE: 10/21/17

# Medical Terms & Conditions

## THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

## DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subject to a bundled discount or rebate pursuant to a purchase offer, promotion, or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain this invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion, or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

## DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock.

### Continental U.S.:

All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

### Alaska, Hawaii & Pacific Protectorates:

Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

### Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

- All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS).
- Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

### Outside U.S. (50 states):

If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at [henryschein.com](http://henryschein.com). Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

## RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state DEA registration. For controlled substances, furnish a copy of your DEA registration verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For information on our Controlled Substance Ordering System please visit [www.henryschein.com/e222](http://www.henryschein.com/e222); if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, please mail the form to: Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268

## REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

## RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable).
- Shipping charges will apply on all returns.

### Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock) • Personalized and imprinted items • Opened computer hardware and software • Controlled substances • Hazardous materials • Expired products
- Items that cannot be returned to the manufacturer • Any item marked nonreturnable

### Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

### Prescription Drug Returns:

Please note that, in order to comply with Federal and State Pedigree requirements, Henry Schein's policy on the return of Rx Drugs is as follows:

Rx Drugs which Henry Schein has purchased from wholesalers are not returnable. These items will be identified in your invoice with the code WH. Rx Drugs which are purchased by Henry Schein directly from the manufacturer may be returned providing that the following key elements are met:

- 1) Only returns due to error in order or delivery will be allowed.
- 2) Returns of Rx Drugs will only be accepted if HSI is notified within 14 calendar days of receipt of the shipment and valid return authorization is issued by HSI.
- 3) The Prescription Drug Marketing Act requires any customer returning Rx Drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning Rx Drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 4) In addition, Pedigree regulations require that the healthcare entity returning Rx Drugs certifies that the product being returned is the same exact product purchased from HSI.
- 5) Henry Schein will not issue credit for any returned Rx Drugs which have been tampered with, are out of date or where the labeling has been altered in any way.

## CHOOSE YOUR PAYMENT METHOD

**2% Cash Back or Maximum Rewards on all purchases with the Henry Schein Credit Card.** To apply now, call: 1.866.396.9296 or online [www.henryschein.com/creditcard](http://www.henryschein.com/creditcard) Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

### Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

To arrange for a product return, simply call Customer Service as noted below:

### Henry Schein Medical

Customer Service: 1.800.472.4346 8am-9pm, et.  
Place an Order: 1.800.772.4346 8am-9pm, et.  
Fax an Order: 1.800.329.9109 24 Hours.  
Internet: [www.henryschein.com/medical](http://www.henryschein.com/medical)  
E-Mail: [custserv@henryschein.com](mailto:custserv@henryschein.com)

### 340B Program

Customer Service: 1.877.344.3402 8:30am-5:30pm, et.  
Place an Order: 1.877.344.3402 8:30am-5:30pm, et.  
Fax an Order: 1.888.885.2253 24 Hours.  
E-Commerce Support: 1.800.711.6032 8am-8pm, et.  
Internet: [www.henryschein.com/340B](http://www.henryschein.com/340B)  
E-Mail: [customer.support@henryschein.com](mailto:customer.support@henryschein.com)

### Henry Schein Medical/EMS

Customer Service: 1.800.845.3550 8:30am-5:30pm, et.  
Place an Order: 1.800.845.3550 8:30am-5:30pm, et.  
Fax an Order: 1.800.533.4793 24 Hours.  
Internet: [www.henryschein.com/ems](http://www.henryschein.com/ems)  
E-Mail: [scott.bruner@henryschein.com](mailto:scott.bruner@henryschein.com)

Please see: <http://www.Henryschein.com/US-EN/Medical/LegalTerms.ASPX> for Conditions & Exceptions.

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "F"**  
**CITY OF SUNRISE**

**PROOF OF INSURANCE & REQUIRED LICENSES**

**ATTENTION BIDDER:**

ATTACH TO SCHEDULE "F" PROOF OF INSURANCE AS SPECIFIED HEREIN, AND  
COPIES OF LICENSES, IF REQUIRED.

NOTE: Only the successful Bidder shall be required to provide a Certificate of Insurance naming  
the City of Sunrise as additional insured.

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "G"**  
**CITY OF SUNRISE**

**STATEMENT OF NO BID**

NOTE: If you do not intend to bid on this solicitation, please return this form immediately. Failure to return this form may result in your name being removed from the list of qualified Bidders for the City of Sunrise. Please indicate bid name and number on the outside of the envelope. Thank you.

MAIL TO: CITY OF SUNRISE  
10770 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351  
ATTN: CITY CLERK'S OFFICE

We, the undersigned have declined to bid for the following reason:

- ☐ Specification too "tight," i.e., geared toward one brand or manufacturer only (explain below).
- ☐ Insufficient time to respond to the Invitation for Bid.
- ☐ We do not offer this product or an equivalent.
- ☐ Our product schedule would not permit us to perform.
- ☐ Unable to meet specifications.
- ☐ Unable to meet Bond requirements.
- ☐ Specification unclear (explain below).
- ☐ Other (specify below).

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E MAIL: \_\_\_\_\_

# ATTACHMENT "A"

Description
Pelican "Heads Up" flashlight with fabric band
UVEX flashback safety glasses, black frame, gray lens
UVEX bandit safety glasses, black frame, espresso lens, UVEX S1803
UVEX genesis safety glasses, black frame, clear xtr, UVEX S3200X
Attitude safety glasses, black frame, mirror lens
ZTEK safety glasses, indoor/outdoor lens
ZTEK safety glasses, blue mirrored lens
ZTEK safety glasses, tinted
ZTEK safety glasses, gray
Venture II safety glasses, indoor/outdoor, slate blue frame, blue mirror lens
Venture II safety glasses, indoor/outdoor, black frame, mirror lens
Zone II safety glasses, soft blue frame, gray lens
Rendvous safety glasses, black frame, silver mirror
Fog free goggles, indirect vent, clear lens
Clear goggles for over the glasses, fog free
GT2000 safety glasses, black frame, gray lens
Fastrac safety glasses, gray
16" PVC steel toe boots, various sizes
6" PVC steel toe waterproof boot, various sizes
36" steel toe hip waders
Latex disposable gloves, powdered 100/box, various sizes
Latex disposable gloves, powder free 100/box, various sizes
Bear kat cut resistant glove, latex coated, various sizes
18" natural black rubber gloves
24" natural black rubber gloves
Leather gloves, unlined, large
Leather work gloves, starched cuff, XXL
Triple palm leather gloves
Premium grade leather gloves, 2.5" cuff, large
Premium grade leather gloves, 4.5" gauntlet duck cuff
13" green nitrile gloves
17" PVC/nitrile chemical resistant gloves
"Mustang" split leather welding gloves 12/box
Purell hand sanitizer, w/aloe, 4.25oz bottle, 24/case
Hinged action knee pads, flat surface
Raincoat, 49" w/detachable hood, various sizes
3pc rainsuit, jacket, pants, hood, large
3pc rainsuit, jacket, pants, hood, XXL large
Tychem protective suits, sealed seams, 6/case, various sizes
Tychem protective hood with collar, 6/case, one size fits all
Head gear w/ratchet adjustment, clear face shield
Omega II hard hat, with ratchet, white
Headgear w/ratchet adjustment, faceshield, clear
Full brim hard hat, 6pt suspension, ratchet adj, white
Howard Leight Thunder ear muff, 29NRR
Fleets stealth ear muff NRR25
3M fit test kit
3 M 5000 series maintenance free 1/2 mask respirator w/ acid gas cartridge and N95 filters
3 M N95 pre-filters, 10/box
3 M or-vapor/ acid-gas cartridges, 2/pk
Pro-tech 1/2 mask respirator, organic vapor cartridge/pre-filter, large
Pro-tech multi purpose cartridges, 6/box
Pro-tech pre-filters, N95, 10/box
Type your question here, and then click Search.
Rope for life ring, 100'
Life ring, orange, 30"
Sign "CAUTION TRIPPING HAZARD" with symbol
Sign caution "TRIPPING HAZARD" with symbol, 14" x 20" VPO
Sign "FIRE EXTINGUISHER" w/ location arrow, 10"x14", aluminum
Sign 4"x20" fire extinguisher VPO

Description
Photoluminescence exit sign, rigid plastic, red letters
Eyewash inspection tag, 25/pkg
Fluorescent orange flagging tape, 300yds/roll
Low voltage protective gloves, various sizes, meets ASTM D120-87, 11", various sizes
High voltage protective gloves, various sizes, meets ASTM D120-87, 14", various sizes
Traffic vest, high visibility, orange w/yellow stripe
Safety triangle kit
Highway flags, safety
Lockout tag out station, 10 lock, equipped
Lockout safety kit, Prinzling LKX
Padlock, aluminum, green
Padlock, aluminum, yellow
Padlock, solid brass
Electrical lockout safety kit, Brady 65289
Electrical lockout starter kit, Brady 65777
Welding Helmet, shade 10 filter plate, Sellstrom 24401-10WW, or Morsafe XP592
Welding Goggles, Sellstrom 85550
Replacement shades, Sellstrom 16605
Spill kit, 3M, chemical, C-SKFL31
Spill kit, 3M, petroleum, P-SKFL31
Chemical spill response pack, 3M, SRP-Chem
Petroleum spill response pack, 3M SRP-Petro
Spill control pallets, 4 drum, Eagle 1645
Rol-up/ rigid tri-pod stand w/tubular legs
Highway signs, various, 36" x 36", person working symbol
Highway signs, various, 36" x 36", road work ahead legend
Highway signs, various, 48" x 48", person working symbol
Highway signs, various, 48" x 48", road work ahead legend
Switchboard matting, 3'x75'/roll, Notrax, 830C0036-75
Protective footwear, 4", slip-on, meets ANSI Z41 PT91EH, various sizes
Protective footwear, 18", brogue overshoe, meets ANSI Z41 PT91EH, various sizes
Safety signs, various, 10" x 14"
Welding Jacket, leather, 30", Condor or equal, various sizes
Welding apron, leather, Condor or equal, various sizes
36" safety cone, 12 lbs. 6"x4" reflective collars, imprinted, FL DOT approved
24"x8" type 2 wood/steel barricade with engineer grade sheeting, FL DOT Approved
Barricade light w/photo cell, FL DOT approved
Back support, Valeo or equal, various sizes

**ORIGINAL**

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): Safety Products, Inc  
Phone: 800-336-6860 Fax: 888-700-7233

BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...

- ☒ 1. Carefully read the SPECIFICATIONS.
- ☒ 2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- ☒ 3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- ☒ 4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- ☒ 5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- ☒ 6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- ☒ 7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- ☒ 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- ☒ 9. Clearly mark the BID NUMBER AND BID NAME on the outside of your envelope.
- ☒ 10. Submit one (1) original (marked "Original") and two (2) photocopies (all collated and marked "Copy") of bid; Two (2) electronic true and exact copies of the bid on CD, flash drive or DVD in .pdf format.
- ☒ 11. Include a Bid Bond, if applicable.
- ☒ 12. Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.  
THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

**ORIGINAL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M. E. Wilson Co., Inc. 300 W. Platt St. Ste 200 Tampa, FL 33606 Robin Moch, CIC	1-813-229-8021	CONTACT NAME: Tammy Marshall PHONE: 813-984-3601 FAX: 813-229-2795 EMAIL: tmarshall@newilson.com ADDRESS: tmarshall@newilson.com
INSURED Safety Products, Inc. 3517 Craftsmen Blvd. Lakeland, FL 33803	INSURER(S) AFFORDING COVERAGE INSURER A: Depositors Insurance Company INSURER B: Allied Insurance Company of America INSURER C: MEMIC IND CO INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 50569530 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input checked="" type="checkbox"/> LOC		GLDO3007957124	10/19/16	10/01/17	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> Any Auto <input type="checkbox"/> hired and		BAPC3007957124	10/19/16	10/01/17	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$10,000		ACPCAP3007957124	10/19/16	10/01/17	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	3102803679	10/01/16	10/01/17	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is included as an additional insured with regards to general liability and auto liability as required by direct written contract.

**APPROVED**

By Shannon Feeley at 8:21 am, Aug 11, 2017

## CERTIFICATE HOLDER

Canaveral Port Authority

445 Challenger Rd Ste 301

Cape Canaveral, FL 32920

USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

tmarshall  
50569530

The ACORD name and logo are registered marks of ACORD

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**Certificate of Registration**DR-11  
R. 10/13

Issued Pursuant to Chapter 212, Florida Statutes

63-8012105139-5	06/16/83
-----------------	----------

Certificate Number

Registration Effective Date

This certifies that

SAFETY PRODUCTS INC  
3517 CRAFTSMAN RD  
EATON PARK FL 33840-9999

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

**POST THIS CERTIFICATE IN A CONSPICUOUS PLACE**

**SECTION 6 – BID SUBMISSION PACKAGE****SCHEDULE "A"  
CITY OF SUNRISE  
BID SHEET & CERTIFICATION**

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

**SAFETY PRODUCTS AND EQUIPMENT**

CATALOG NAME/ MANUFACTURER	CATALOG NUMBER	EXPIRATION DATE OF CATALOG	PERCENTAGE DISCOUNT
Safety Equipment	2017/2018	12/31/2018	20%
Traffic Control	2017/2018	12/31/2018	15%
Essentials	2018	12/31/2018	20%
BEC 16 Master Catalog	BEC 16	12/31/2018	20%
Online Catalog	-	-	20%

All deliveries will be made by Common Carrier ONLY. Yes \_\_\_\_\_ No ☒Delivery will be made within 10 calendar days after receipt of purchase order. *(To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.)*If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: ☒ No: ☐**ADDENDUM RECEIPT**

Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.

ADDENDUM NO: — /DATE — ADDENDUM NO: — /DATE —Safety Products, Inc  
Vendor NameKaren Canali  
Name of Authorized Person

**SCHEDULE "A"**  
**(Continued)**

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: Safety Products, Inc

Address 3517 Craftsman Blvd

City Lakeland State FL Zip 33803

Phone# 800-336-6840 Fax# 888-740-7233 E-Mail Kcornelius@psisafety.com

Signature: Karen Cornelius Title Gov. Bid Coord.

Printed Name: Karen Cornelius

FEID or Social Security No. SS-2282857

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

**SCHEDULE "B"**  
**CITY OF SUNRISE**

**NON-COLLUSION AFFIDAVIT**

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the bid.

STATE OF Florida )  
 ) SS  
COUNTY OF Polk )

Karen Cornelius, being first duly sworn, deposes and says that  
(Type or print name of person who is signing below)

1. He/she is the Representative (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2. He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3. Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.

Name: N/A Relationship: N/A

Name: N/A Relationship: N/A

Company Name: Safety Products, Inc

Bidders' Authorized Signature: Karen Cornelius

Subscribed and sworn to before me this 24 day of October, 2017

Shanna D Bruno  
Notary Public  
Shanna D Bruno  
(Print, Type or Stamp name of Notary Public)

Personally known ☒ or Produced I.D. ☐  
Type and number of I.D. Produced:



**SCHEDULE "C"**  
**CITY OF SUNRISE**

**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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

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

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
\_\_\_\_\_  
VENDOR'S SIGNATURE

  
\_\_\_\_\_  
COMPANY'S NAME

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

**SCHEDULE "D"**

(Continued)

**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: Mosaic  
 Address: PO Box 2005  
 City/State/Zip Code: Mulberry FL 33860  
 Phone: 863-428-2500  
 Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Agency/Firm Name: City of Orlando  
 Address: 400 South Orange Ave  
Orlando, FL 32802  
 City/State/Zip Code: \_\_\_\_\_  
 Phone: 407-246-2291  
 Fax: 407-246-2869  
 Contact: Diane M Weatherington  
 E-Mail: Diane.Weatherington.net

Agency/Firm Name: City of ST Pete  
 Address: 327 17th St North  
 City/State/Zip Code: St Pete FL 33713  
 Phone: 727-892-5297  
 Fax: \_\_\_\_\_  
 Contact: Dawn Fisher  
 E-Mail: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Agency/Firm Name: Manatee County  
 Agency/Firm Name: Manatee County  
 Address: 2908 12th St Court East  
 City/State/Zip Code: Bradenton FL 34208  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact: Tammy Hopper  
 E-Mail: \_\_\_\_\_

Agency/Firm Name: \_\_\_\_\_  
 Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Agency/Firm Name: State of FL DOT  
 Address: 605 Suwannee St  
 City/State/Zip Code: Tallahassee, FL 32399  
 Phone: 850-410-5693  
 Fax: \_\_\_\_\_  
 Contact: Gloria Dixon  
 E-Mail: Gloria.dixon@dot.state.fl.us

Agency/Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

YOUR COMPANY NAME Safety Products, Inc  
 ADDRESS 3517 Craftsman Blvd  
Lakeland FL 33803  
 PHONE: 888-336-6860 FAX: 888-740-7233  
 EMAIL: Kcarnelius@spsafety.com

**SCHEDULE "E"**  
**CITY OF SUNRISE****WARRANTY INFORMATION FORM**ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

Manufacturer Warranties on all items.DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly) all items

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

YES NO N/AWARRANTY PERIOD FOR PARTS REPLACEMENT N/A

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD?

N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

N/A

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HERewith:

YES NONAME OF BIDDER: Safety Products, Inc.SIGNATURE AND TITLE: Helen Goulou: Gov. Bid Coord.TELEPHONE: 800-336-6860 FAX: 888-700-7233DATE: 10/24/2017

**SCHEDULE "F"**  
**CITY OF SUNRISE**

**PROOF OF INSURANCE & REQUIRED LICENSES**

**ATTENTION BIDDER:**

ATTACH TO SCHEDULE "F" PROOF OF INSURANCE AS SPECIFIED HEREIN, AND COPIES OF LICENSES, IF REQUIRED.

NOTE: Only the successful Bidder shall be required to provide a Certificate of Insurance naming the City of Sunrise as additional insured.

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "G"**  
**CITY OF SUNRISE**

**STATEMENT OF NO BID**

NOTE: If you do not intend to bid on this solicitation, please return this form immediately. Failure to return this form may result in your name being removed from the list of qualified Bidders for the City of Sunrise. Please indicate bid name and number on the outside of the envelope. Thank you.

MAIL TO: CITY OF SUNRISE  
10770 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351  
ATTN: CITY CLERK'S OFFICE

We, the undersigned have declined to bid for the following reason:

- ☐ Specification too "tight," i.e., geared toward one brand or manufacturer only (explain below).
- ☐ Insufficient time to respond to the Invitation for Bid.
- ☐ We do not offer this product or an equivalent.
- ☐ Our product schedule would not permit us to perform.
- ☐ Unable to meet specifications.
- ☐ Unable to meet Bond requirements.
- ☐ Specification unclear (explain below).
- ☐ Other (specify below).

REMARKS:

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COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E MAIL: \_\_\_\_\_

# ATTACHMENT "A"

Description
Pelican "Heads Up" flashlight with fabric band
UVEX flashback safety glasses, black frame, gray lens
UVEX bandit safety glasses, black frame, espresso lens, UVEX S1603
UVEX genesis safety glasses, black frame, clear xlr, UVEX S3200X
Attitude safety glasses, black frame, mirror lens
ZTEK safety glasses, indoor/ outdoor lens
ZTEK safety glasses, blue mirrored lens
ZTEK safety glasses, tinted
ZTEK safety glasses, gray
Venture II safety glasses, indoor/outdoor, slate blue frame, blue mirror lens
Venture II safety glasses, indoor/outdoor, black frame, mirror lens
Zone II safety glasses, soft blue frame, gray lens
Randvoux safety glasses, black frame, silver mirror
Fog free goggles, indirect vent, clear lens
Clear goggles for over the glasses, fog free
GT2000 safety glasses, black frame, gray lens
Fastrac safety glasses, gray
16" PVC steel toe boots, various sizes
6" PVC steel toe waterproof boot, various sizes
36" steel toe hip waders
Latex disposable gloves, powdered 100/box, various sizes
Latex disposable gloves, powder free 100/box, various sizes
Bear kat cut resistant glove, latex coated, various sizes
18" natural black rubber gloves
24" natural black rubber gloves
Leather gloves, unlined, large
Leather work gloves, starched cuff, XXL
Triple palm leather gloves
Premium grade leather gloves, 2.5" cuff, large
Premium grade leather gloves, 4.5" gauntlet duck cuff
13" green nitrile gloves
17" PVC/nitrile chemical resistant gloves
"Mustang" split leather welding gloves 12/box
Purell hand sanitizer, w/aloe, 4.25oz bottle, 24/case
Hinged action knee pads, flat surface
Raincoat, 49" w/detachable hood, various sizes
3pc rainsuit, jacket, pants, hood, large
3pc rainsuit, jacket, pants, hood, XXlarge
Tychem protective suits, sealed seams, 6/case, various sizes
Tychem protective hood with collar, 6/case, one size fits all
Head gear w/ratchet adjustment, clear face shield
Omega II hard hat, with ratchet, white
Headgear w/ratchet adjustment, faceshield, clear
Full brim hard hat, 6pt suspension, ratchet adj, white
Howard Leight Thunder ear muff, 29NRR
Flents stealth ear muff NRR25
3M fit test kit
3 M 5000 series maintenance free 1/2 mask respirator w/ acid gas cartridge and N95 filters
3 M N95 pre-filters, 10/box
3 M or-vapor/ acid-gas cartridges, 2/pk
Pro-tech 1/2 mask respirator, organic vapor cartridge/pre-filter, large
Pro-tech multi purpose cartridges, 6/box
Pro-tech pre-filters, N95, 10/box
Type your question here, and then click Search
Rope for life ring, 100'
Life ring, orange, 30"
Sign "CAUTION TRIPPING HAZARD" with symbol
Sign caution "TRIPPING HAZARD" with symbol, 14" x 20" VPO
Sign "FIRE EXTINGUISHER" w/ location arrow, 10"x14", aluminum
Sign 4"x20" fire extinguisher VPO

Description
Photoluminescence exit sign, rigid plastic, red letters
Eyewash inspection tag, 25/pk
Fluorescent orange flagging tape, 300yds/roll
Low voltage protective gloves, various sizes, meets ASTM D120-87, 11", various sizes
High voltage protective gloves, various sizes, meets ASTM D120-87, 14", various sizes
Traffic vest, high visibility, orange w/yellow stripe
Safety triangle kit
Highway flags, safety
Lockout tag out station, 10 lock, equipped
Lockout safety kit, Prinzing LKX
Padlock, aluminum, green
Padlock, aluminum, yellow
Padlock, solid brass
Electrical lockout safety kit, Brady 65289
Electrical lockout starter kit, Brady 65777
Welding Helmet, shade 10 filter plate, Sellstrom 24401-10WW, or Morsafe XP592
Welding Goggles, Sellstrom 85550
Replacement shades, Sellstrom 16605
Spill kit, 3M, chemical, C-SKFL31
Spill kit, 3M, petroleum, P-SKFL31
Chemical spill response pack, 3M, SRP-Chem
Petroleum spill response pack, 3M SRP-Petro
Spill control pallets, 4 drum, Eagle 1645
Roll-up/ rigid tri-pod stand w/tubular legs
Highway signs, various, 36" x 36", person working symbol
Highway signs, various, 36" x 36", road work ahead legend
Highway signs, various, 48" x 48", person working symbol
Highway signs, various, 48" x 48", road work ahead legend
Switchboard matting, 3'x75'/roll, Notrax, 830C0036-75
Protective footwear, 4", slip-on, meets ANSI Z41 PT91EH, various sizes
Protective footwear, 18", brogue overshoe, meets ANSI Z41 PT91EH, various sizes
Safety signs, various, 10" x 14"
Welding Jacket, leather, 30", Condor or equal, various sizes
Welding apron, leather, Condor or equal, various sizes
36" safety cone, 12 lbs. 6"x4" reflective collars, imprinted, FL DOT approved
24"x8" type 2 wood/steel barricade with engineer grade sheeting, FL DOT Approved
Barricade light w/photo cell, FL DOT approved
Back support, Valeo or equal, various sizes

**SECTION 5 - BID SUBMISSION CHECK LIST**

COMPANY NAME: (Please Print): SCHOOL SPECIALTY, INC.

Phone: 888-388-3224

Fax: 888-388-6344

BEFORE SUBMITTING YOUR BID, MAKE SURE YOU...

- X   1. Carefully read the SPECIFICATIONS.
- X   2. Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
- X   3. Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
- X   4. Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
- X   5. Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
- N/A   6. Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
- X   7. CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
- N/A   8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- X   9. Clearly mark the BID NUMBER AND BID NAME on the outside of your envelope.
- /   Submit one (1) original (marked "Original") and two (2) photocopies (all collated "Copy") of bid; Two (2) electronic true and exact copies of the bid on DVD in .pdf format.
- Bond, if applicable.

  San   our BID is submitted prior to the deadline. Late Bids will not be

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.

THIS SHOULD BE THE FIRST PAGE OF YOUR BID.



October 24, 2017

City of Sunrise  
Purchasing Division  
10770 West Oakland Park Blvd.  
Sunrise, FL 33351  
Attention: Holly Raphaelson

Account # 136390

**RE: BID# 17-46-09-HR Safety Supplies & Equipment**

*Terms and conditions:*

*Discount:*

Catalog List Price **Less** 34% on Supply items in the current School Specialty catalogs listed below\*

Catalog List Price **Less** 10% on Furniture items in the current School Specialty catalogs listed below\*

**21<sup>st</sup> Century Safety & Security Solutions  
School Specialty Education Essentials Catalog**

\*(These catalogs may contain a limited number of items that are listed as "Net Price" and these items are not eligible for any discounts. Also excluded is any catalog that bears notation: no other discounts apply)

*Contract Period:*

**Valid from October 25, 2017 through January 25, 2018. Pricing for contract period effective upon notification of award** referencing our Bid #778557950 to [bidwestnotices@schoolspecialty.com](mailto:bidwestnotices@schoolspecialty.com).

*Freight Terms:*

All orders ship free of charge.

Sincerely,

Kathy Skibba  
Bid Operations Coordinator

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SECTION 6 – BID SUBMISSION PACKAGE**

**SCHEDULE "A"  
CITY OF SUNRISE  
BID SHEET & CERTIFICATION**

**ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING**

**SAFETY PRODUCTS AND EQUIPMENT**

CATALOG NAME/ MANUFACTURER	CATALOG NUMBER	EXPIRATION DATE OF CATALOG	PERCENTAGE DISCOUNT
21st Century Safety & Security Solutions SSI Guardian	GU17	12/31/2017	34% / 10%
Education Essentials School Specialty	SS17	12/31/2017	34% / 10%

All deliveries will be made by Common Carrier ONLY. Yes X No \_\_\_\_\_

Delivery will be made within \_\_\_\_\_ calendar days after receipt of purchase order. *(To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.)*

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: X No: \_\_\_\_\_

**ADDENDUM RECEIPT**

**Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.**

ADDENDUM NO: \_\_\_\_/DATE \_\_\_\_\_ ADDENDUM NO: \_\_\_\_/DATE \_\_\_\_\_

\_\_\_\_\_  
SCHOOL SPECIALTY, INC.  
Vendor Name

\_\_\_\_\_  
Amy M. Fuss, Assistant Secretary  
Name of Authorized Person

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "A"**  
**(Continued)**

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.


The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.

Company Name: SCHOOL SPECIALTY, INC.

Address W6316 Design Drive

City Greenville State WI Zip 54942

Phone# 888-388-3224 Fax# 888-388-6344 E-Mail bidwestnotices@schoolspecialty.com

Signature:  Title Assistant Secretary

Printed Name: Amy M. Fuss

FEID or Social Security No. 39-0971239

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

BID NUMBER: 17-46-09-HR

## NON-COLLUSION AFFIDAVIT

STATE OF Wisconsin )  
 ) SS  
COUNTY OF Outagamie )

**SCHEDULE "C"**  
**CITY OF SUNRISE**

**BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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

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

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

  
\_\_\_\_\_  
VENDOR'S SIGNATURE

\_\_\_\_\_  
SCHOOL SPECIALTY, INC.  
COMPANY'S NAME

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "D"**  
**CITY OF SUNRISE**  
**BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: SCHOOL SPECIALTY, INC.

Address: W6316 Design Drive Greenville WI 54942  
Street City State Zip Code

Telephone: (888 ) 388-3224 Fax: (888 ) 388-6344 E-Mail: bidwestnotices@schoolspecialty.com

Web Site: www.schoolspecialty.com

How many years has your organization been in business under its present name? 58 Yrs

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute: N/A

Under what former names has your business operated? : N/A

At what address was that business located? N/A

Are You Certified? Yes        No        If Yes, ATTACH COPY OF LICENSE

Are You Licensed? Yes        No        If Yes, ATTACH COPY OF LICENSE

Has your company or its senior officers ever declared bankruptcy?

Yes X No        If yes, explain: See attached document.

Are you a sales representative,        distributor, X broker,        manufacturer         
of the commodities/services bid upon?

Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes        No X If Yes, explain (date, service/project, bid title, etc.)       

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes        No X if yes, explain:       

Have you ever been debarred or suspended from doing business with any government entity? Yes        No X If Yes, explain       

Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid:

**(Attach additional sheets as necessary)**



On January 28, 2013 (the "Petition Date"), School Specialty, Inc. (and its subsidiaries) ("Debtors") filed a voluntary petitions under chapter 11 (the "Chapter 11 Cases") of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Court");

On April 23, 2013, the Debtors filed the Debtors' Amended Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code [Docket No. 862] (the "Initial Plan") and the Disclosure Statement for the Debtors' Amended Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code [Docket No. 864] (the "Disclosure Statement"). Conditional approval of the Disclosure Statement was granted by the Court on April 24, 2013 [Docket No. 902]. Following the filing of the Initial Plan, the Debtor filed the Debtors' Second Amended Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code [Docket No. 1158] (the "Plan"). A corrected order approving the Disclosure Statement on a final basis and confirming the Plan was entered on June 3, 2013 [Docket No. 1186] (the "Confirmation Order"). The Plan became effective on June 11, 2013 [Docket No. 1258] (the "Effective Date"). School Specialty (and its subsidiaries) emerged from Chapter 11 protection on June 11, 2013. The Chapter 11 Cases administratively closed effective on Sept 15, 2015.

**SCHEDULE "D"**  
(Continued)

**REFERENCES:**

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: <u>School Board Broward Cty</u>	Agency/Firm Name: <u>Collier County School District</u>
Address: <u>600 SE 3rd Avenue</u>	Address: <u>5775 Osceola Trail</u>

City/State/Zip Code: <u>Ft. Lauderdale, FL</u>	City/State/Zip Code: <u>Naples, FL</u>
Phone: <u>754-321-0505</u>	Phone: <u>239-377-0047</u>
Fax: <u>754-321-0938</u>	Fax: <u>239-377-0074</u>
Contact: <u>Karlene Grant</u>	Contact: <u>David Nara</u>
E-Mail: _____	E-Mail: <u>narada@collierschools.com</u>

Agency/Firm Name: <u>Early Learning Coalition</u>	Agency/Firm Name: _____
Address: <u>2555 Ponce de Leon Blvd.</u>	Address: _____
<u>Suite 500</u>	
City/State/Zip Code: <u>Coral Gables, FL</u>	City/State/Zip Code: _____
Phone: <u>305-646-7220</u>	Phone: _____
Fax: <u>305-646-7222</u>	Fax: _____
Contact: <u>Paul Bender</u>	Contact: _____
E-Mail: _____	E-Mail: _____

Agency/Firm Name: _____	Agency/Firm Name: _____
-------------------------	-------------------------

Agency/Firm Name: _____	Agency/Firm Name: _____
Address: _____	Address: _____

City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
E-Mail: _____	E-Mail: _____

Agency/Firm Name: _____	Agency/Firm Name: _____
Address: _____	Address: _____

City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
E-Mail: _____	E-Mail: _____

YOUR COMPANY NAME SCHOOL SPECIALTY, INC.

ADDRESS W6316 Design Drive

Greenville, WI 54942

PHONE: 888-388-3224 FAX: 888-388-6344

EMAIL: bidwestnotices@schoolspecialty.com

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "E"**  
**CITY OF SUNRISE**

N/A

**WARRANTY INFORMATION FORM**

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID  
MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

WARRANTY PERIOD FOR PARTS REPLACEMENT \_\_\_\_\_

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF BIDDER: \_\_\_\_\_

SIGNATURE AND TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE: \_\_\_\_\_

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "F"**  
**CITY OF SUNRISE**

**PROOF OF INSURANCE & REQUIRED LICENSES**

**ATTENTION BIDDER:**

ATTACH TO SCHEDULE "F" PROOF OF INSURANCE AS SPECIFIED HEREIN, AND  
COPIES OF LICENSES, IF REQUIRED.

NOTE: Only the successful Bidder shall be required to provide a Certificate of Insurance naming  
the City of Sunrise as additional insured.

BID TITLE: Safety Supplies and Equipment

BID NUMBER: 17-46-09-HR

**SCHEDULE "G"**  
**CITY OF SUNRISE**

**STATEMENT OF NO BID**

NOTE: If you do not intend to bid on this solicitation, please return this form immediately. Failure to return this form may result in your name being removed from the list of qualified Bidders for the City of Sunrise. Please indicate bid name and number on the outside of the envelope. Thank you.

MAIL TO: CITY OF SUNRISE  
10770 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351  
ATTN: CITY CLERK'S OFFICE

We, the undersigned have declined to bid for the following reason:

\_\_\_\_\_ Specification too "tight," i.e., geared toward one brand or manufacturer only (explain below).

\_\_\_\_\_ Insufficient time to respond to the Invitation for Bid.

\_\_\_\_\_ We do not offer this product or an equivalent.

\_\_\_\_\_ Our product schedule would not permit us to perform.

\_\_\_\_\_ Unable to meet specifications.

\_\_\_\_\_ Unable to meet Bond requirements.

\_\_\_\_\_ Specification unclear (explain below).

\_\_\_\_\_ Other (specify below).

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E MAIL: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>School Specialty, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) >	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) <b>W6316 Design Drive</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Greenville, WI 54942</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
OR								
Employer identification number								
3	9	-	0	9	7	1	2	3

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ 

Date ▶ 12/31/2018

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.**

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.