

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

Blue Sheet No. 20020730

1. REQUESTED MOTION:

ACTION REQUESTED: Approve award of Formal Quotation # Q-020433, for the annual Purchase of Medical Supplies Product Group A, for the Division of Public Safety (Emergency Medical Services), for an estimated annual expenditure of \$123,540.53 to the overall low quoter meeting all specification requirements Emergency Medical Products, Inc. The initial term of this agreement is for one year. Request authority to renew this quotation for four additional one-year periods if in the best interest of the County, at the expiration of the original term. Funding will come from the individual departments budget and they will be responsible for monitoring their own expenditures.

WHY ACTION IS NECESSARY: According to Section 9.4.1 of the Lee County Purchasing and Payment Procedures Manual, approved by the Board on 3/21/00, purchases over the \$50,000.00 must be approved by the Board.

WHAT ACTION ACCOMPLISHES: Establishes competitive pricing for the Purchase of Medical Supplies-Product Group A, on and annual basis.

2. DEPARTMENTAL CATEGORY:

COMMISSION DISTRICT #

C7A

3. MEETING DATE:

07-09-2002

4. AGENDA:

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

5. REQUIREMENT/PURPOSE:
(Specify)

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

6. REQUESTOR OF INFORMATION:

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

BY: *John Wilson*

7. BACKGROUND: On May 21, 2002 Purchasing Services received ten quotations for the Purchase of Medical Supplies Group A for the Public Safety Division (EMS). After review of the quotes by Public Safety a recommendation was made to award to Emergency Medical Products, Inc. the overall low quoter meeting all specification requirements

- Attachments: (1) Tabulation Sheet (2) Departments Recommendation (3) Specification (4) Awarded Vendors Quotation

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>met 6/20/02</i>	<i>Janet Sheehan 6-18-02</i>			<i>Richard Jasek</i>	OA <i>6/21/02</i>	QM <i>6/24/02</i>	Risk <i>6/24</i>	GC <i>6/21/02</i>	<i>[Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by Cathy
Date: *6/20/02*
Time: *3:10pm*
6/21/02 9:05pm

RECEIVED BY COUNTY ADMIN. *PM*
6-21 10:40
COUNTY ADMIN. *BL*
FORWARDED TO:
6/25 1:00

ATTACHMENT

FORMAL QUOTATION #Q-020433	LEE COUNTY, FLORIDA TABULATION SHEET				
OPENING DATE: 5-21-02	FOR				
BUYER: CHRIS JEFFCOAT	PURCHASE OF MEDICAL SUPPLIES (PRODUCT GROUP A) FOR EMS				
VENDORS	TRI-ANIM	AERO PRODUCTS CORPORATION	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
ADDENDUM ACKNOWLEDGED					
SECTION A - BANDAGING & SPLINTING SUPPLIES					
1. Flexicon Non-sterile 2"					
Specify Product & Manufacturer	SWIFT 834-05-1820	DYNAREX 3102	DUMEX DUFLEX	DYNAREX J5200	MBM CPO 200
Estimated Annual Usage: 4300 Each					
Cost Each	\$0.38	\$0.15	\$0.12	\$0.13	\$0.090
Cost Each X 4300 = Est. Annual Cost	\$1,634.00	\$659.19	\$516.00	\$559.00	\$387.00
Specify Package Details	EACH	12/BG	12/BG	12/BG	12/BG
2. Flexicon Non-sterile 4"					
Specify Product & Manufacturer	SWIFT 834-05-1840	DYNAREX 3104	DUMEX DUFLEX	DYNAREX J5804	MBM CPO400
Estimated Annual Usage: 5200 Each					
Cost Each	\$0.65	\$0.17	\$0.15	\$0.17	\$0.016
Cost Each X 5200 = Est. Annual Cost	\$3,380.00	\$884.00	\$780.00	\$884.00	\$83.20
Specify Package Details	EACH	12/BG	12/BG	12/BG	12/BG
3. Elastic Bandage 4"					
Specify Product & Manufacturer	DYNAREX 279-3654 EA	DYNAREX 3654	ABCO 4"	MEDLINE J2054	MBM FBR18144
Estimated Annual Usage: 900 Each					
Cost Each	\$0.52	\$0.61	\$0.91	\$0.79	\$0.51
Cost Each X 900 = Est. Annual Cost	\$468.00	\$549.00	\$819.00	\$711.00	\$459.00
Specify Package Details	EA	EA	10 BX	50/CS	10/BX

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
4. Band-Aids 1" X 3"		CORPORATION			
Specify Product & Manufacturer	DYNAREX 279-3602BV	DYNAREX 3602	DUMEX	QUIKSTRIP J2904	MBM MTMIX3
Estimated Annual Usage: 12,000 Each					
Cost Each	\$0.017	\$0.0180	\$0.060	\$0.026	\$0.014
Cost Each X 12,000 = Est. Annual Cost	\$204.00	\$216.00	\$720.00	\$312.00	\$164.40
Specify Package Details	100/BX	100/BX	100/BX	100/BX 12 BX/CS	100/BX
5. Disposable Sterile Burn Sheets 60" X 96"					
Specify Product & Manufacturer	GAM 321-30-01	GAM 30-01	GAM	ROEHAMPTON H0508	GAM 3001
Estimated Annual Usage: 120 Each					
Cost Each	\$4.17	\$3.30	\$4.85	\$4.74	\$5.98
Cost Each X 120 = Est. Annual Cost	\$500.40	\$396.00	\$582.00	\$568.80	\$717.60
Specify Package Details	EACH	EACH	EA	24/CS	EA
6. Non-sterile Dressings 4" X 4" 8-ply					
Specify Product & Manufacturer	DYNAREX 279-3242BG	DYNAREX 3242	DUMEX	DYNAREX J5108	MBM 20184
Estimated Annual Usage: 176,000 Each					
Cost Each	\$0.009	\$0.011	\$0.040	\$0.010	\$0.01230
Cost Each X 176,000 = Est. Annual Cost	\$1,504.80	\$1,918.40	\$7,040.00	\$1,760.00	\$2,164.80
Specify Package Details	200/PK 20PK/CASE	200/PKG	200/PKG	200/PKG	200/BG
7. Sterile Dressing 4" X 4"					
Specify Product & Manufacturer	DYNAREX 279-3342BX	HERMITAGE 9141	DUMEX	DYNAREX J5004	MBM
Estimated Annual Usage: 2400 Each					
Cost Each	\$0.02	\$0.0460	\$0.08	\$0.05	\$0.013
Cost Each X 2400 = Est. Annual Cost	\$56.64	\$110.40	\$192.00	\$112.80	\$31.44
Specify Package Details	2/PK 25PK/TY 24TY/CA	100/BX	25/TRAY	100/BX 12 BX/CS	25/BX

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
8. Sterile Dressing 5" X 9"		CORPORATION			
Specify Product & Manufacturer	DYNAREX 279-3501 PK	DYNAREX 3501	DUMEX	DYNAREX J5400	J & J 2145
Estimated Annual Usage: 2400 Each					
Cost Each	\$0.11	\$0.123	\$0.18	\$0.12	\$0.210
Cost Each X 2400 = Est. Annual Cost	\$253.20	\$295.20	\$432.00	\$288.00	\$504.96
Specify Package Details	20/TY 20 TYS/CS	20/TRAY	25 BX	20/TR 20 TR/CS	25
9. Sterile Dressing 12" X 30"					
Specify Product & Manufacturer	HERMITAGE 372-3050	GAM 110-1	DYNAREX	DYNAREX J5404	HERM 3050
Estimated Annual Usage: 400 Each					
Cost Each	\$1.63	\$1.55	\$1.20	\$1.17	\$1.28
Cost Each X 400 = Est. Annual Cost	\$652.00	\$620.00	\$480.00	\$468.00	\$496.00
Specify Package Details	25/CS	EA	EA	EA	EA
10. Tape 1" X 10 yards Transpore No Substitute					
Specify Product & Manufacturer	RANSPORE 834-03-152	3M 1527-1	3M TRANSPORE 1"	TRANSPORE J2091	TRANSPORE
Estimated Annual Usage: 1680 Each					
Cost Each	\$1.63	\$1.08	\$0.96	\$0.87	\$1.14
Cost Each X 1680 = Est. Annual Cost	\$2,738.40	\$1,814.40	\$1,612.80	\$1,461.60	\$1,910.16
Specify Package Details	12/BX	12/BX	12 ROLLS	12 ROLLS BX/ 10BX/CS	12/BX
11. Tape 1" X 10 yards, Zonas Adhesive					
Specify Product & Manufacturer	ZONA 834-03-5104	J & J 5104	J & J ZONAS	155104 ZONA	J&J 510
Estimated Annual Usage: 1150 Each					
Cost Each	\$1.22	\$0.82	\$0.43	\$0.87	\$0.77
Cost Each X 1150 = Est. Annual Cost	\$1,403.00	\$943.00	\$494.50	\$1,000.50	\$885.50
Specify Package Details	12/BX	12/BX	24 RLS / BX	12/BX	12/BX

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
12. Tape 2" X 10 yards, Zonas Adhesive		CORPORATION			
Specify Product & Manufacturer	ZOZAS 834-03-5106	J&J 5106	J&J ZONAS	155106 ZONA	J & J 510
Estimated Annual Usage: 1900 Each					
Cost Each	\$2.45	\$1.64	\$1.72	\$1.74	\$1.57
Cost Each X 1900 = Est. Annual Cost	\$4,655.00	\$3,116.00	\$3,268.00	\$3,306.00	\$2,983.00
Specify Package Details	6 BX	6/BX	6/RLS	6/BX	6/BX
13. Triangular Bandages					
Specify Product & Manufacturer	DYNAREX 279-3672PK	MAGNUM 04-4454	TILLIOTSON	J2050	ZTDOL
Estimated Annual Usage: 1300 Each					
Cost Each	\$0.24	\$0.35	\$0.28	\$0.34	\$0.29
Cost Each X 1300 = Est. Annual Usage	\$312.00	\$455.00	\$364.00	\$442.00	\$377.00
Specify Package Details	EACH	EA	EA	240 EA/CS	EA
14. Veni-guards Conmed Adult					
Specify Product & Manufacturer	CONMED 218-705-4431	CONMED 705-4431	CONMED	G0803 VIEW SITE	CONMED 7054431
Estimated Annual Usage: 34,000 Each					
Cost Each	\$0.32	\$0.305	\$0.48	\$0.296	\$0.47
Cost Each X 34,000 = Est. Annual Usage	\$10,880.00	\$10,353.00	\$16,320.00	\$10,047.00	\$16,000.40
Specify Package Details	100/BX	100/BX	100/BX	100/BX	100/BX
15. Petrolatum Gauze 3" X 9"					
Specify Product & Manufacturer	KIMBERLY CLARK 474-20056 BX	J & J 2047	DUMEX PETROLATUM	KIMBERLY CLARK J2018	KENDAL CP4136
Estimated Annual Usage: 300 Each					
Cost Each	\$0.570	\$0.73	\$0.73	\$0.57	\$0.675
Cost Each X 300 = Est. Annual Usage	\$171.00	\$219.00	\$219.00	\$171.00	\$202.50
Specify Package Details	12/BX	12/BX	12/BX	12/BX 6 BX/CS	50/BX

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
16. Cold Packs-Cold Cycle		CORPORATION			
Specify Product & Manufacturer	MORRISON 56-2004	GAM 12-10	JACK FROST	PMX MEDICAL J2192	INSTANT HMS
Estimated Annual Usage: 3200 Each					
Cost Each	\$0.70	\$0.47	\$0.43	\$0.30	\$0.41
Cost Each X 3200 = Est. Annual Usage	\$2,240.00	\$1,504.00	\$1,376.00	\$960.00	\$1,375.12
Specify Package Details	24/CASE	24/BX	24/BX	24/CS	24/CS
17. AMBU PerFit Ace, Adult No Substitute					
Specify Product & Manufacturer	AMBU 065-000-281-000	AMBU PERFIT ACE	AMBU PERFIT ACE	PERFIT ACE F1400	AMBU
Estimated Annual Usage: 3000 Each					
Cost Each	\$8.75	\$5.42	\$6.50	\$5.90	\$6.69
Cost Each X 3000 = Est. Annual Usage	\$26,250.00	\$16,260.00	\$19,500.00	\$17,700.00	\$20,070.00
Specify Package Details	EA	EA	EA	30/CS	EA
18. AMBU PerFit Ace, Peds No Substitute					
Specify Product & Manufacturer	AMBU 065-000-281-106 EA	AMBU PERFIT ACE	AMBUFIT MINI ACE	PERFIT ACE F1402	AMBU
Estimated Annual Usage: 300 Each					
Cost Each	\$8.75	\$5.76	\$6.50	5.9	\$6.69
Cost Each X 300 = Est. Annual Usage	\$2,625.00	\$1,728.00	\$1,950.00	1,770.00	\$2,007.00
Specify Package Details	EA	EA	EA	30/CS	EA
19. Stifneck Select Collar, Infant No Substitute					
Specify Product & Manufacturer	LAERDAL	AL STIFNECK SELECT	LAERDAL	STIFNECK LAERDAL	LAERDAL
Estimated Annual Usage: 200 Each					
Cost Each	\$5.20	\$5.55	\$5.15	3.75	\$7.72
Cost Each X 200 = Est. Annual Usage	\$1,040.00	\$1,110.00	\$1,030.00	750	\$1,544.00
Specify Package Details	EA	EA	EA	50/CS	EA

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
20. Superpore Paper Surgical Tape, 1"		CORPORATION			
Specify Product & Manufacturer	HERMITAGE 372-6111BX	HERMITAGE 6111	HERMITAGE	86111	PF005116 MBM
Estimated Annual Usage: 144 Rolls					
Cost Each	\$0.43	\$0.46	\$0.40	\$0.55	\$0.42
Cost Each X 144 = Est. Annual Cost	\$62.35	\$66.24	\$57.60	\$79.20	\$61.06
Specify Package Details	12/BX 12 BX/CS	12/BX	EA	12/BX	12/BX
21. SAMS' Splints 36 " long Orange & Blue No Substitute					
Specify Product & Manufacturer	770-1121EA				
Estimated Annual Usage: 300Each					
Cost Each	\$10.15	\$10.12	\$10.75	\$7.46	\$9.07
Cost Each X 300= Est. Annual Cost	\$3,045.00	\$3,036.00	\$3,225.00	\$2,238.00	\$2,721.00
Specify Package Details	12/PK	EA	EA	12/BX	EA
QUOTED ALL ITEMS IN SECTION	YES	YES	YES	YES	YES
TOTAL SECTION A	\$64,074.79	\$46,252.83	\$60,977.90	\$45,588.90	55,095.14
SECTION B - RESPIRATORY SUPPLIES					
1. Nasal Canula w/7' Tubing					
Specify Product & Manufacturer	HOSPITAK 355-302	BAXTER 001310	HUDSON	HUDSON D6132 1104	N.B.
Estimated Annual Usage: 20,000 Each					
Cost Each	\$0.28	\$0.42	0.45	\$0.33	
Cost Each X 20,000 = Est. Annual Cost	\$5,600.00	\$8,400.00	\$9,000.00	\$6,660.00	
Specify Package Details	50/CS	EA	EA	50/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
2. Adult High Concentration Mask		CORPORATION			
Specify Product & Manufacturer	HOSPITAK 355-106	BAXTER 001205	HUDSON	HUDSON D6144 1060	N.B
Estimated Annual Usage: 15,000Each					
Cost Each	\$0.99	\$1.09	\$1.28	\$0.90	
Cost Each X 15,000 = Est. Annual Cost	\$14,850.00	\$16,350.00	\$19,200.00	\$13,500.00	
Specify Package Details	50/CS	EA	EA	50/CS	
3. Pediatric High Concentration Mask					
Specify Product & Manufacturer	HOSPITAK 355-3226E	BAXTER 001267	HUDSON	HUDSON D6142/1011	N.B
Estimated Annual Usage: 800 Each					
Cost Each	\$1.13	\$1.59	\$1.85	\$0.96	
Cost Each X 800 = Est. Annual Cost	\$904.00	\$1,272.00	\$1,480.00	\$768.00	
Specify Package Details	50/CS	EA	EA	50/CS	
4. Infant Oxygen Mask					
Specify Product & Manufacturer	HOSPITAK 355-266	RUSCH 396218	N.B	D4143/7-20	N.B
Estimated Annual Usage: 200 Each					
Cost Each	\$1.18	\$2.22		\$1.59	
Cost Each X 200 = Est. Annual Cost	\$236.00	\$444.00		\$318.00	
Specify Package Details	50/CS	EA		50/CS	
5. Berman Dual Channel Airway 40MM No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4715	GRAHAM FIELD 3786 M#0	RUSCH	BERMAN D4238	N.B
Estimated Annual Usage: 100 Each					
Cost Each	\$0.12	\$0.17	\$0.24	\$0.16	
Cost Each X 100 = Est. Annual Cost	\$12.00	\$17.00	\$24.00	\$16.00	
Specify Package Details	EA	EA	EA	50/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
6. Berman Dual Channel Airway 50MM No Substitute		CORPORATION			
Specify Product & Manufacturer	N.B	GRAHAM FIELD 3786M#	RUSCH	BERMAN D4240	N.B
Estimated Annual Usage: 100 Each					
Cost Each		\$0.19	\$0.24	\$0.13	
Cost Each X 100 = Est. Annual Cost		\$19.00	\$24.00	\$13.00	
Specify Package Details		EA	EA	50/CS	
7. Berman Dual Channel Airway 60MM No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4725	DYNAREX 4725	RUSCH	BERMAN D4242	N.B
Estimated Annual Usage: 100 Each					
Cost Each	\$0.12	\$0.15	\$0.24	\$0.13	
Cost Each X 100 = Est. Annual Cost	\$12.00	\$15.00	\$24.00	\$13.00	
Specify Package Details	EA	EA	EA	50/CS	
8. Berman Dual Channel Airway 80MM No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4735	DYNAREX 4735	RUSCH	BERMAN D4246	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$0.12	\$0.15	\$0.24	\$0.13	
Cost Each X 100 = Est. Annual Cost	\$12.00	\$15.00	\$24.00	\$13.00	
Specify Package Details	EA	EA	EA	50/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
9. Berman Dual Channel Airway 90MM No Substitute		CORPORATION			
Specify Product & Manufacturer	DYNAREX 279-4745	DYNAREX 4745	RUSCH	BERMAN D4248	N.B
Estimated Annual Usage: 200 Each					
Cost Each	\$0.12	\$0.15	\$0.24	\$0.13	
Cost Each X 200 = Est. Annual Cost	\$24.00	\$30.00	\$24.00	\$26.00	
Specify Package Details	EACH	EA	EA	50/CS	
10. Berman Dual Channel Airway 100MM No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4755	DYNAREX 4755	RUSCH	BERMAN D4250	N.B
Estimated Annual Usage: 200 Each					
Cost Each	\$0.12	\$0.15	\$0.24	\$0.13	
Cost Each X 200 = Est. Annual Cost	\$24.00	\$30.00	\$24.00	\$26.00	
Specify Package Details	EA	EA	EA	50/CS	
11. Berman Dual Channel Airway 110MM No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4765	DYNAREX 4765	RUSCH	BERMAN	N.B
Estimated Annual Usage: 200 Each					
Cost Each	\$0.12	\$0.15	\$0.24	\$0.13	
Cost Each X 200 = Est. Annual Cost	\$24.00	\$30.00	\$24.00	\$26.00	
Specify Package Details	EA	EA	EA	50/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS CORPORATION	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
12. Nasal Canula, Pediatric					
Specify Product & Manufacturer	HOSPITAK 355-332	BUF 33604	HUDSON	HUDSON 1103/D6133	N.B
Estimated Annual Usage: 300 Each					
Cost Each	\$0.95	\$1.14	\$1.24	\$0.35	
Cost Each X 300 = Est. Annual Cost	\$285.00	\$342.00	\$372.00	\$105.00	
Specify Package Details	50/CS	EA	EA	50/CS	
13. Combitube, in Roll-up Pouch					
Specify Product & Manufacturer	KENDALL 47-5-18441EA	KENDALL 5-18441	KENDALL	KENDAL D4448	N.B
Estimated Annual Usage: 500 Each					
Cost Each	\$44.47	\$39.96	\$47.85	\$39.73	
Cost Each X 500 = Est. Annual Cost	\$22,235.00	\$19,980.00	\$23,925.00	\$19,865.00	
Specify Package Details	EA	EA	EA	EA	
14. HI-D "Big Stick" No Substitution					
Specify Product & Manufacturer	SSCON 821-44241 EA	SSCON - HI D	N.B	SSCON D4811/44241	N.B
Estimated Annual Usage: 1100 Each					
Cost Each	\$1.40	\$1.30		\$1.29	
Cost Each X 1100 = Est. Annual Cost	\$1,540.00	\$1,430.00		\$1,419.00	
Specify Package Details	EA	EA		50/CS	
15. Suction Tubing 9/32"					
Specify Product & Manufacturer	CONMED 218-0034300	KENDAL 8888301705	KENDALL	KENDAL D4808	N.B
Estimated Annual Usage: 700 Each					
Cost Each	\$0.60	\$1.12	\$0.53	\$0.67	
Cost Each X 700 = Est. Annual Cost	\$420.00	\$784.00	\$371.00	\$469.00	
Specify Package Details	50/CS	EA	EA	50/CS	
16. Bemis Suction Canister w/Cover					
Specify Product & Manufacturer	BEMIS 133-484410EA	BEMIS 484410	BEMIS	BEMIS D4830/484410	N.B

Estimated Annual Usage: 500 Each					
Cost Each	\$1.88	\$2.25	\$2.75	\$2.70	
Cost Each X 500 = Est. Annual Cost	\$940.00	\$1,125.00	\$1,375.00	\$1,350.00	
Specify Package Details	EA	EA	12/CS	48/CS	
17. Nebulizer & Tee Adapter					
Specify Product & Manufacturer	HOSPITAK 355-759	B&F 61399	HUDSON	HUDSON D6147 1883	N.B.
Estimated Annual Usage: 1600 Each					
Cost Each	\$0.64	\$1.10	\$1.40	\$0.85	
Cost Each X 1600 = Est. Annual Cost	\$1,024.00	\$1,760.00	\$2,240.00	\$1,360.00	
Specify Package Details	50/CS	EA	EA	50 CS	
18. Safe-T-Vac Suc. Catheters ped. Grad.					
Specify Product & Manufacturer	KENDALL 47-30688	KENDALL 30620	KENDALL	320006	N.B.
Estimated Annual Usage: 30 Each					
Cost Each	\$0.46	\$0.68	\$0.35	\$0.68	
Cost Each X 30 = Est. Annual Cost	\$13.80	\$20.40	\$10.50	\$20.40	
Specify Package Details	50/CS	EA	EA	EA	
19. Suction Catheters, 6 FR					
Specify Product & Manufacturer	ALUEMED 301-001-11110	RUSCH 404500060	KENDALL	CARING D4813	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$0.29	\$0.40	\$0.35	\$0.45	
Cost Each X 100 = Est. Annual Cost	\$29.00	\$40.00	\$35.00	\$45.00	
Specify Package Details	EA	EA	EA	50/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
20. Suction Catheters, 8 FR		CORPORATION			
Specify Product & Manufacturer	VALUEMED 301-001-1110	RUSCH 404500080	KENDALL	CARING D4814	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$0.29	\$0.40	\$0.35	\$0.45	
Cost Each X 100 = Est. Annual Cost	\$29.00	\$40.00	\$35.00	\$45.00	
Specify Package Details	EA	EA	EA	50/CS	
21. Suction Catheters, 10FR					
Specify Product & Manufacturer	VALUEMED 301-001-1110	RUSCH 404500100	RUSCH	CARING D4816	N.B.
Estimated Annual Usage: 150 Each					
Cost Each	\$0.29	\$0.40	\$0.35	\$0.45	
Cost Each X 150 = Est. Annual Cost	\$43.50	\$60.00	\$52.50	\$67.50	
Specify Package Details	EA	EA	EA	50/CS	
22. Suctions Catheters, 12 FR					
Specify Product & Manufacturer	VALUEMED 301-001-1110	RUSCH 404500120	KENDALL	CARING D4824	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$0.29	\$0.40	\$0.35	\$0.45	
Cost Each X 100 = Est. Annual Cost	\$29.00	\$40.00	\$35.00	\$45.00	
Speccify Package Details	EA	EA	EA	50/CS	
23. Suctions Catheters, 14 FR					
Specify Product & Manufacturer	VALUEMED 301-001-1110	RUSCH 404500140	KENDALL	CARING D4818	N.B.
Estimated Annual Usage: 250 Each					
Cost Each	\$0.29	\$0.40	0.35	\$0.45	
Cost Each X 250 = Est. Annual Cost	\$72.50	\$100.00	\$87.50	\$112.50	
Specify Package Details	EA	EA	EA	50/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
24. Nasopharyngeal Airways, Sterile 12 FR		CORPORATION			
Specify Product & Manufacturer	RUSCH 76-123312	RUSCH 1233-12	RUSCH	RUSCH D660/123312	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$2.41	\$2.05	\$2.20	\$1.98	
Cost Each X 100 = Est. Annual Cost	\$241.00	\$205.00	\$220.00	\$198.00	
Specify Package Details	EA	EA	50/BX	10/BX	
25. Nasopharyngeal Airways, Sterile 14 FR					
Specify Product & Manufacturer	RUSCH 76-123314	RUSCH 1233-14	RUSCH	RUSCH D6602/123314	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$2.41	\$2.05	\$2.20	\$1.98	
Cost Each X 100 = Est. Annual Cost	\$241.00	\$205.00	\$220.00	\$198.00	
Specify Package Details	EA	EA	50/BX	10/BX	
26. Nasopharyngeal Airways, Sterile 16 FR					
Specify Product & Manufacturer	RUSCH 76-123316	RUSCH 1233-16	RUSCH	RUSCH D6604/123316	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$2.41	\$2.05	\$2.20	\$1.98	
Cost Each X 100 = Est. Annual Cost	\$241.00	\$205.00	\$220.00	\$198.00	
Specify Package Details	EA	EA	50/BX	10/BX	
27. Nasopharyngeal Airways, Sterile 18 FR					
Specify Product & Manufacturer	RUSCH 76-123318	RUSCH 1233-18	RUSCH	RUSCH D6606 /123318	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$2.41	\$2.05	\$2.20	\$1.98	
Cost Each X 100 = Est. Annual Cost	\$241.00	\$205.00	\$220.00	\$198.00	
Specify Package Details	EA	EA	50/BX	10/BX	
28. Nasopharyngeal Airways, Sterile 20 FR					
Specify Product & Manufacturer	SUNMED 792-1-5076-20	RUSCH 1231-20	RUSCH	RUSCH D4271/123120	N.B.
Estimated Annual Usage: 100 Each					
VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC

29. Nasopharyngeal Airways, Sterile 22 FR		CORPORATION			
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	
Cost Each X 100 = Est. Annual Cost	\$143.00	\$136.00	\$220.00	\$144.00	
Specify Package Details	EA	EA	50/BX	10/BX	
Specify Product & Manufacturer	SUNMED 792-1-5076-22	RUSCH 1231-22	RUSCH	RUSCH D4272/123122	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	
Cost Each X 100 = Est. Annual Cost	\$143.00	\$136.00	\$220.00	\$144.00	
Specify Package Details	EA	EA	50/BX	10/BX	
30. Nasopharyngeal Airways, Sterile 24 FR					
Specify Product & Manufacturer	SUNMED 792-1-5076-24	RUSCH 1231-24	RUSCH	RUSCH D4273/12324	N.B.
Estimated Annual Usage: 140 Each					
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	
Cost Each X 140 = Est. Annual Cost	\$200.20	\$190.40	\$220.00	\$201.60	
Specify Package Details	EA	EA	50/BX	10/BX	
31. Nasopharyngeal Airways, Sterile 26 FR					
Specify Product & Manufacturer	SUNMED 792-1-5076-24	RUSCH 1231-26	RUSCH	RUSCH D4274/123126	N.B.
Estimated Annual Usage: 145 Each					
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	
Cost Each X 145 = Est. Annual Cost	\$207.35	\$197.20	\$319.00	\$208.80	
Specify Package Details	EA	EA	50/BX	10/BX	
32. Nasopharyngeal Airways, Sterile 28 FR					
Specify Product & Manufacturer	SUNMED 792-1-5076-28	RUSCH 1231-28	RUSCH	RUSCH D4275 / 123128	N.B.
Estimated Annual Usage: 160 Each					
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
		CORPORATION			
Cost Each X 160 = Est. Annual Cost	\$228.80	\$217.60	\$352.00	\$230.40	
Specify Package Details	EACH	EA	50/BX	10/BX	
33. Nasopharyngeal Airways, Sterile 30 FR					
Specify Product & Manufacturer	SUNMED 792-1-5076-30	RUSCH 1231-30	RUSCH	RUSCH D4276 /123120	N.B.
Estimated Annual Usage: 160 Each					
Cost Each	\$1.43	\$1.36	\$2.20	\$1.44	
Cost Each X 160 = Est. Annual Cost	\$228.80	\$217.60	\$352.00	\$230.40	
Specify Package Details	EA	EA	50/BX	10/BX	
34. Nasogastric Sump Tubes, 8FR					
Specify Product & Manufacturer	KENDALL 47-155722	KENDALL 8888268086	N.B.	RUSCH D4260 / 235200-080	N.B.
Estimated Annual Usage: 50 Each					
Cost Each	\$0.74	\$6.08		\$0.75	
Cost Each X 50 = Est. Annual Cost	\$37.00	\$304.00		\$37.50	
Specify Package Details	50/CS	10/BX		10/BX	
35. Nasogastric Sump Tubes, 12FR					
Specify Product & Manufacturer	KENDALL 47-8888264929	MEDOVATIONS 1217-12	MEDOVATIONS	D4262 / 235200-120	N.B.
Estimated Annual Usage: 30 Each					
Cost Each	\$1.70	\$1.84	\$2.20	\$0.75	
Cost Each X 30 = Est. Annual Cost	\$51.00	\$55.20	\$66.00	\$22.50	
Specify Package Details	EA	EA	EA	50/BX	

36. Nasogastric Sump Tubes, 14FR					
Specify Product & Manufacturer	KENDALL 47-8888264945	MEDOVATIONS 1217-14	MEDOVATIONS	RUSCH	N.B
Estimated Annual Usage: 30 Each					
Cost Each	\$1.74	\$1.84	\$2.20	\$0.75	
Cost Each X 30 = Est. Annual Cost	\$52.20	\$55.20	\$66.00	\$22.50	
Specify Package Details	EA	EA	EA	50/BX	
37. Nasogastric Sump Tubes, 16FR					
Specify Product & Manufacturer	KENDALL 47-8888264960	MEDOVATIONS 1217-16	MEDOVATIONS	RUSCH D4264/100382-025	N.B
Estimated Annual Usage: 30 Each					
Cost Each	\$1.80	\$1.84	\$2.20	\$0.75	
Cost Each X 30 = Est. Annual Cost	\$54.00	\$55.20	\$66.00	\$22.50	
Specify Package Details	EA	EA	EA	50/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
38. Rusch Endotracheal Tubes, 2.5 mm, Uncuffed NO SUBSTITUTE		CORPORATION			
Specify Product & Manufacturer	RUSCH 76-100382025	RUSCH 100382-25	RUSCH	RUSCH D4282 / 100382-025	N.B.
Estimated Annual Usage: 50 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 50 = Est. Annual Cost	\$52.50	\$51.00	\$72.50	\$55.50	
Specify Package Details	EA	EA	EA	10/BX	
39. Rusch Endotracheal Tubes, 3.0 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 76-10038230	RUSCH 100382-30	RUSCH	RUSCH D4283/100382-030	N.B.
Estimated Annual Usage: 50 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 50 = Est. Annual Cost	\$52.50	\$51.00	\$72.50	\$55.50	
Specify Package Details	EA	EA	EA	10/BX	
40. Rusch Endotracheal Tubes, 3.5 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 76-100382035	RUSCH 100382-35	RUSCH	RUSCH D4284 / 100382-035	N.B.
Estimated Annual Usage: 50 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 50 = Est. Annual Cost	\$52.50	\$51.00	\$72.50	\$55.50	
Specify Package Details	EA	EA	EA	10/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
41. Rusch Endotracheal Tubes, 4.0 mm, Uncuffed NO SUBSTITUTE		CORPORATION			
Specify Product & Manufacturer	RUSCH 40	RUSCH 100382-40	RUSCH	RUSCHD4284 / 100382-040	N.B.
Estimated Annual Usage: 50 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 50 = Est. Annual Cost	\$52.50	\$51.00	\$72.50	\$55.50	
Specify Package Details	EA	EA	EA	EA	
42. Rusch Endotracheal Tubes, 4.5 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 45	RUSCH 100382-45	RUSCH	RUSCHD4286/ 100382-45	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 100 = Est. Annual Cost	\$105.00	\$102.00	\$145.00	\$111.00	
Specify Package Details	EA	EA	EA	10/BX	
43. Rusch Endotracheal Tubes, 5.0 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 50	RUSCH 100382-50	RUSCH	RUSCHD4287/100582-050	N.B.
Estimated Annual Usage: 100 Each					
Cost Each	\$1.05	\$1.02	\$1.45	\$1.11	
Cost Each X 100 = Est. Annual Usage	\$105.00	\$102.00	\$145.00	\$111.00	
Specify Package Details	EA	EA	EA	10/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
44. Rusch Endotracheal Tubes, 5.5 mm, Cuffed NO SUBSTITUTE		CORPORATION			
Specify Product & Manufacturer	RUSCH 76-504555EA	RUSCH 5045.55	RUSCH	RUSCH 504555	N.B.
Estimated Annual Usage: 175 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 175 = Est. Annual Usage	\$658.00	\$536.50	\$735.00	\$558.25	
Specify Package Details	EA	EA	EA	10/BX	
45. Rusch Endotracheal Tubes, 6.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 60	RUSCH 5145.60	RUSCH	504560 RUSCH	N.B.
Estimated Annual Usage: 150 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 150 = Est. Annual Usage	\$564.00	\$483.00	\$630.00	\$478.50	
Specify Package Details	EA	EA	EA	10/BX	
46. Rusch Endotracheal Tubes, 6.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 65	RUSCH 5045.65	RUSCH	RUSCH 504565	N.B.
Estimated Annual Usage: 150 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 150 = Est. Annual Usage	\$564.00	\$483.00	\$630.00	\$478.50	
Specify Package Details	EA	EA	EA	10/BX	
47. Rusch Endotracheal Tubes, 7.0 mm, Cuffed NO SUBSTITTUTE					
Specify Product & Manufacturer	RUSCH 76-504570	RUSCH 5045.70	RUSCH	504570 RUSCH	N.B.
Estimated Annual Usage: 250 Each					

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
		CORPORATION			
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 250 = Est. Annual Usage	\$940.00	\$805.00	\$1,050.00	\$797.50	
Specify Package Details	EA	EA	EA	10/BX	
48. Rusch Endotracheal Tubes, 7.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 75	RUSCH 5045-75	RUSCH	504575 RUSCH	N.B.
Estimated Annual Usage: 300 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 300 = Est. Annual Usage	\$1,128.00	\$966.00	\$1,260.00	\$957.00	
Specify Package Details	EA	EA	EA	10/BX	
49. Rusch Endotracheal Tubes, 8.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 80	RUSCH 5045.80	RUSCH	RUSCH 504580	N.B.
Estimated Annual Usage: 300 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 300 = Est. Annual Usage	\$1,128.00	\$966.00	\$1,260.00	\$957.00	
Specify Package Details	EA	EA	EA	10/BX	
50. Rusch Endotracheal Tubes, 8.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 85	RUSCH 5045.85	RUSCH	504585 RUSCH	N.B.

Estimated Annual Usage: 300 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	NB
Cost Each X 300 = Est. Annual Cost	\$1,128.00	\$966.00	\$1,260.00	\$957.00	
Specify Package Details	EA	EA	EA	10/BX	
51. Rusch Endotracheal Tubes, 9.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 76-504590	RUSCH 5045-90	RUSCH	RUSCH 504590	NB
Estimated Annual Usage: 150 Each					
Cost Each	\$3.76	\$3.22	\$4.20	\$3.19	
Cost Each X 150 = Est. Annual Cost	\$564.00	\$483.00	\$630.00	\$478.50	
Specify Package Details	EA	EA	EA	EA	
QUOTED ALL ITEMS IN SECTION	NO	YES	NO	YES	NO
TOTAL SECTION B	\$57,762.15	\$60,851.30	69,254.50	\$53,487.85	NO BID
SECTION C - EKG SUPPLIES					
1. EKG Recording Paper Compatible with Hewlett Packard Codemaster 100					
Specify Product & Manufacturer	PRINT HP100 684-84-2242	PRINT MEDIA 3587319	HEWLETT PACKARD	HP 10632900	N.B
Estimated Annual Usage: 500 Each					
Cost Each	\$1.05	\$1.65	1.99	1.62	
Cost Each X 500 = Est. Annual Cost	\$525.00	\$825.00	\$995.00	\$810.00	
Specify Package Details	10/BX	5/PK	10 RL/BX	50/BX	
2. EKG Recording Paper Compatible with Zoll M Series					
Specify Product & Manufacturer	PRINT 684-3476189	4523865 PRINT MEDIA	ZOLL M SERIES	E5992 M SERIES	N.B
Estimated Annual Usage: 500 Rolls					

Cost Each Roll	\$1.950	\$1.100	\$3.300	\$3.400	
Cost Each Roll X 500=Est. Annual Cost	\$975.00	\$550.00	\$1,650.00	\$1,700.00	
Specify Package Details	BX	10/BX	10 ROLL/BX	EA	
3. MEDI-TRACE Electrodes Kendall #SF450 No Substitute					
Specify Product & Manufacturer	MEDI TRACE	SF450 KENDALL	MEDITRACE	MEDITRACE SF450	N.B
Estimated Annual Usage: 3,000 Pkgs.					
Cost Each Pkg.	\$7.95	\$0.15	\$8.05	\$7.85	
Cost Each Pkg. X 3,000=Est. Annual Cost	\$23,850.00	\$450.00	\$24,150.00	\$23,550.00	
Specify Package Details	50/PK	50/BG	50/BG	50/PK	
4. Defibrillator Pads-Con Med 4.5 x 4.5 Cat.#330-2444, 2/pkg No Substitute					
Specify Product & Manufacturer	CONMED 218-330-2444	330-2444 CONMED	CONMED 330-2444	CONMED 330-2444	N.B
Estimated Annual Usage: 400 Pkgs					
Cost Each Pkg	\$3.05	\$2.90	\$1.65	\$1.65	
Cost Each Pkg X 400=Est. Annual Cost	\$1,220.00	\$1,160.00	\$660.00	\$660.00	
Specify Package Details	2/PK 10PK/BX	10 PKS	10PKGS/ BX	10/PK	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
		CORPORATION			
5. ZOLL M series Adult Monitoring, Defibrillation & Pacing Electrode #902400 No Substitute					
Specify Product & Manufacturer	KENDALL 785-31469219	N.B	ZOLL M SERIES	000 ZOLL MULTI FUNCTION	N.B
Estimated Annual Usage: 500 Sets					
Cost Each Set	\$29.45		\$22.95	\$26.25	
Cost Each Set X 500=Est. Annual Cost	\$14,725.00		\$11,475.00	\$13,125.00	
Specify Package Details	2/PK 10PK/BX		10 PK	10/BX	
6. ZOLL M series Pediatric Monitoring, Defibrillation & Pacing Electrode #R99000 No Substitution					
Specify Product & Manufacturer	N.B	N.B		ZOLL	N.B
Estimated Annual Usage: 200 Sets					
Cost Each Set				21.9	
Cost Each Set X 200=Est. Annual Cost				4,380	
Specify Package Details				2/PK 10 PK/BX	
7. Agilent Technologies Adult Monitoring, Defibrillation & Pacing Electrode #902400 No Substitute					
Specify Product & Manufacturer	485-902410		N.B		N.B
Estimated Annual Usage: 900 Sets					
Cost Each Set	18.26	22.84		18.99	
Cost Each Set X 900=Est. Annual Cost	16,434	20,556		17,091	
Specify Package Details	2/PK	PK - 6 SETS		10/BX	

8. Agilent Technologies Pedi Monitoring, Defibrillation & Pacing Electrode #R99000 No Substitute					
Specify Product & Manufacturer	N.B.		N.B.		N.B.
Estimated Annual Usage: 400 Sets					
Cost Each Set		74.66		19.99	
Cost Each Set X 400=Est. Annual Cost		29,864.00		7,996.00	
Specify Package Details		PK - 1 SET		10/PK.BX	
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	YES	NO
TOTAL SECTION C	57,729	53,405	38,930	69,312.00	NO BID

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
SECTION D - MISCELLANEOUS		CORPORATION			
1. Mettage Triage Tags No Substitute					
Specify Product & Manufacturer	METTAG	METTAG	METTAG	METTAG	
Estimated Annual Usage: 300 Each					N.B
Cost Each	\$0.84	\$0.65	0.8	\$0.69	
Cost Each X 300 = Est. Annual Cost	\$250.50	\$195.00	\$240.00	\$207.00	
Specify Package Details	50/PK	PK-25	50/PK	50/PK	
2. Medication Labels					
Specify Product & Manufacturer	N.B	N.B	N.B	2764	N.B
Estimated Annual Usage: 500 Each					
Cost Each				\$0.01	
Cost Each X 500 = Est. Annual Cost				\$5.00	
Specify Package Details				1000/ROLL	
3. Glucometer Elite Blood Test Strips #3918					
Specify Product & Manufacturer	ELITE 121-3871	3918 BAYER	ELITE	GLUCOMETER ELITE	N.B
Estimated Annual Usage: 15,000 Each					
Cost Each	\$0.65	\$0.74	0.88	\$0.75	
Cost Each X 15,000 = Est. Annual Cost	\$9,750.00	\$11,100.00	\$13,200.00	\$11,250.00	
Specify Package Details	50/BX	BX - 50	50/BX	50/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
4. Foil Baby Bunting, Sterile		CORPORATION			
Specify Product & Manufacturer	TECH 821-5100-250	40-06 GAM	STERILE	J2236/0981	N.B
Estimated Annual Usage: 50 Each					
Cost Each	\$2.65	\$3.40	\$4.75	\$3.42	
Cost Each X 50 = Est. Annual Cost	\$132.50	\$170.00	\$237.50	\$171.00	
Specify Package Details	EA	EA	EA	EA	
5. Hurricane Spray, Beutlich No Substitute					
Specify Product & Manufacturer	BEUTLICH	BEUTLICH 0679-02	N.B	BEUTLICH	N.B
Estimated Annual Usage: 100Each					
Cost Each	\$22.85	\$27.40		\$16.20	
Cost Each X 100 = Est. Annual Cost	\$2,285.00	\$2,740.00		\$1,620.00	
Specify Package Details	EA	EA		EA	
6. Sharps Containers, 4.7 Quart Winfield #184R, or Equal Must be same dimensions as Winfield #184R					
Specify Product & Manufacturer	WINFIELD 937-184R	184R MAXXIM	WINFIELD 184R	WINFIELD 184R/R1107	N.B.
Estimated Annual Usage: 200 Each					
Cost Each	\$3.20	\$3.08	\$2.07	\$2.88	
Cost Each X 200 = Est. Annual Cost	\$640.00	\$616.00	\$414.00	\$576.00	
Specify Package Details	12/CS		EA	12/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
7. Sharps Container, 0.6 Liter SharpSafe #4126, or Equal Must be same dimensions as SharpSafe #4126		CORPORATION			
Specify Product & Manufacturer	SIMS PORTEX 70-4126	4126 PROTEX	N.B	SHARP 4166 /R1109	N.B
Estimated Annual Usage: 200 Each					
Cost Each	\$3.25	\$3.75		\$3.44	
Cost Each X 200 = Est. Annual Cost	\$650.00	\$750.00		\$688.00	
Specify Package Details	EA	EA		100/CS	
8.. Patient Restraints for Stretchers					
Specify Product & Manufacturer	MORRISON 56-1200	MORRISON 1200	N.B	MORRISON B0106A	N.B
Estimated Annual Usage: 600 Pair					
Cost Each Pair	\$7.00	6.65		6.45	
Cost Each Pair X 600 = Est. Annual Cost	\$4,200.000	\$3,990.00		\$3,870.00	
Specify Package Details	EA	1 PAIR		1 PAIR	
9. IV Armboard, Peds					
Specify Product & Manufacturer	MORRISON 56-1009	MORRISON 1009	MORRISON	MORRISON	N.B
Estimated Annual Usage: 150 Each					
Cost Each	\$0.44	\$0.50	\$1.10	\$0.40	
Cost Each X 150 = Est. Annual Cost	\$66.00	\$75.00	\$165.00	\$60.00	
Specify Package Details	EA	CS 1000	10PK	100/CS	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
10. Digital Thermometer, Health Time, or Equal		CORPORATION			
Specify Product & Manufacturer	MABIS 508-15-600-000	MABIS 15-680-000	AMERICAN DIAGNOSTIC	E6200 MINI ELECTRIC	N.B
Estimated Annual Usage: 30 Each					
Cost Each	\$4.50	\$3.70	\$3.87	\$4.70	
Cost Each X 30 = Est. Annual Cost	\$135.00	\$111.00	\$116.10	\$141.00	
Specify Package Details	EA	EA	EA	EA	
11. Tympanic Thermometer, Braun Thermo-Scan Model #6013					
Specify Product & Manufacturer	N.B	03000-200 THERMOSCAN	BRAUN PRO 3000	E6193 PRO3000	N.B
Estimated Annual Usage: 30 Each					
Cost Each		\$113.00	\$128.42	116	
Cost Each X 30 = Est. Annual Cost		\$3,390.00	\$3,852.60	3,480.00	
Specify Package Details		EA	EA	EA	
12. Tympanic Thermometer Covers					
Specify Product & Manufacturer	N.B	05074-800 THERMOSCAN	BRAUN	E6196	N.B
Estimated Annual Usage: 2000 Boxes					
Cost Each Box		\$0.06	\$1.20	0.061	
Cost Each Box X 2000 = Est. Annual Cost		\$110.00	\$2,400.00	122.00	
Specify Package Details		200/BX	20/BX	200/BX	

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
13. Bulb Syringes		CORPORATION			
Specify Product & Manufacturer	GAM 321-40-04	GAM 40-04	BUSSE	J2232/D70275	N.B
Estimated Annual Usage: 100 Each					
Cost Each	\$0.60	\$0.50	\$0.69	\$1.00	
Cost Each X 100 = Est. Annual Cost	\$60.00	\$50.00	\$69.00	\$100.00	
Specify Package Details	EA	EA	EA	50/CS	
14. Cynch-Loks, White					
Specify Product & Manufacturer	HEALTHMARK 337-6323	23 WHITE HEALTH MA	CYNCH-LOKS, WHITE	EH6223-WHITE	N.B
Estimated Annual Usage: 5 Bags					
Cost Each Bag	\$13.600	\$14.000	\$24.200	\$16.250	
Cost Each Bag X 5 = Est. Annual Cost	\$68.00	\$70.00	\$121.00	\$81.25	
Specify Package Details	100 BAG	100/BG	100/BG	100/BG	
15. Cynch-Loks, Red					
Specify Product & Manufacturer	HEALTHMARK 337-6323RED	6323 RD HEALTHMARK	N.B	H0446 EH6223 RED	N.B
Estimated Annual Usage: 5 Bags					
Cost Bag	\$13.60	\$14.00		\$16.25	
Cost Each Bag X 5 = Est. Annual Cost	\$68.00	\$70.00		\$81.25	
Specify Package Details	100 BAG	100/BG		100/BG	
16. Kelly Forceps, -1/2" Curved					
Specify Product & Manufacturer	EMI 303-1750	10 EMERGENCY MEDIC	MILTEX	K4012	N.B

VENDORS	TRI-ANIM	AERO PRODUCTS	TECH MED IND	PMX MEDICAL	MICRO BIO-MEDICS INC
		CORPORATION			
Estimated Annual Usage: 100 Each					
Cost Each	\$1.0900	\$0.9500	\$14.0500	\$1.0900	
Cost Each X 100 = Est. Annual Cost	\$109.00	\$95.00	\$1,405.00	\$109.00	
Specify Package Details	EA	EA	EA	EA	
17. PVP Iodine Prep Pads					
Specify Product & Manufacturer	DYNAREX 279-1108BX	1108 DYNAREX	PDI	PDI J2135	N.B.
Estimated Annual Usage: 600 Each					
Cost Each	\$0.03	\$0.03	\$0.04	\$0.04	
Cost Each X 600 = Est. Annual Cost	\$17.40	\$17.40	\$24.00	\$21.12	
Specify Package Details	100/BX	100/BX	100/BX	100/BX	
18. Convenience Bags/Vomit & Urine Disposal 50cc-1000cc by GKR Industries, Inc. No substitute					
Specify Product & Manufacturer	GKR 353-8000 EA	GKR 8000	GKR	GKR J2250/8000	N.B.
Estimated Annual Usage: 20 Each					
Cost Each	1.04	0.89	1.07	0.82	
Cost Each X 20=Est. Annual Cost	20.8	17.8	21.4	16.4	
Specify Package Details	EA	EA	EA	EA	
19. Alcohol Prep Pads, Large					
Specify Product & Manufacturer	DYNAREX 279-1106BX	MOS090675	PDI	DYNAREX J2132	N.B.
Estimated Annual Usage: 40,000 Each					
Cost Each	0.016	0.027	0.02	0.023	
Cost Each X 40,000=Est. Annual Cost	640	1080	800	920	
Specify Package Details	100/BX	100/BX	200/BX	100/BX	

20. Disposable Prep Razor, Gallant #4251 No Substitute					
Specify Product & Manufacturer	DYNAREX 279-4251EA		DYNAREX	GALLANT J2231/4251	N, B
Estimated Annual Usage: 1500 Each					
Cost Each	0.33		0.33	0.36	
Cost Each X 1500=Est. Annual Cost	495		495	540	
Specify Package Details	EA		50/BX	50/BX	
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	YES	NO
TOTAL SECTION D	\$19,587.20	\$24,647.20	23,560.60	\$24,059.02	NO BID
GRAND TOTAL FOR ALL ITEMS QUOTING	\$199,153.14	\$185,156.33	\$192,723.00	\$192,447.77	\$55,095.14
Deliver with your own vehicle	NO	NO	NO	NO	NO
Delivered within calendar days	1-2 DAYS	3 DAYS	7-14 DAYS	2-5 DAY	7-10 DAYS
Location in Lee County	NO	NO	NO	NO	NO
Modifications	YES	NO	NO	YES	NO
Signed	YES	YES	YES	YES	YES
NO BIDS-					

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
ADDENDUM ACKNOWLEDGED					
SECTION A - BANDAGING & SPLINTING SUPPLIES					
1. Flexicon Non-sterile 2"					
Specify Product & Manufacturer	KENDALL "CUREX" 2260 22602000	N.B	N.B	PARKMAN/CONCO #158722200000	KENDALL K2242
Estimated Annual Usage: 4300 Each					
Cost Each	\$0.23			0.30	0.21
Cost Each X 4300 = Est. Annual Cost	\$989.00			1,290.00	881.50
Specify Package Details	12/BX 8 BX/CS			12/BG 8 BG/CS	12/BG
2. Flexicon Non-sterile 4"					
Specify Product & Manufacturer	KENDALL "CUREX" #2262 22622000	N.B	N.B	PARKMAN CONCO 158722400000	KENDAL K2247
Estimated Annual Usage: 5200 Each					
Cost Each	\$0.34			0.53	0.38
Cost Each X 5200 = Est. Annual Cost	\$1,768.00			2,756.00	1,950.00
Specify Package Details	12/BX 8 BX/CS			12/BG 8 BG/CS	12/BG
3. Elastic Bandage 4"					
Specify Product & Manufacturer	KENDALL "CONFORM" "STRETCH 2236	N.B	N.B	DYNAREX 3654	DYNAREX 0640
Estimated Annual Usage: 900 Each					
Cost Each	\$0.57			0.47	0.44
Cost Each X 900 = Est. Annual Cost	\$513.00			423.00	396.00
Specify Package Details	12/BX 8 BX/CS			10/BX 5 BX/CS	10/BX
4. Band-Aids 1" X 3"					
Specify Product & Manufacturer	MCKESSON 10132000	N.B	N.B	DYNAREX #3602	DYNAREX 3602
Estimated Annual Usage: 12,000 Each					
Cost Each	\$0.020			0.02	0.02
Cost Each X 12,000 = Est. Annual Cost	\$240.00			180.00	180.00
Specify Package Details	12/BX 8 BX/CS			100/BX 24 BX/CS	100/BX
5. Disposable Sterile Burn Sheets 60" X 96"					
Specify Product & Manufacturer	SWIFT 201969	N.B	N.B	N.B	
Estimated Annual Usage: 120 Each					ROEHAMPTON 312
Cost Each	\$8.19				
Cost Each X 120 = Est. Annual Cost	\$982.80				4.85
Specify Package Details	12/CS				582.00

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
6. Non-sterile Dressings 4" X 4" 8-ply	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	MCKESSON 44082000	N.B	N.B	DYNAREX 3242	DYNAREX 3242
Estimated Annual Usage: 176,000 Each					
Cost Each	\$0.010			0.02	0.01
Cost Each X 176,000 = Est. Annual Cost	\$1,760.00			3,168.00	1,320.00
Specify Package Details	200/PK			200/BG 20 BGS/CS	200/BG
7. Sterile Dressing 4" X 4"					
Specify Product & Manufacturer	MCKESSON 84442000	N.B	N.B	DYNAREX 3342	DYNAREX 3342
Estimated Annual Usage: 2400 Each					
Cost Each	\$0.07			0.02	0.04
Cost Each X 2400 = Est. Annual Cost	\$168.00			57.60	96.00
Specify Package Details	2/PK 25/PK/BX			2/ENVELOPE	25 ENV OF 2 BXS
8. Sterile Dressing 5" X 9"					
Specify Product & Manufacturer	MCKESSON 42502000	N.B	N.B	DYNAREX 3501	KENDALL 7196
Estimated Annual Usage: 2400 Each					
Cost Each	\$0.12			0.11	0.13
Cost Each X 2400 = Est. Annual Cost	\$288.00			264.00	300.00
Specify Package Details	1 PK 20 PK/BX			20/TRAY 20 TRAYS/CS	20/BX
9. Sterile Dressing 12" X 30"					
Specify Product & Manufacturer	N.B	N.B	N.B	DYNAREX 3532	EMP 3050
Estimated Annual Usage: 400 Each					
Cost Each				1.38	1.18
Cost Each X 400 = Est. Annual Cost				552.00	472.00
Specify Package Details				50/CS	50/CS
10. Tape 1" X 10 yards Transpore No Substitute					
Specify Product & Manufacturer	3M 1527-1 27102200	N.B	N.B	N.B	3 M 15271
Estimated Annual Usage: 1680 Each					
Cost Each	\$1.14				0.84
Cost Each X 1680 = Est. Annual Cost	\$1,915.20				1,411.20
Specify Package Details	12/BX 12 BX/CS				12/BX
11. Tape 1" X 10 yards, Zonas Adhesive					
Specify Product & Manufacturer	J&J5104 51042200	N.B	N.B	DYNAREX 3552	J & J 5104
Estimated Annual Usage: 1150 Each					
Cost Each	\$0.85			0.32	0.74
Cost Each X 1150 = Est. Annual Cost	\$977.50			368.00	851.00
Specify Package Details	12/BX 12/BX/CS			12/BX 12 BXS/CASE	12/BX

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
12. Tape 2" X 10 yards, Zonas Adhesive	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	J&J 5106	N.B	N.B	DYNAREX 3553	J & J 5106
Estimated Annual Usage: 1900 Each					
Cost Each	\$1.71			0.64	1.48
Cost Each X 1900 = Est. Annual Cost	\$3,249.00			1,216.00	2,812.00
Specify Package Details	6/BX 12 BX/CS			6/BX 12 BX/CS	6/BX
13. Triangular Bandages					
Specify Product & Manufacturer	SWIFT 35170TB	N.B	N.B	DYNAREX 3672	DYNAREX 11202
Estimated Annual Usage: 1300 Each					
Cost Each	\$1.510			0.28	0.27
Cost Each X 1300 = Est. Annual Usage	\$1,963.00			364.00	344.50
Specify Package Details	EA			12/BG 20 BGS/CASE	12/BX
14. Veni-guards Conmed Adult					
Specify Product & Manufacturer	N.B	N.B	N.B	CONMED 7054431	CONMED 7054431
Estimated Annual Usage: 34,000 Each					
Cost Each				0.30	0.29
Cost Each X 34,000 = Est. Annual Usage				10,030.00	9,819.20
Specify Package Details				100/BX	100/BX
15. Petrolatum Gauze 3" X 9"					
Specify Product & Manufacturer	KENDALL 8884413605	N.B	N.B	KENDALL OTC 1240243	SHERWOOD 4136
Estimated Annual Usage: 300 Each					
Cost Each	\$1.51			0.85	0.58
Cost Each X 300 = Est. Annual Usage	\$1,963.00			255.30	172.80
Specify Package Details	EA			50/BX	10/BX

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
16. Cold Packs-Cold Cycle	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	HOSP MKT 6616 66162700	N.B	N.B	N.B	GAM ECONOMY 21124
Estimated Annual Usage: 3200 Each					
Cost Each	\$0.56				0.58
Cost Each X 3200 = Est. Annual Usage	\$1,792.00				1,856.00
Specify Package Details	12/CS				24/CS
17. AMBU PerFit Ace, Adult No Substitute					
Specify Product & Manufacturer	AMBU 000-281-100	N.B	AMBU PERFIT	N.B	N.B
Estimated Annual Usage: 3000 Each					
Cost Each	\$9.96		12.95		
Cost Each X 3000 = Est. Annual Usage	\$29,880.00		38,850.		
Specify Package Details	30/CS		30/CS		
18. AMBU PerFit Ace, Peds No Substitute					
Specify Product & Manufacturer	AMBU 000-281-106	N.B	AMBU PERFIT	N.B	N.B
Estimated Annual Usage: 300 Each					
Cost Each	9.96		12.95		
Cost Each X 300 = Est. Annual Usage	2988		3,885.00		
Specify Package Details	30/CS				
19. Stifneck Select Collar, Infant No Substitute					
Specify Product & Manufacturer	LAERAL 980150	N.B	N.B	N.B	LAERDAL SELECT 980010
Estimated Annual Usage: 200 Each					
Cost Each	5.18				5.29
Cost Each X 200 = Est. Annual Usage	1036				1,058.00
Specify Package Details	30/CS				EA 50/CS

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
20. Superpore Paper Surgical Tape, 1"	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	3M 15301
Estimated Annual Usage: 144 Rolls					
Cost Each					0.50
Cost Each X 144 = Est. Annual Cost					71.28
Specify Package Details					12/BX
21. SAMS' Splints 36 " long Orange & Blue No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	#1121
Estimated Annual Usage: 300Each					
Cost Each					7.09
Cost Each X 300= Est. Annual Cost					2,127.00
Specify Package Details					EA
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	NO	NO
TOTAL SECTION A	50,569.50	NO BID	42735	20,923.90	26,700.48
SECTION B - RESPIRATORY SUPPLIES					
1. Nasal Canula w/7' Tubing					
Specify Product & Manufacturer	SALTER 1600 1600390	N.B	N.B	N.B	LSP 33239
Estimated Annual Usage: 20,000 Each					
Cost Each	\$0.48				0.26
Cost Each X 20,000 = Est. Annual Cost	\$9,600.00				5,200.00
Specify Package Details	50/CS				EA 50/CS

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
2. Adult High Concentration Mask	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	AILIFE 001210 12203900	N.B	N.B	N.B	LSP 64007
Estimated Annual Usage: 15,000Each					
Cost Each	\$0.85				0.77
Cost Each X 15,000 = Est. Annual Cost	\$12,750.00				11,550.00
Specify Package Details	50/CS				EA OR 50/CS
3. Pediatric High Concentration Mask					
Specify Product & Manufacturer	AIRLIFE 001267	N.B	N.B	N.B	LSP 64009
Estimated Annual Usage: 800 Each					
Cost Each	\$1.71				1.05
Cost Each X 800 = Est. Annual Cost	\$1,368.00				840.00
Specify Package Details	50/CS				EA 50/CS
4. Infant Oxygen Mask					
Specify Product & Manufacturer	AIRLIFE 2D4823	N.B	N.B	N.B	RUSCH 6218
Estimated Annual Usage: 200 Each					
Cost Each	\$2.81				1.22
Cost Each X 200 = Est. Annual Cost	\$562.00				244.00
Specify Package Details	50/CS				EA OR 50/CS
5. Berman Dual Channel Airway 40MM					
No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1152
Estimated Annual Usage: 100 Each					
Cost Each					0.13
Cost Each X 100 = Est. Annual Cost					12.50
Specify Package Details					EA
6. Berman Dual Channel Airway 50MM					
No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 121850
Estimated Annual Usage: 100 Each					
Cost Each					0.13
Cost Each X 100 = Est. Annual Cost					12.50
Specify Package Details					EA

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
7. Berman Dual Channel Airway 60MM No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1151
Estimated Annual Usage: 100 Each					
Cost Each					0.13
Cost Each X 100 = Est. Annual Cost					12.50
Specify Package Details					EA
8. Berman Dual Channel Airway 80MM No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1150
Estimated Annual Usage: 100 Each					
Cost Each					0.13
Cost Each X 100 = Est. Annual Cost					12.50
Specify Package Details					EA
9. Berman Dual Channel Airway 90MM No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1149
Estimated Annual Usage: 200 Each					
Cost Each					0.13
Cost Each X 200 = Est. Annual Cost					25.00
Specify Package Details					EA
10. Berman Dual Channel Airway 100MM No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1148
Estimated Annual Usage: 200 Each					
Cost Each					0.13
Cost Each X 200 = Est. Annual Cost					25.00
Specify Package Details					EA

11. Berman Dual Channel Airway 110MM No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 1147
Estimated Annual Usage: 200 Each					
Cost Each					0.13
Cost Each X 200 = Est. Annual Cost					25.00
Specify Package Details					EA
12. Nasal Canula, Pediatric					
Specify Product & Manufacturer	HUDSON 1103 11033900	N.B	N.B	N.B	LSP 33604
Estimated Annual Usage: 300 Each					
Cost Each	\$0.56				0.46
Cost Each X 300 = Est. Annual Cost	\$168.00				136.50
Specify Package Details	50/CS				50/CS
13. Combitube, in Roll-up Pouch					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	KENDALL 5-18441
Estimated Annual Usage: 500 Each					
Cost Each					37.87
Cost Each X 500 = Est. Annual Cost					18,935.00
Specify Package Details					EA OR 4/CS
14. HI-D "Big Stick" No Substitution					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	SSCOR 40240
Estimated Annual Usage: 1100 Each					
Cost Each					1.15
Cost Each X 1100 = Est. Annual Cost					1,265.00
Specify Package Details					EA OR 50/CS
15. Suction Tubing 9/32"					
Specify Product & Manufacturer	ALLEGIESA N76A 76004000	N.B	N.B	N.B	KENDALL 301705
Estimated Annual Usage: 700 Each					
Cost Each	\$1.31				0.89
Cost Each X 700 = Est. Annual Cost	\$959.00				623.00
Specify Package Details	TUBING W/ CONNECTOR 9/32" X 6				EA OR 50/CS

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
16. Bemis Suction Canister w/Cover	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	BEMIS 484410 48444000	N.B	N.B	N.B	BEMIS 43241
Estimated Annual Usage: 500 Each					
Cost Each	\$1.92				1.89
Cost Each X 500 = Est. Annual Cost	\$960.00				945.00
Specify Package Details	12/PK 4/PK/CS				EA OR 48/CS
17. Nebulizer & Tee Adapter					
Specify Product & Manufacturer	ALLEGIECE 20343900	N.B	N.B	N.B	BAXTER 002038
Estimated Annual Usage: 1600 Each					
Cost Each	\$0.82				0.69
Cost Each X 1600 = Est. Annual Cost	\$1,312.00				1,104.00
Specify Package Details	50/CS				EA OR 50/CS
18. Safe-T-Vac Suc. Catheters ped. Grad.	N.B	N.B	N.B	N.B	
Specify Product & Manufacturer					KENDAL 30688
Estimated Annual Usage: 30 Each					
Cost Each					0.36
Cost Each X 30 = Est. Annual Cost					10.80
Specify Package Details					EA
19. Suction Catheters, 6 FR					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 40106
Estimated Annual Usage: 100 Each					
Cost Each					0.29
Cost Each X 100 = Est. Annual Cost					29.00
Specify Package Details					50/CS

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
20. Suction Catheters, 8 FR	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 40108
Estimated Annual Usage: 100 Each					
Cost Each					0.29
Cost Each X 100 = Est. Annual Cost					29.00
Specify Package Details					EA OR 50/CS
21. Suction Catheters, 10FR					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 40110
Estimated Annual Usage: 150 Each					
Cost Each					0.29
Cost Each X 150 = Est. Annual Cost					43.50
Specify Package Details					50/CS
22. Suctions Catheters, 12 FR					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 40112
Estimated Annual Usage: 100 Each					
Cost Each					0.29
Cost Each X 100 = Est. Annual Cost					29.00
Specify Package Details					50/CS
23. Suctions Catheters, 14 FR					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	RUSCH 40102
Estimated Annual Usage: 250 Each					
Cost Each					0.29
Cost Each X 250 = Est. Annual Cost					72.50
Specify Package Details					EA 50/CS

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
24. Nasopharyngeal Airways, Sterile 12 FR	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	RUSCH 125200120	N.B	N.B	N.B	RUSCH 123312
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.88
Cost Each X 100 = Est. Annual Cost	\$1,157.00				188.00
Specify Package Details	5/BX				10/BX
25. Nasopharyngeal Airways, Sterile 14 FR					
Specify Product & Manufacturer	RUSCH 125200140	N.B	N.B	N.B	RUSCH 123314
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.88
Cost Each X 100 = Est. Annual Cost	\$1,157.00				188.00
Specify Package Details	5/BX				10/BX
26. Nasopharyngeal Airways, Sterile 16 FR					
Specify Product & Manufacturer	RUSCH 125200160	N.B	N.B	N.B	RUSCH 123316
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.88
Cost Each X 100 = Est. Annual Cost	\$1,157.00				188.00
Specify Package Details	5/BX				10/BX
27. Nasopharyngeal Airways, Sterile 18 FR					
Specify Product & Manufacturer	RUSCH 125200180	N.B	N.B	N.B	RUSCH 123318
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.88
Cost Each X 100 = Est. Annual Cost	\$1,157.00				188.00
Specify Package Details	5/BX				10/BX
28. Nasopharyngeal Airways, Sterile 20 FR					
Specify Product & Manufacturer	RUSCH 125200200	N.B	N.B	N.B	RUSCH 507620
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.50
Cost Each X 100 = Est. Annual Cost	\$1,157.00				150.00
Specify Package Details	5/BX				10/BX

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
29. Nasopharyngeal Airways, Sterile 22 FR					
Specify Product & Manufacturer	RUSCH 125200220	N.B	N.B	N.B	RUSCH 507622
Estimated Annual Usage: 100 Each					
Cost Each	\$11.57				1.50
Cost Each X 100 = Est. Annual Cost	\$1,157.00				150.00
Specify Package Details	5/BX				10/BX
30. Nasopharyngeal Airways, Sterile 24 FR					
Specify Product & Manufacturer	RUSCH 125200240	N.B	N.B	N.B	RUSCH 507624
Estimated Annual Usage: 140 Each					
Cost Each	\$11.57				1.50
Cost Each X 140 = Est. Annual Cost	\$1,619.80				210.00
Specify Package Details	5/BX				10/BX
31. Nasopharyngeal Airways, Sterile 26 FR					
Specify Product & Manufacturer	RUSCH 125200260	N.B	N.B	N.B	RUSCH 507626
Estimated Annual Usage: 145 Each					
Cost Each	11.57				1.50
Cost Each X 145 = Est. Annual Cost	\$1,677.65				217.50
Specify Package Details	5/BX				10/BX
32. Nasopharyngeal Airways, Sterile 28 FR					
Specify Product & Manufacturer	RUSCH 125200280	N.B	N.B	N.B	RUSCH 507628
Estimated Annual Usage: 160 Each					
Cost Each	\$11.57				1.50
Cost Each X 160 = Est. Annual Cost	\$1,851.20				240.00
Specify Package Details	5/BX				10/BX
33. Nasopharyngeal Airways, Sterile 30 FR					
Specify Product & Manufacturer	RUSCH 12520300	N.B	N.B	N.B	RUSCH 507630
Estimated Annual Usage: 160 Each					
Cost Each	\$11.57				1.50
Cost Each X 160 = Est. Annual Cost	\$1,851.20				240.00
Specify Package Details	5/BX				10/BX
34. Nasogastric Sump Tubes, 8FR					
Specify Product & Manufacturer	RUSCH 23520080	N.B	N.B	N.B	ARGYLE 268086
Estimated Annual Usage: 50 Each					
Cost Each	\$0.73				5.20
Cost Each X 50 = Est. Annual Cost	\$36.50				260.00
Specify Package Details	50/BX				EA

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
35. Nasogastric Sump Tubes, 12FR	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	RUSCH 23520120	N.B	N.B	N.B	ARGYLE 264929
Estimated Annual Usage: 30 Each					
Cost Each	0.73				1.65
Cost Each X 30 = Est. Annual Cost	\$21.90				49.50
Specify Package Details	50/BX				EA
36. Nasogastric Sump Tubes, 14FR					
Specify Product & Manufacturer	RUSCH 23520140	N.B	N.B	N.B	ARGYLE 264945
Estimated Annual Usage: 30 Each					
Cost Each	\$0.73				1.65
Cost Each X 30 = Est. Annual Cost	\$21.90				49.50
Specify Package Details	50/BX				EA
37. Nasogastric Sump Tubes, 16FR					
Specify Product & Manufacturer	RUSCH 23520160	N.B	N.B	N.B	ARGOYLE 264960
Estimated Annual Usage: 30 Each					
Cost Each	\$0.73				1.65
Cost Each X 30 = Est. Annual Cost	\$21.90				49.50
Specify Package Details	50/BX				EA
38. Rusch Endotracheal Tubes, 2.5 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 100380025	N.B	N.B	N.B	RUSCH 11125
Estimated Annual Usage: 50 Each					
Cost Each	1.97				0.97
Cost Each X 50 = Est. Annual Cost	\$98.50				48.50
Specify Package Details	10/BX				EA
39. Rusch Endotracheal Tubes, 3.0 mm, Uncuffed NO SUBSTITUTE	RUSCH 100380030				
Specify Product & Manufacturer		N.B	N.B	N.B	RUSCH 11130
Estimated Annual Usage: 50 Each	\$1.97				
Cost Each	\$98.50				0.97
Cost Each X 50 = Est. Annual Cost	10/BX				48.50
Specify Package Details					EA
40. Rusch Endotracheal Tubes, 3.5 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 100380035	N.B	N.B	N.B	RUSCH 11135
Estimated Annual Usage: 50 Each					
Cost Each	\$1.97				0.97
Cost Each X 50 = Est. Annual Cost	\$98.50				48.50
Specify Package Details	10/BX				EA

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
41. Rusch Endotracheal Tubes, 4.0 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 100380040	N.B	N.B	N.B	RUSCH 11140
Estimated Annual Usage: 50 Each					
Cost Each	\$1.97				0.97
Cost Each X 50 = Est. Annual Cost	\$98.50				48.50
Specify Package Details	10/BX				EA
42. Rusch Endotracheal Tubes, 4.5 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 100380045	N.B	N.B	N.B	RUSCH 11145
Estimated Annual Usage: 100 Each					
Cost Each	\$1.97				0.97
Cost Each X 100 = Est. Annual Cost	\$197.00				97.00
Specify Package Details	10/BX				EA
43. Rusch Endotracheal Tubes, 5.0 mm, Uncuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 1003850050	N.B	N.B	N.B	RUSCH 111500
Estimated Annual Usage: 100 Each					
Cost Each	\$1.97				0.97
Cost Each X 100 = Est. Annual Usage	\$197.00				97.00
Specify Package Details	10/BX				EA
44. Rusch Endotracheal Tubes, 5.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504555	N.B	N.B	N.B	RUSCH 504555
Estimated Annual Usage: 175 Each					
Cost Each	\$4.12				3.06
Cost Each X 175 = Est. Annual Usage	\$721.00				535.50
Specify Package Details	10/BX				EA
45. Rusch Endotracheal Tubes, 6.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504560	N.B	N.B	N.B	RUSCH 504560
Estimated Annual Usage: 150 Each					
Cost Each	\$4.12				3.06
Cost Each X 150 = Est. Annual Usage	\$618.00				459.00
Specify Package Details	10/BX				EA
46. Rusch Endotracheal Tubes, 6.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504565	N.B	N.B	N.B	RUSCH 504565
Estimated Annual Usage: 150 Each					
Cost Each	\$4.12				3.06

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Cost Each X 150 = Est. Annual Usage	\$618.00	N.B	N.B	N.B	459.00
Specify Package Details	10/BX				EA
47. Rusch Endotracheal Tubes, 7.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504570	N.B	N.B	N.B	RUSCH 504570
Estimated Annual Usage: 250 Each					
Cost Each	\$4.12				3.06
Cost Each X 250 = Est. Annual Usage	\$1,030.00				765.00
Specify Package Details	10/BX				EA
48. Rusch Endotracheal Tubes, 7.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504575	N.B	N.B	N.B	RUSCH 504575
Estimated Annual Usage: 300 Each					
Cost Each	\$4.12				3.06
Cost Each X 300 = Est. Annual Usage	\$1,236.00				918.00
Specify Package Details	10/BX				EA
49. Rusch Endotracheal Tubes, 8.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504580	N.B	N.B	N.B	RUSCH 504580
Estimated Annual Usage: 300 Each					
Cost Each	\$4.12				3.06
Cost Each X 300 = Est. Annual Usage	\$1,236.00				918.00
Specify Package Details	10/BX				EA
50. Rusch Endotracheal Tubes, 8.5 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 404585	N.B	N.B	N.B	RUSCH 504585
Estimated Annual Usage: 300 Each					
Cost Each	\$4.12				3.06
Cost Each X 300 = Est. Annual Cost	\$1,236.00				918.00
Specify Package Details	10/BX				EA
51. Rusch Endotracheal Tubes, 9.0 mm, Cuffed NO SUBSTITUTE					
Specify Product & Manufacturer	RUSCH 504590	N.B	N.B	N.B	RUSCH 504590
Estimated Annual Usage: 150 Each					
Cost Each	\$4.12				3.06
Cost Each X 150 = Est. Annual Cost	\$618.00				459.00
Specify Package Details	10/BX				EA
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	NO	YES
TOTAL SECTION B	49,824.05	NO BID	NO BID	NO BID	49,368.80

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
SECTION C - EKG SUPPLIES	MEDICAL-SURGICAL				MEDICAL PRODUCTS
1. EKG Recording Paper Compatible with Hewlett Packard Codemaster 100					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	GRAPHIC CONTROLS 40457
Estimated Annual Usage: 500 Each					
Cost Each					1.70
Cost Each X 500 = Est. Annual Cost					852.00
Specify Package Details					10/BX
2. EKG Recording Paper Compatible with Zoll M Series					
Specify Product & Manufacturer	N.B	8000-0301	N.B	N.B	GRAPHIC CONTROLS 50000031
Estimated Annual Usage: 500 Rolls					
Cost Each Roll		2.93			2.80
Cost Each Roll X 500=Est. Annual Cost		1465.00			1,400.00
Specify Package Details		20/CS			EA OR 20/CS
3. MEDI-TRACE Electrodes Kendall #SF450 No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	KENDALL SF450
Estimated Annual Usage: 3,000 Pkgs.					
Cost Each Pkg.					6.88
Cost Each Pkg. X 3,000=Est. Annual Cost					20,640.00
Specify Package Details					50/BG
4. Defibrillator Pads-Con Med 4.5 x 4.5 Cat.#330-2444, 2/pkg No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	CONMED 330-2444
Estimated Annual Usage: 400 Pkgs					
Cost Each Pkg					2.80
Cost Each Pkg X 400=Est. Annual Cost					1,120.00
Specify Package Dctails					10 PR/BX

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
5. ZOLL M series Adult Monitoring, Defibrillation & Pacing Electrode #902400 No Substitute					
Specify Product & Manufacturer	N.B.	8900-4003	N.B.	N.B.	N.B.
Estimated Annual Usage: 500 Sets					
Cost Each Set		32.30			
Cost Each Set X 500=Est. Annual Cost		16,150.00			
Specify Package Details		12/CS			
6. ZOLL M series Pediatric Monitoring, Defibrillation & Pacing Electrode #R99000 No Substitution					
Specify Product & Manufacturer	N.B.	8900-2065	N.B.	N.B.	N.B.
Estimated Annual Usage: 200 Sets					
Cost Each Set		33.57			
Cost Each Set X 200=Est. Annual Cost		6,714.00			
Specify Package Details		6 PR/CS			
7. Agilent Technologies Adult Monitoring, Defibrillation & Pacing Electrode #902400 No Substitute					
Specify Product & Manufacturer	N.B.	N.B.	N.B.	N.B.	N.B.
Estimated Annual Usage: 900 Sets					
Cost Each Set					
Cost Each Set X 900=Est. Annual Cost					
Specify Package Details					
8. Agilent Technologies Pedi Monitoring, Defibrillation & Pacing Electrode #R99000 No Substitute					
Specify Product & Manufacturer	N.B.	N.B.	N.B.	N.B.	N.B.
Estimated Annual Usage: 400 Sets					
Cost Each Set					
Cost Each Set X 400=Est. Annual Cost					
Specify Package Details					
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	NO	NO
TOTAL SECTION C	NO BID	24,329.00	NO BID	NO BID	24,012.00

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
SECTION D - MISCELLANEOUS					
1. Mettage Triage Tags No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	METTAG MT137
Estimated Annual Usage: 300 Each					
Cost Each					0.60
Cost Each X 300 = Est. Annual Cost					179.10
Specify Package Details					
2. Medication Labels					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	NEVS INK PMA-11
Estimated Annual Usage: 500 Each					
Cost Each					0.01
Cost Each X 500 = Est. Annual Cost					4.15
Specify Package Details					1000/RL
3. Glucometer Elite Blood Test Strips #3918					
Specify Product & Manufacturer	BAYER 3873	N.B	N.B	BAYER 391850	BAYER 3663291
Estimated Annual Usage: 15,000 Each					
Cost Each	0.78			0.74	0.68
Cost Each X 15,000 = Est. Annual Cost	11,700.00			11,100.00	10,146.00
Specify Package Details	50/BX 24 BX/CS				50/BX
4. Foil Baby Bunting, Sterile					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	GAM 112
Estimated Annual Usage: 50 Each					
Cost Each					3.26
Cost Each X 50 = Est. Annual Cost					163.00
Specify Package Details					EA
5. Hurricane Spray, Beutlich					
No Substitute					
Specify Product & Manufacturer	N.B	N.B	N.B	BEUTLICH 0679-02	BEUTLICH 25964
Estimated Annual Usage: 100Each					
Cost Each				18.80	14.02
Cost Each X 100 = Est. Annual Cost				1,880.00	1,402.00
Specify Package Details				EACH	EA

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
	MEDICAL-SURGICAL				MEDICAL PRODUCTS
6. Sharps Containers, 4.7 Quart Winfield #184R, or Equal Must be same dimensions as Winfield #184R					
Specify Product & Manufacturer	WINFIELD (MAXIUM) 184R 18412800	N.B	N.B	N.B	MAXXIM WI184
Estimated Annual Usage: 200 Each					
Cost Each	\$2.98				3.96
Cost Each X 200 = Est. Annual Cost	\$596.00				792.00
Specify Package Details	12/CS				EA
7. Sharps Container, 0.6 Liter SharpSafe #4126, or Equal Must be same dimensions as SharpSafe #4126					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	SIMS 4126
Estimated Annual Usage: 200 Each					
Cost Each					2.67
Cost Each X 200 = Est. Annual Cost					534.00
Specify Package Details					EA
8. Patient Restraints for Stretchers					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	MORRISON 1200BK
Estimated Annual Usage: 600 Pair					
Cost Each Pair					6.07
Cost Each Pair X 600 = Est. Annual Cost					3,642.00
Specify Package Details					PAIR EA
9. IV Armboard, Peds					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	MORRISON 95021
Estimated Annual Usage: 150 Each					
Cost Each					0.40
Cost Each X 150 = Est. Annual Cost					60.00
Specify Package Details					EA OR 100/CASE

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
10. Digital Thermometer, Health Time, or Equal	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	BD522860 28602500	N.B	N.B	N.B	MABIS 15600
Estimated Annual Usage: 30 Each					
Cost Each	\$0.76				2.70
Cost Each X 30 = Est. Annual Cost	\$22.80				81.00
Specify Package Details	12/BX				EA
11. Tympanic Thermometer, Braun Thermo-Scan Model #6013					
Specify Product & Manufacturer	THERMOSCAN WA0300-200 10035900	N.B	N.B	N.B	THERMOSCAN 55565
Estimated Annual Usage: 30 Each					
Cost Each	\$119.81				103.91
Cost Each X 30 = Est. Annual Cost	\$3,594.30				3,117.30
Specify Package Details	SOLD BY EACH				EA
12. Tympanic Thermometer Covers					
Specify Product & Manufacturer	THERMOSCAN WA05074-800 80002500	N.B	N.B	N.B	THERMOSCAN 55560
Estimated Annual Usage: 2000 Boxes					
Cost Each Box	\$0.05				1.02
Cost Each Box X 2000 = Est. Annual Cost	\$100.00				2,040.00
Specify Package Details	200/PK 4/PK/CS				20/BX
13. Bulb Syringes					
Specify Product & Manufacturer	BD309620 96641900	N.B	N.B	N.B	MEDLINE 70275
Estimated Annual Usage: 100 Each					
Cost Each	\$0.88				0.80
Cost Each X 100 = Est. Annual Cost	\$88.00				80.00
Specify Package Details	40/BX 4/BX/CS				EA

14. Cynch-Loks, White					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	HEALTHMARK 6323
Estimated Annual Usage: 5 Bags					
Cost Each Bag					12.85
Cost Each Bag X 5 = Est. Annual Cost					64.25
Specify Package Details					100/BG
15. Cynch-Loks, Red					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	HEALTHMARK H5224
Estimated Annual Usage: 5 Bags					
Cost Bag					11.25
Cost Each Bag X 5 = Est. Annual Cost					56.25
Specify Package Details					100/BG
16. Kelly Forceps, -1/2" Curved					
Specify Product & Manufacturer	N.B	N.B	N.B	N.B	EMP 725000
Estimated Annual Usage: 100 Each					
Cost Each					0.82
Cost Each X 100 = Est. Annual Cost					82.00
Specify Package Details					EA
17. PVP Iodine Prep Pads					
Specify Product & Manufacturer	PDIB40600 32012300	N.B	N.B	DYNAREX 1108	DYNAREX 1108
Estimated Annual Usage: 600 Each					
Cost Each	\$0.02			0.028	0.025
Cost Each X 600 = Est. Annual Cost	\$12.00			16.80	15.00
Specify Package Details	100/BX 10 BX/CS			100/BX 10 BX/CS	100/BX
18. Convenience Bags/Vomit & Urine Disposal 50cc-1000cc by GKR Industries, Inc. No substitute					
Specify Product & Manufacturer	NDALL-PDI 58.204 68182700	N.B	N.B	N.B	GKR 3250
Estimated Annual Usage: 20 Each					
Cost Each	0.007				0.71
Cost Each X 20=Est. Annual Cost	280				14.20
Specify Package Details	200/BX 20 BX/CS				12/PKG

VENDORS	McKESSON	ZOLL MEDICAL CORP	AMBU INC.	RX EMS	EMERGENCY
19. Alcohol Prep Pads, Large	MEDICAL-SURGICAL				MEDICAL PRODUCTS
Specify Product & Manufacturer	N.B	N.B	N.B	DYNAREX 1106	DYNAREX 1106
Estimated Annual Usage: 40,000 Each					
Cost Each				0.0140	0.0138
Cost Each X 40,000=Est. Annual Cost				560.00	552.00
Specify Package Details				100/BX 10 BX/CS	100/BX
20. Disposable Prep Razor, Gallant #4251 No Substitute					
Specify Product & Manufacturer	NB	NB	NB	N.B	GALLANT 11845
Estimated Annual Usage: 1500 Each					
Cost Each					0.29
Cost Each X 1500=Est. Annual Cost					435.00
Specify Package Details					EA OR 250/BX
QUOTED ALL ITEMS IN SECTION	NO	NO	NO	NO	YES
TOTAL SECTION D	\$16,393.10	NO BID	NO BID	13,556.80	23,459.25
GRAND TOTAL FOR ALL ITEMS QUOTING	116,786.65	24,329.00	42,735.00	34,480.70	123,540.53
Deliver with your own vehicle	NO	NO	NO	NO	NO
Delivered within calendar days		30-60 DAYS	5-7 DAYS	1-5 DAYS	4-5 DAYS
Location in Lee County	NO	NO	NO	NO	NO
Modifications	YES	NO	NO	NO	NO
Signed	YES	YES	YES	YES	YES
NO BIDS-					
POSTED DATE: <u>6-3-02</u>					

TIME: AM

BY: PA

REMOVAL DATE: _____

TIME: _____

BY: _____

Memo

To: Chris Jeffcoat, Buyer
From: Chris Hansen, EMS Manager
CC: Michael Bridges, Jim Geren, David Kainrad, Phil Molina, John Norton
Date: 6/11/02
Re: Medical Supplies Quote: Quotation # Q-020433

Lee County EMS has reviewed the formal vendor quotes for the Medical Supplies Specifications. Upon thorough review, it is the department's recommendation that Emergency Medical Products, Inc be awarded the contract for Medical Supplies Quote # Q-020433.

The recommendation is made for the following reasons:

- 1) Vendor was overall low bidder.
- 2) Vendor submitted complete bid package.
- 3) Vendor's prior history with EMS is good.

Lee County EMS respectfully request Purchasing to proceed forward in having the Board approve and award the Medical Supplies Quote to Emergency Medical Products, Inc.

Should you have any questions regarding the recommendation made please do not hesitate to contact me at 333-1604 or David Kainrad at 335-1614.

Your assistance is appreciated.

Thank you!

ATTACHMENT 3



LEE COUNTY
SOUTHWEST FLORIDA

PROJECT NO.: Q-020433

OPEN DATE: May 21, 2002

AND TIME: 2:30 P.M.

PRE-BID DATE: May 13, 2002

AND TIME: 2:00 P.M.

LOCATION: DIVISION OF PURCHASING
3434 HANCOCK BRIDGE PKWY, 3RD FLOOR
P.O. BOX 398
FORT MYERS, FL 33902-0398

REQUEST FOR QUOTATIONS

TITLE:

PROPOSAL QUOTE FORM FOR THE
PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP A

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF PURCHASING
3434 HANCOCK BRIDGE PKWY, 3RD FLOOR
P.O. BOX 398
FORT MYERS, FL 33902-0398

BUYER: CHRIS JEFFCOAT
PURCHASING AGENT
PHONE NO.: (239) 689-7392

GENERAL CONDITIONS

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

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

1. **SUBMISSION OF QUOTE:**

a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:

1. Marked with the words "Sealed Quote"
2. Name of the firm submitting the quotation
3. Title of the quotation
4. Quotation number

b. The Quotation shall be submitted in triplicate as follows:

1. The original consisting of the Lee County quotes forms completed and signed.
2. A copy of the original quote forms for the Purchasing Director.
3. A second copy of the original quote forms for use by the requesting department.

c. The following should be submitted along with the quotation in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Quote", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.

1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your quotation; i.e., required submittals, literature, technical data, financial statements.
2. Warranties and guarantees against defective materials and workmanship.

d. **ALTERNATE QUOTE:** If the vendor elects to submit more than one quote, then the quotes should be submitted in separate envelopes and marked as indicated above. The second, or alternate quote should be marked as "Alternate".

e. **QUOTES RECEIVED LATE:** It is the quoter's responsibility to ensure that his quote is received by the Division of Purchasing Services prior to the opening date and time specified. Any quote received after the opening date and time will be promptly returned to the quoter unopened. Lee County will not be responsible for quotes received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.

- f. **QUOTE CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.
- g. **PAST PERFORMANCE:** All vendors will be evaluated on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.).
- h. **WITHDRAWAL OF QUOTE:** No quote may be withdrawn for a period of 90 days after the scheduled time for receiving quotes. A quote may be withdrawn prior to the quote-opening date and time. Such a request to withdraw should be made in writing to the Purchasing Director, who will approve or disapprove of the request.
- i. **COUNTY RESERVES THE RIGHT:** The County reserves the right to waive minor informalities in any quote; to reject any or all quotes with or without cause; and/or to accept the quote that in its judgment will be in the best interest of the County of Lee.
- j. **EXECUTION OF QUOTE:** All quotes shall contain the signature of an authorized representative of the quoter in the space provided on the quote proposal form. All quotes shall be typed or printed in ink. The bidder may not use erasable ink. All corrections made to the quote shall be initialed.

2. **ACCEPTANCE**

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

3. **SUBSTITUTIONS**

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

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

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

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

5. **RECYCLED PRODUCTS**

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

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

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

7. **PRE-BID CONFERENCE**

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

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

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to “Request for Quotations” in order to be kept on the Bidder’s List. Failure to respond to three different “request for quotations” may result in the vendor being

removed from the Bidder's List. A bidder may do one of the following, in order to respond properly to the request:

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

9. **LEE COUNTY PAYMENT PROCEDURES**

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

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

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

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

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

10. **LEE COUNTY BID PROTEST PROCEDURE**

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

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

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

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

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

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

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

The Formal Written Protest shall contain the following:

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

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/quote/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/quote/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a

Protest” shall serve as the grounds for the affected party’s presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

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

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

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

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

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

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

11. **PUBLIC ENTITY CRIME**

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

the County in excess of \$15,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

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

Quotes will be considered only from firms normally engaged in the sale and distribution or provision of the services as specified herein. Quoters shall have adequate organization, facilities, equipment, and personnel to ensure prompt and efficient service to Lee County. The County reserves the right before recommending any award to inspect the facilities and organization; or to take any other action necessary to determine ability to perform is satisfactory, and reserves the right to reject quotes where evidence submitted or investigation and evaluation indicates an inability of the quoter to perform.

13. **MATERIAL SAFETY DATA SHEETS**

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

14. **MISCELLANEOUS**

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

15. **WAIVER OF CLAIMS**

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

16. **AUTHORITY TO PIGGYBACK**

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

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

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

b) **Any Single Large Project**

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

c) **Disadvantaged Business Enterprises**

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

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

d) **Anti-Discrimination**

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

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

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

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

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

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

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

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

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

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

18. **AUDITABLE RECORDS**

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

19. **DRUG FREE WORKPLACE**

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

20. **REQUIRED SUBMITTALS**

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

21. **TERMINATION**

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the

vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

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

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

22. **CONFIDENTIALITY**

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

23. **ANTI-LOBBYING CLAUSE**

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

24. **INSURANCE (AS APPLICABLE)**

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

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP A
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: _____

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A: \$ _____

TOTAL FROM ATTACHMENT A, SECTION B: \$ _____

TOTAL FROM ATTACHMENT A, SECTION C: \$ _____

TOTAL FROM ATTACHMENT A, SECTION D: \$ _____

GRAND TOTAL FOR ALL SECTIONS QUOTING \$ _____

TO BE (DELIVERED) WITHIN _____ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO _____

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

Yes _____ No _____

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

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

Are there any modifications to the quote or specifications:

Yes _____ No _____

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

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME _____

BY (Printed): _____

BY (Signature): _____

TITLE: _____

FEDERAL ID # OR S.S.# _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

REVISED: 7/28/00

**DETAILED SPECIFICATIONS
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP A
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

SCOPE

The intent of this quotation is to acquire a vendor(s) who can provide some of the Medical Supplies required by Lee County Emergency Medical Services, on an annual basis.

TERM

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

DELIVERY REQUIREMENTS

All supplies are to be delivered F.O.B. to Lee County Emergency Medical Services, Lee County, Florida. The exact location will be designated at time of placement of order.

ATTACHMENT A

Attachment A consists of four sections. In each section, a brief description and the estimated annual usage is given for each product. **Because Lee County anticipates awarding by section or overall, it is desired that vendors quote on all products within a section.**

On Attachment A some products are marked "NO SUBSTITUTE", in those cases the brand listed is the **only product** Lee County will accept. For all other products, whenever a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of material, and not to rule out other brands or makes of equality. Vendors shall list the product and manufacturer they are quoting on the blank line next to the item.

Vendors are required to price the products as listed (generally as "each"). The price shall contain no more than four places to the right of the decimal point.

To determine the estimated annual cost for each item, vendors are required to multiply the price by the estimated annual usage.

Vendors are required to indicate the package quantity for each item they are quoting. The approximate package quantity listed on Attachment A is based on what was previously purchased.

DESIGNATED CONTACT

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

SUMMARY REPORTS

The awarded vendor(s) shall be responsible for furnishing a summary report to Purchasing at the end of each six month period of the quote. This report shall include a six month history, showing at a minimum, the following information:

Total dollar value of products purchased
Total quantity of each product purchased

BACKORDERS

Backorders must be held to a minimum. Back orders will generally be allowed, subject to Lee County Emergency Medical Services approval. However, if the awarded vendor is unable to deliver an item(s) within the time frame specified on the Proposal Quote Form and a back-order is not desirable to Lee County, the County reserves the right to purchase that item(s) order from an alternate vendor.

DISCONTINUED PRODUCTS

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

SAMPLES

After quotes are received, if requested by Lee County, vendors will be required to submit manufacturer's specification sheets and/or samples for evaluation. These products must be submitted at no cost to Lee County, and must be submitted within 10 calendar days after request.

BASIS OF AWARD

Vendors are encouraged to quote on all products within a section. Preference may be given to vendors who quote all products within a section The evaluation for award will be based on the extended cost of the estimated annual usage of the products. The award will be made to the low quoter per section meeting specifications, or overall low quoter meeting specifications, whichever is in the best interest of Lee County.

NOTE: Lee County reserves the right, at the Purchasing Director's discretion, not to award certain products on Attachment A. Lee County also reserves the right to reject unbalanced quotes (a quote where a normally low cost item is priced well out of the normal range).

INSURANCE (Guide B)

Insurance shall be provided, per the attached insurance guide(Guide B), prior to award.

MAJOR BREAKDOWNS/NATURAL DISASTERS

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

LOCAL BIDDER'S PREFERENCE

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

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

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

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

ATTACHMENT A
SECTION A - BANDAGING AND SPLINTING SUPPLIES

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

1 Flexicon Non-sterile 2" _____
Estimated Annual Usage: 4,300 EACH
COST EACH \$ _____ X 4,300 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 12/BAG _____
Specify Package Details

2 Flexicon Non-sterile 4" _____
Estimated Annual Usage: 5,200 EACH
COST EACH \$ _____ X 5,200 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 12/BAG _____
Specify Package Details

3 Elastic Bandage 4" _____
Estimated Annual Usage: 900 EACH
COST EACH \$ _____ X 900 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 12/BOX _____
Specify Package Details

4 Band-Aids 1" X 3" _____
Estimated Annual Usage: 12,000 EACH
COST EACH \$ _____ X 12,000 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 100/BOX _____
Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

9 Sterile Dressing 12" x 30" _____
Estimated Annual Usage: 400 EACH
COST EACH \$ _____ X 400 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

10 Tape 1" x 10 yards Transpore _____
No Substitute
Estimated Annual Usage: 1,680 EACH
COST EACH \$ _____ X 1,680 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 12 ROLLS/BOX _____
Specify Package Details

11 Tape 1" x 10 yards, Zonas Adhesive _____
Estimated Annual Usage: 1,150 EACH
COST EACH \$ _____ X 1,150 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 12 ROLLS/BOX _____
Specify Package Details

12 Tape 2" x 10 yards, Zonas Adhesive _____
Estimated Annual Usage: 1,900 EACH
COST EACH \$ _____ X 1,900 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 6 ROLLS/BOX _____
Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

16 Cold Packs - Cold Cycle _____
Estimated Annual Usage: 3,200 EACH
COST EACH \$ _____ X 3,200 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 24/BOX _____
Specify Package Details

17 AMBU PerFit Ace, Adult _____
No Substitute
Estimated Annual Usage: 3000 EACH
COST EACH \$ _____ X 3000 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

18 AMBU PerFit Ace, Peds _____
No Substitute
Estimated Annual Usage: 300 EACH
COST EACH \$ _____ X 300 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

19 Stifneck Select Collar, Infant _____
No Substitute
Estimated Annual Usage: 200 EACH
COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

40 Rusch Endotracheal Tubes, _____
3.5 mm, Uncuffed

No Substitute

Estimated Annual Usage: 50 EACH

COST EACH \$ _____ X 50 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
Specify Package Details

41 Rusch Endotracheal Tubes, _____
4.0 mm, Uncuffed

No Substitute

Estimated Annual Usage: 50 EACH

COST EACH \$ _____ X 50 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
Specify Package Details

42 Rusch Endotracheal Tubes, _____
4.5 mm, Uncuffed

No Substitute

Estimated Annual Usage: 100 EACH

COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
Specify Package Details

43 Rusch Endotracheal Tubes, _____
5.0 mm, Uncuffed

No Substitute

Estimated Annual Usage: 100 EACH

COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

4 Nasopharyngeal Airways, _____
 Sterile, 12 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____
 PACKAGED APPROX. 50/BOX _____
 Specify Package Details

5 Nasopharyngeal Airways, _____
 Sterile, 14 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____
 PACKAGED APPROX. 50/BOX _____
 Specify Package Details

5 Nasopharyngeal Airways, _____
 Sterile, 16 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____
 PACKAGED APPROX. 50/BOX _____
 Specify Package Details

7 Nasopharyngeal Airways, _____
 Sterile, 18 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____
 PACKAGED APPROX. 50/BOX _____
 Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

7 Agilent Technologies Adult
Monitoring, Defibrillation &
Pacing Electrode #902400
No Substitute
Estimated Annual Usage: 900 SETS

COST EACH SET \$ _____ X 900 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 10 PKGS./BOX _____
Specify Package Details

8 Agilent Technologies Pedi
Monitoring, Defibrillation &
Pacing Electrode #R99000
No Substitute
Estimated Annual Usage: 400 SETS

COST EACH SET \$ _____ X 400 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 10 PKGS./BOX _____
Specify Package Details

TOTAL SECTION C \$ _____

SECTION -D- MISCELLANEOUS

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Mettag Triage Tags _____
No Substitute
 Estimated Annual Usage: 300 EACH

 COST EACH \$ _____ X 300 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
Specify Package Details

2 Medication Labels _____

 Estimated Annual Usage: 500 EACH

 COST EACH \$ _____ X 500 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
Specify Package Details

3 Glucometer Elite Blood Test Strips _____
 #3918
 Estimated Annual Usage: 15,000 EACH

 COST EACH \$ _____ X 15,000 = EST. ANNUAL COST \$ _____

 PACKAGED APPROX. 50/BOX _____
Specify Package Details

4 Foil Baby Bunting _____
 Sterile
 Estimated Annual Usage: 50 EACH

 COST EACH \$ _____ X 50 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

5 Hurricane Spray, Beutlich _____
No Substitute
 Estimated Annual Usage: 100 EACH

 COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
 Specify Package Details

6 Sharps Container, 4.7 Quart _____
 Winfield #184R, or Equal
Equal Must be Same Dimensions
As Winfield #184R
 Estimated Annual Usage: 200 EACH

 COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
 Specify Package Details

7 Sharps Container, 0.6 Liter _____
 SharpSafe #4126, or Equal
Equal Must be Same Dimensions
As SharpSafe #4126
 Estimated Annual Usage: 200 EACH

 COST EACH \$ _____ X 200 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: EACH _____
 Specify Package Details

8 Patient Restraints for Hare & _____
 Ferno Type Stretchers, with
 Automotive-Type Quick
 Release Buckle
 Estimated Annual Usage: 600 PAIR

 COST/EACH PAIR \$ _____ X 600 = EST. ANNUAL COST \$ _____

 DESIRED PACKAGING: PAIR _____
 Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

9 I.V. Armboard, Peds _____
 Disposable, 3" x 9"
 Estimated Annual Usage: 150 EACH

COST EACH \$ _____ X 150 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 10/PKG. _____
 Specify Package Details,

10 Digital Thermometer, _____
 Health-time, or Equal
 Estimated Annual Usage: 30 EACH

COST EACH \$ _____ X 30 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
 Specify Package Details

11 Tympanic Thermometer, _____
 BRAUN THERMO-SCAN
 Model #6013
 Estimated Annual Usage: 30 EACH

COST EACH \$ _____ X 30=EST.ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____
 Specify Package Details

12 Tympanic Thermometer Covers _____
 for the BRAUN THERMO-SCAN
 Model #6013
 Estimated Annual Usage: 2,000 BOXES

COST EACH \$ _____ X 2,000=EST.ANNUAL COST \$ _____

DESIRED PACKAGING: 20/BOX _____
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

16 ~~13~~ Kelly Forceps, 5-1/2", Curved _____
Estimated Annual Usage: 100 EACH
COST EACH \$ _____ X 100 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

17 ~~14~~ PVP Iodine Prep Pads _____
Estimated Annual Usage: 600 EACH
COST EACH \$ _____ X 600 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 100/BOX _____
Specify Package Details

18 ~~15~~ Convenience Bags for Vomit & _____
Urine Disposal 50cc-1000cc
by GKR Industries, Inc.
No Substitute
Estimated Annual Usage: 20 EACH
COST EACH \$ _____ X 20 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

19 ~~16~~ Alcohol Prep Pads, Large _____
Estimated Annual Usage: 40,000 EACH
COST EACH \$ _____ X 40,000 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. 100/BOX _____
Specify Package Details

GUIDE "B"

INSURANCE REQUIREMENTS FOR PRODUCTS

Your certificate of insurance must meet the following requirements

Requirement #1: The Lee County Board of County Commissioners shall be added as an additional insured on the comprehensive general liability policy.

Requirement #2: Certificate holder shall be listed as follows:

**Lee County Board of County Commissioners
C/O Lee County Purchasing
P.O. Box 398
Fort Myers, FL 33902**

Requirement #3: Each policy shall provide a 30 day notification clause in the event of cancellation, non-renewal or adverse change.

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

Circumstances

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

Worker's Compensation

Does not apply.

Commercial General Liability

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

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

Business Automobile Liability

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

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

\$100,000 bodily injury per person (BI)

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

Certificate of Insurance

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

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

Revised 10/18/00

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

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

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

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

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

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

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

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

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

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

Yes _____ No _____

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

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP A
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 2/21/02

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A: \$ 26,700.48

TOTAL FROM ATTACHMENT A, SECTION B: \$ 49,368.80

TOTAL FROM ATTACHMENT A, SECTION C: \$ 24,012.00

TOTAL FROM ATTACHMENT A, SECTION D: \$ 23,459.25

GRAND TOTAL FOR ALL SECTIONS QUOTING \$ 123,540.53

TO BE (DELIVERED) WITHIN 4-5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO X

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

Yes _____ No X

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

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

Are there any modifications to the quote or specifications:

Yes _____ No X

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

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME EMERGENCY MEDICAL PRODUCTS, INC.

BY (Printed): BRADLEY G. SMITH

BY (Signature): Bradley G. Smith

TITLE: VP / SALES

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

ADDRESS: 1711 PARAMOUNT COURT
WAUKESHA WI 53186

PHONE NO.: (800) 558-6270

FAX NO.: (800) 558-1551

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: brads@buyemp.com

REVISED: 7/28/00

**DETAILED SPECIFICATIONS
FOR THE PURCHASE OF MEDICAL SUPPLIES
PRODUCT GROUP A
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

SCOPE

The intent of this quotation is to acquire a vendor(s) who can provide some of the Medical Supplies required by Lee County Emergency Medical Services, on an annual basis.

TERM

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

DELIVERY REQUIREMENTS

All supplies are to be delivered F.O.B. to Lee County Emergency Medical Services, Lee County, Florida. The exact location will be designated at time of placement of order.

ATTACHMENT A

Attachment A consists of four sections. In each section, a brief description and the estimated annual usage is given for each product. **Because Lee County anticipates awarding by section or overall, it is desired that vendors quote on all products within a section.**

On Attachment A some products are marked "NO SUBSTITUTE", in those cases the brand listed is the **only product** Lee County will accept. For all other products, whenever a brand name or make is mentioned, it is the intention of the County only to establish a grade or quality of material, and not to rule out other brands or makes of equality. Vendors shall list the product and manufacturer they are quoting on the blank line next to the item.

Vendors are required to price the products as listed (generally as "each"). The price shall contain no more than four places to the right of the decimal point.

To determine the estimated annual cost for each item, vendors are required to multiply the price by the estimated annual usage.

Vendors are required to indicate the package quantity for each item they are quoting. ~~The approximate package quantity listed on Attachment A is based on what was previously purchased.~~

DESIGNATED CONTACT

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

SUMMARY REPORTS

The awarded vendor(s) shall be responsible for furnishing a summary report to Purchasing at the end of each six month period of the quote. This report shall include a six month history, showing at a minimum, the following information:

Total dollar value of products purchased
Total quantity of each product purchased

BACKORDERS

Backorders must be held to a minimum. Back orders will generally be allowed, subject to Lee County Emergency Medical Services approval. However, if the awarded vendor is unable to deliver an item(s) within the time frame specified on the Proposal Quote Form and a back-order is not desirable to Lee County, the County reserves the right to purchase that item(s) order from an alternate vendor.

DISCONTINUED PRODUCTS

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

SAMPLES

After quotes are received, if requested by Lee County, vendors will be required to submit manufacturer's specification sheets and/or samples for evaluation. These products must be submitted at no cost to Lee County, and must be submitted within 10 calendar days after request.

BASIS OF AWARD

Vendors are encouraged to quote on all products within a section. Preference may be given to vendors who quote all products within a section. The evaluation for award will be based on the extended cost of the estimated annual usage of the products. The award will be made to the low quoter per section meeting specifications, or overall low quoter meeting specifications, whichever is in the best interest of Lee County.

NOTE: Lee County reserves the right, at the Purchasing Director's discretion, not to award certain products on Attachment A. Lee County also reserves the right to reject unbalanced quotes (a quote where a normally low cost item is priced well out of the normal range).

INSURANCE (Guide B)

Insurance shall be provided, per the attached insurance guide(Guide B), prior to award.

MAJOR BREAKDOWNS/NATURAL DISASTERS

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

LOCAL BIDDER'S PREFERENCE

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

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

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

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

ATTACHMENT A
SECTION A - BANDAGING AND SPLINTING SUPPLIES

<u>ITEM DESCRIPTION</u>	<u>SPECIFY PRODUCT & MANUFACTURER</u>
<p>1 Flexicon Non-sterile 2" <i>P.370</i> Estimated Annual Usage: 4,300 EACH COST EACH \$ <u>.205</u> X 4,300 = EST. ANNUAL COST \$ <u>881.50</u> PACKAGED APPROX. 12/BAG <u>12/BAG</u></p>	<p><u>KENDALL K2242</u> Specify Package Details</p>
<p>2 Flexicon Non-sterile 4" <i>P.376</i> Estimated Annual Usage: 5,200 EACH COST EACH \$ <u>.375</u> X 5,200 = EST. ANNUAL COST \$ <u>1950.00</u> PACKAGED APPROX. 12/BAG <u>12/BAG</u></p>	<p><u>KENDALL K2247</u> Specify Package Details</p>
<p>3 Elastic Bandage 4" <i>P.384</i> Estimated Annual Usage: 900 EACH COST EACH \$ <u>.44</u> X 900 = EST. ANNUAL COST \$ <u>396.00</u> PACKAGED APPROX. 12/BOX <u>10/BOX</u></p>	<p><u>DYNAREX 0640</u> Specify Package Details</p>
<p>4 Band-Aids 1" X 3" <i>P.385</i> Estimated Annual Usage: 12,000 EACH COST EACH \$ <u>.015</u> X 12,000 = EST. ANNUAL COST \$ <u>180.00</u> PACKAGED APPROX. 100/BOX <u>100/BOX</u></p>	<p><u>DYNAREX 3602</u> Specify Package Details</p>

ITEM DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
P.412 5 Disposable Sterile Burn Sheets 60" x 96" Estimated Annual Usage:	<u>ROEHAMPTON 312</u> 120 EACH
COST EACH \$ <u>4.85</u> X 120 = EST. ANNUAL COST \$ <u>582.00</u>	
DESIRED PACKAGING: EACH <u>EACH OR 24/CASE</u> Specify Package Details	
P.373 6 Non-Sterile Dressings 4 x 4 8-PLY Estimated Annual Usage:	<u>DYNAREX 3242</u> 176,000 EACH
COST EACH \$ <u>.0075</u> X 176,000 = EST. ANNUAL COST \$ <u>1320.00</u>	
PACKAGED APPROX. 200/PKG. <u>200 / BAG</u> Specify Package Details	
P.373 7 Sterile Dressing 4 x 4 Estimated Annual Usage:	<u>DYNAREX 3342</u> 2,400 EACH
COST EACH \$ <u>.04</u> X 2,400 = EST. ANNUAL COST \$ <u>96.00</u>	
PACKAGED APPROX. 25/TRAY <u>25 ENVELOPES OF 2/Box</u> Specify Package Details	
P.377 8 Sterile Dressing 5 x 9 Estimated Annual Usage:	<u>KENDALL 7196</u> 2,400 EACH
COST EACH \$ <u>.125</u> X 2,400 = EST. ANNUAL COST \$ <u>300.00</u>	
PACKAGED APPROX. 25/TRAY <u>20 / Box</u> Specify Package Details	

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.383 9 Sterile Dressing 12" x 30" EMP 3050
 Estimated Annual Usage: 400 EACH
 COST EACH \$ 1.18 X 400 = EST. ANNUAL COST \$ 472.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.394 10 Tape 1" x 10 yards Transpore 3M 15271
 No Substitute
 Estimated Annual Usage: 1,680 EACH
 COST EACH \$.84 X 1,680 = EST. ANNUAL COST \$ 1411.20
 PACKAGED APPROX. 12 ROLLS/BOX 12/BOX
 Specify Package Details

P.391 11 Tape 1" x 10 yards, Zonas Adhesive J&J 5104
 Estimated Annual Usage: 1,150 EACH
 COST EACH \$.74 X 1,150 = EST. ANNUAL COST \$ 851.00
 PACKAGED APPROX. 12 ROLLS/BOX 12/BOX
 Specify Package Details

P.391 12 Tape 2" x 10 yards, Zonas Adhesive J&J 5106
 Estimated Annual Usage: 1,900 EACH
 COST EACH \$ 1.48 X 1,900 = EST. ANNUAL COST \$ 2812.00
 PACKAGED APPROX. 6 ROLLS/BOX 6/BOX
 Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

P.384 13 Triangular Bandages DYNAREX 11202

Estimated Annual Usage: 1,300 EACH

COST EACH \$.265 X 1,300 = EST. ANNUAL COST \$ 344.50

DESIRED PACKAGING: EACH 12/Box

Specify Package Details

P.378 14 Veni-guards Conmed Adult CONMED 7054431

Estimated Annual Usage: 34,000 EACH

COST EACH \$.2888 X 34,000 = EST. ANNUAL COST \$ 9819.20

PACKAGED APPROX. 100/BOX 100/Box

Specify Package Details

P.381 15 Petrolatum Gauze 3" x 9" SHERWOOD 4136

Estimated Annual Usage: 300 EACH

COST EACH \$.576 X 300 = EST. ANNUAL COST \$ 172.80

PACKAGED APPROX. 10/BOX 10/Box

Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

16 Cold Packs - Cold Cycle GAM ECONOMY 21124
P.396 Estimated Annual Usage: 3,200 EACH
 COST EACH \$.58 X 3,200 = EST. ANNUAL COST \$ 1856.00
 PACKAGED APPROX. 24/BOX 24/CASE
 Specify Package Details

17 AMBU PerFit Ace, Adult _____
 No Substitute
 Estimated Annual Usage: 3000 EACH
 COST EACH \$ _____ X 3000 = EST. ANNUAL COST \$ No Bid
 DESIRED PACKAGING: EACH _____
 Specify Package Details

18 AMBU PerFit Ace, Peds _____
 No Substitute
 Estimated Annual Usage: 300 EACH
 COST EACH \$ _____ X 300 = EST. ANNUAL COST \$ No Bid
 DESIRED PACKAGING: EACH _____
 Specify Package Details

19 Stifneck Select Collar, Infant LAERDAL SELECT 980010
P.202 No Substitute
 Estimated Annual Usage: 200 EACH
 COST EACH \$ 5.29 X 200 = EST. ANNUAL COST \$ 1058.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

SECTION - B- RESPIRATORY SUPPLIES

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.82 1 Nasal Canula W/7' Tubing LSP 33239
 Estimated Annual Usage: 20,000 EACH
 COST EACH \$.26 X 20,000 = EST. ANNUAL COST \$ 5200.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.82 2 Adult High Concentration LSP 64007
 Mask W/Safety Vent 7' Tubing
 Estimated Annual Usage: 15,000 EACH
 COST EACH \$.77 X 15,000 = EST. ANNUAL COST \$ 11550.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.82 3 Pediatric High LSP 64009
 Concentration Mask W/
 Safety Vent, 7' Tubing
 Estimated Annual Usage: 800 EACH
 COST EACH \$ 1.05 X 800 = EST. ANNUAL COST \$ 840.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.82 4 Infant Oxygen Mask RUSCH 6218
 W/ 7' Tubing
 Estimated Annual Usage: 200 EACH
 COST EACH \$ 1.22 X 200 = EST. ANNUAL COST \$ 244.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

ITEM DESCRIPTION	SPECIFY PRODUCT & MANUFACTURER
<p>5 P.12 Berman Dual Channel Airway 40MM No Substitute Estimated Annual Usage: 100 EACH</p>	<p><u>RUSCH 1152</u> COST EACH \$ <u>.125</u> X 100 = EST. ANNUAL COST \$ <u>12.50</u> DESIRED PACKAGING: EACH <u>EACH</u> Specify Package Details</p>
<p>6 P.12 Berman Dual Channel Airway 50MM No Substitute Estimated Annual Usage: 100 EACH</p>	<p><u>RUSCH 121850</u> COST EACH \$ <u>.125</u> X 100 = EST. ANNUAL COST \$ <u>12.50</u> DESIRED PACKAGING: EACH <u>EACH</u> Specify Package Details</p>
<p>7 P.12 Berman Dual Channel Airway 60MM No Substitute Estimated Annual Usage: 100 EACH</p>	<p><u>RUSCH 1151</u> COST EACH \$ <u>.125</u> X 100 = EST. ANNUAL COST \$ <u>12.50</u> DESIRED PACKAGING: EACH <u>EACH</u> Specify Package Details</p>
<p>8 P.12 Berman Dual Channel Airway 80MM No Substitute Estimated Annual Usage: 100 EACH</p>	<p><u>RUSCH 1150</u> COST EACH \$ <u>.125</u> X 100 = EST. ANNUAL COST \$ <u>12.50</u> DESIRED PACKAGING: EACH <u>EACH</u> Specify Package Details</p>

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.82 12 Nasal Canula, Pediatric, LSP 33604
 With 7' Tubing,
 Hudson, or Equal
 Estimated Annual Usage: 300 EACH

COST EACH \$.455 X 300 = EST. ANNUAL COST \$ 136.50

PACKAGED APPROX. 50/CASE 50/CASE
 Specify Package Details

P.28 13 Combitube, by Kendall Sheridan KENDALL 5-18441
 Packaged in Roll-up Pouch
 Estimated Annual Usage: 500 EACH

COST EACH \$ 37.87 X 500 = EST. ANNUAL COST \$ 18935.00

DESIRED PACKAGING: EACH EACH OR 4/CASE
 Specify Package Details

P.48 14 HI-D The "Big Stick" pharyngeal suction tip SSCOR 40240
 No Substitution
 Estimated Annual Usage: 1,100 EACH

COST EACH \$ 1.15 X 1,100 = EST. ANNUAL COST \$ 1265.00

DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.50 15 Suction Tubing 9/32" KENDALL 301705
 Estimated Annual Usage: 700 EACH

COST EACH \$.89 X 700 = EST. ANNUAL COST \$ 623.00

DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

16 Bemis Suction Canister BEMIS 43241
 With Cover, 1200CC
 #RT7456ET
 Estimated Annual Usage: 500 EACH
 COST EACH \$ 1.89 X 500 = EST. ANNUAL COST \$ 945.00
 PACKAGED APPROX. 12/CASE EACH OR 48/CASE
 Specify Package Details

17 Nebulizer & Tee Adapter BAXTER 002038
 Equal to Aero #A57113
 Estimated Annual Usage: 1,600 EACH
 COST EACH \$.69 X 1,600 = EST. ANNUAL COST \$ 1104.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

18 Safe-T-Vac Suction Catheters KENDALL SAFE-T-VAC 30688
 #B4087, Pediatric, 6 FR, Graduated
 Estimated Annual Usage: 30 EACH
 COST EACH \$.36 X 30 = EST. ANNUAL COST \$ 10.80
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

19 Suction Catheters with RUSCH 40106
 Air-Space Port, 6 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$.29 X 100 = EST. ANNUAL COST \$ 29.00
 PACKAGED APPROX. 50/BOX 50/CASE
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.49 20 Suction Catheters, with RUSCH 40108
 Air-Space Port, 8 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$.29 X 100 = EST. ANNUAL COST \$ 29.00
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Package Details

P.49 21 Suction Catheters with RUSCH 40110
 Air-Space Port, 10 FR
 Estimated Annual Usage: 150 EACH
 COST EACH \$.29 X 150 = EST. ANNUAL COST \$ 43.50
 PACKAGED APPROX. 50/BOX 50/CASE
 Specify Package Details

P.49 22 Suction Catheters with RUSCH 40112
 Air-Space Port, 12 FR
 Estimated Annual Usage: 100 EACH
 COST EACH \$.29 X 100 = EST. ANNUAL COST \$ 29.00
 PACKAGED APPROX. 50/BOX 50/CASE
 Specify Package Details

P.49 23 Suction Catheters with RUSCH 40102
 Air-Space Port 14 FR
 Estimated Annual Usage: 250 EACH
 COST EACH \$.29 X 250 = EST. ANNUAL COST \$ 72.50
 DESIRED PACKAGING: EACH EACH OR 50/CASE
 Specify Packaging Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.15

24 Nasopharyngeal Airways,
Sterile, 12 FR
Estimated Annual Usage:

RUSCH 123312

100 EACH

COST EACH \$ 1.88 X 100 = EST. ANNUAL COST \$ 188.⁰⁰

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

P.15

25 Nasopharyngeal Airways,
Sterile, 14 FR
Estimated Annual Usage:

RUSCH 123314

100 EACH

COST EACH \$ 1.88 X 100 = EST. ANNUAL COST \$ 188.⁰⁰

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

P.15

26 Nasopharyngeal Airways,
Sterile, 16 FR
Estimated Annual Usage:

RUSCH 123316

100 EACH

COST EACH \$ 1.88 X 100 = EST. ANNUAL COST \$ 188.⁰⁰

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

P.15

27 Nasopharyngeal Airways,
Sterile, 18 FR
Estimated Annual Usage:

RUSCH 123318

100 EACH

COST EACH \$ 1.88 X 100 = EST. ANNUAL COST \$ 188.⁰⁰

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

28 Nasopharyngeal Airways, RUSCH 507620
 Sterile, 20 FR
P.14 Estimated Annual Usage: 100 EACH
 COST EACH \$ 1.50 X 100 = EST. ANNUAL COST \$ 150.00
 PACKAGED APPROX. 50/BOX 10/Box
 Specify Package Details

29 Nasopharyngeal Airways, RUSCH 507622
 Sterile, 22 FR
P.14 Estimated Annual Usage: 100 EACH
 COST EACH \$ 1.50 X 100 = EST. ANNUAL COST \$ 150.00
 PACKAGED APPROX. 50/BOX 10/Box
 Specify Package Details

30 Nasopharyngeal Airways, RUSCH 507624
 Sterile, 24 FR
P.14 Estimated Annual Usage: 140 EACH
 COST EACH \$ 1.50 X 140 = EST. ANNUAL COST \$ 210.00
 PACKAGED APPROX. 50/BOX 10/Box
 Specify Package Details

31 Nasopharyngeal Airways, RUSCH 507626
 Sterile, 26 FR
P.14 Estimated Annual Usage: 145 EACH
 COST EACH \$ 1.50 X 145 = EST. ANNUAL COST \$ 217.50
 PACKAGED APPROX. 50/BOX 10/Box
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.14

32 Nasopharyngeal Airways, RUSCH 507628
Sterile, 28 FR
Estimated Annual Usage: 160 EACH

COST EACH \$ 1.50 X 160 = EST. ANNUAL COST \$ 240.00

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

P.14

33 Nasopharyngeal Airways, RUSCH 507630
Sterile, 30 FR
Estimated Annual Usage: 160 EACH

COST EACH \$ 1.50 X 160 = EST. ANNUAL COST \$ 240.00

PACKAGED APPROX. 50/BOX 10/Box
Specify Package Details

P.21

34 Nasogastric Sump Tubes, 8 FR ARGYLE 268086
Estimated Annual Usage: 50 EACH

COST EACH \$ 5.20 X 50 = EST. ANNUAL COST \$ 260.00

DESIRED PACKAGING: EACH EACH
Specify Package Details

P.21

35 Nasogastric Sump Tubes, 12 FR ARGYLE 264929
Estimated Annual Usage: 30 EACH

COST EACH \$ 1.65 X 30 = EST. ANNUAL COST \$ 49.50

DESIRED PACKAGING: EACH EACH
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

36 Nasogastric Sump Tubes, 14 FR ARGYLE 264945
P.21 Estimated Annual Usage: 30 EACH
 COST EACH \$ 1.65 X 30 = EST. ANNUAL COST \$ 49.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

37 Nasogastric Sump Tubes, 16 FR ARGYLE 264960
P.21 Estimated Annual Usage: 30 EACH
 COST EACH \$ 1.65 X 30 = EST. ANNUAL COST \$ 49.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

38 Rusch Endotracheal Tubes, RUSCH 11125
P.16 2.5 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 50 EACH
 COST EACH \$.97 X 50 = EST. ANNUAL COST \$ 48.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

39 Rusch Endotracheal Tubes, RUSCH 11130
P.16 3.0 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 50 EACH
 COST EACH \$.97 X 50 = EST. ANNUAL COST \$ 48.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.16 40 Rusch Endotracheal Tubes, RUSCH 11135
 3.5 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 50 EACH
 COST EACH \$.97 X 50 = EST. ANNUAL COST \$ 48.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

P.16 41 Rusch Endotracheal Tubes, RUSCH 11140
 4.0 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 50 EACH
 COST EACH \$.97 X 50 = EST. ANNUAL COST \$ 48.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

P.16 42 Rusch Endotracheal Tubes, RUSCH 11145
 4.5 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 100 EACH
 COST EACH \$.97 X 100 = EST. ANNUAL COST \$ 97.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

P.16 43 Rusch Endotracheal Tubes, RUSCH 111500
 5.0 mm, Uncuffed
 No Substitute
 Estimated Annual Usage: 100 EACH
 COST EACH \$.97 X 100 = EST. ANNUAL COST \$ 97.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

44 Rusch Endotracheal Tube & Stylet set, RUSCH 504555
 P.18 5.5 mm, Cuffed
 No Substitute
 Estimated Annual Usage: 175 EACH
 COST EACH \$ 3.06 X 175 = EST. ANNUAL COST \$ 535.50
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

45 Rusch Endotracheal Tube & Stylet set, RUSCH 504560
 P.18 6.0 mm, Cuffed
 No Substitute
 Estimated Annual Usage: 150 EACH
 COST EACH \$ 3.06 X 150 = EST. ANNUAL COST \$ 459.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

46 Rusch Endotracheal Tube & Stylet set, RUSCH 504565
 P.18 6.5 mm, Cuffed
 No Substitute
 Estimated Annual Usage: 150 EACH
 COST EACH \$ 3.06 X 150 = EST. ANNUAL COST \$ 459.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

47 Rusch Endotracheal Tube & Stylet set, RUSCH 504570
 P.18 7.0 mm, Cuffed
No Substitute
 Estimated Annual Usage: 250 EACH
 COST EACH \$ 3.06 X 250 = EST. ANNUAL COST \$ 765.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

48 Rusch Endotracheal Tube & Stylet set, RUSCH 504575
 P.18 7.5 mm, Cuffed
No Substitute
 Estimated Annual Usage: 300 EACH
 COST EACH \$ 3.06 X 300 = EST. ANNUAL COST \$ 918.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

49 Rusch Endotracheal Tube & Stylet set, RUSCH 504580
 P.18 8.0 mm, Cuffed
No Substitute
 Estimated Annual Usage: 300 EACH
 COST EACH \$ 3.06 X 300 = EST. ANNUAL COST \$ 918.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

50 Rusch Endotracheal Tube & Stylet set, RUSCH 504585
 P.18 8.5 mm, Cuffed
No Substitute
 Estimated Annual Usage: 300 EACH
 COST EACH \$ 3.06 X 300 = EST. ANNUAL COST \$ 918.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

51 Rusch Endotracheal Tube & Stylet set, RUSCH 504590
9.0 mm, Cuffed
P.18 No Substitute
Estimated Annual Usage: 150 EACH

COST EACH \$ 3.06 X 150 = EST. ANNUAL COST \$ 459.⁰⁰

DESIRED PACKAGING: EACH EACH
Specify Package Details

TOTAL SECTION B \$ 49,368.80

SECTION -C- EKG SUPPLIES

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

P.160 1 EKG Recording Paper GRAPHIC CONTROLS 40457
 Compatible with Hewlett
 Packard Codemaster 100
 Estimated Annual Usage: 500 ROLLS

COST EACH ROLL \$ 1.704 X 500 = EST. ANNUAL COST \$ 852.00

PACKAGED APPROX. 10 ROLLS/BOX 10/BOX
 Specify Package Details

P.160 2 EKG Recording Paper GRAPHIC CONTROLS 50000031
 Compatible with
 Zoll M series
 Estimated Annual Usage: 500 ROLLS

COST EACH PKG. \$ 2.80 X 500 = EST. ANNUAL COST \$ 1400.00

PACKAGED APPROX. 10 ROLLS/BOX EACH OR 20/CASE
 Specify Package Details

P.151 3 MEDI-TRACE Electrodes KENDALL SF450
 KENDALL #SF450
No Substitute
 Estimated Annual Usage: 3,000 PKGS.

COST EACH PKG. \$ 6.88 X 3,000 = EST. ANNUAL COST \$ 20640.00

PACKAGED APPROX. 50 ELECTRODES/BAG 50/BAG (PKG.)
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

4 Defibrillator Pads-Con Med 4.5 x 4.5 CONMED 330-2444
 Cat #330-2444, 2 per pkg.
P.159 No Substitute
 Estimated Annual Usage: 400 PKGS.
 COST EACH PKG. \$ 2.80 X 400 = EST. ANNUAL COST \$ 1120.00
 PACKAGED APPROX. 10 PKGS./BOX 10 PAIR / BOX
 Specify Package Details

5 ZOLL M series Adult
 Monitoring, Defibrillation &
 Pacing Electrode #902400
 No Substitute
 Estimated Annual Usage: 500 SETS
 COST EACH SET \$ --- X 500 = EST. ANNUAL COST \$ No Bid
 PACKAGED APPROX. --- PKGS./BOX
 Specify Package Details

6 ZOLL M series Pediatric
 Monitoring, Defibrillation &
 Pacing Electrode #R99000
 No Substitute
 Estimated Annual Usage: 200 SETS
 COST EACH SET \$ --- X 200 = EST. ANNUAL COST \$ No Bid
 PACKAGED APPROX. --- PKGS./BOX
 Specify Package Details

ITEM DESCRIPTION **SPECIFY PRODUCT & MANUFACTURER**

7 Agilent Technologies Adult
Monitoring, Defibrillation &
Pacing Electrode #902400
No Substitute
Estimated Annual Usage: 900 SETS

COST EACH SET \$ X 900 = EST. ANNUAL COST \$ No Bid

PACKAGED APPROX. 10 PKGS./BOX _____
Specify Package Details

8 Agilent Technologies Pedi
Monitoring, Defibrillation &
Pacing Electrode #R99000
No Substitute
Estimated Annual Usage: 400 SETS

COST EACH SET \$ X 400 = EST. ANNUAL COST \$ No Bid

PACKAGED APPROX. 10 PKGS./BOX _____
Specify Package Details

TOTAL SECTION C \$ 24,012.⁰⁰

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

9 I.V. Armboard, Peds MORRISON 95021
 Disposable, 3" x 9"
 P.466 Estimated Annual Usage: 150 EACH
 COST EACH \$.40 X 150 = EST. ANNUAL COST \$ 60.00
 PACKAGED APPROX. 10/PKG. EACH OR 100/CASE
 Specify Package Details,

10 Digital Thermometer, MABIS 15600
 Health-time, or Equal
 P.132 Estimated Annual Usage: 30 EACH
 COST EACH \$ 2.70 X 30 = EST. ANNUAL COST \$ 81.00
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

11 Tympanic Thermometer, THERMOSCAN 55565
 BRAUN THERMO-SCAN
 P.130 Model #6013
 Estimated Annual Usage: 30 EACH
 COST EACH \$ 103.91 X 30 = EST. ANNUAL COST \$ 3117.30
 DESIRED PACKAGING: EACH EACH
 Specify Package Details

12 Tympanic Thermometer Covers THERMOSCAN 55560
 for the BRAUN THERMO-SCAN
 P.130 Model #6013
 Estimated Annual Usage: 2,000 BOXES
 COST EACH \$ 1.02 X 2,000 = EST. ANNUAL COST \$ 2040.00
 (EACH box)
 DESIRED PACKAGING: 20/BOX 20/Box
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

13 Bulb Syringes MEDLINE 70275
P.417 Estimated Annual Usage: 100 EACH
COST EACH \$.80 X 100 = EST. ANNUAL COST \$ 80.00
DESIRED PACKAGING: EACH EACH
Specify Package Details

14 Cynch-Loks, White HEALTHMARK 6323
P.308 Estimated Annual Usage: 5 BAGS
COST EACH BAG \$ 12.85 X 5 = EST. ANNUAL COST \$ 64.25
PACKAGED APPROX. 100/BAG 100/BAG
Specify Package Details

12 Cynch-Loks, Red HEALTHMARK H5224
P.308 Estimated Annual Usage: 5 BAGS
COST EACH BAG \$ 11.25 X 5 = EST. ANNUAL COST \$ 56.25
PACKAGED APPROX. 100/BAG 100/BAG
Specify Package Details

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

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

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

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

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

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

1. How many employees are available to service this contract? 45

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

WITH EMP, INC'S INTEGRATED BARCODING SYSTEM
WE CAN BOAST A 99.4% ORDER ACCURACY RATE
AS WELL AS A 97.8 ORDER FILL RATE.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

HOUSED IN OUR 50,000 + SQ. FOOT WAREHOUSE

EMP, INC. ALWAYS KEEPS IN STOCK APPROXIMATELY
2.5 MILLION DOLLARS WORTH OF INVENTORY AND SUPPLIES.

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

Yes _____ No X _____

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