

# SOLICITATION - OFFER - AWARD

<b>SOLICITATION NO:</b> <b>20-T00047/TPR</b>	<b>SOLICITATION TITLE:</b> <b>MEDICAL SUPPLIES</b>	<b>DATE ISSUED:</b> <b>FEBRUARY 17, 2021</b>	<b>CONTRACT NO.:</b> <b>20-T00047/TPR</b>
<b>ISSUED BY:</b> <b>BOARD OF COUNTY COMMISSIONERS</b> <b>HERNANDO COUNTY, FLORIDA</b> John Allocco, Chairman Steve Champion, Vice Chairman Jeff Holcomb, Second Vice Chairman Wayne Dukes Elizabeth Narverud		<b>SUBMIT BID OFFER TO:</b> <b>HERNANDO COUNTY PURCHASING AND CONTRACTS</b> <b>15470 FLIGHT PATH DRIVE</b> <b>BROOKSVILLE, FL 34604</b>  James S. Wunderle Purchasing and Contracts Manager Chief Procurement Officer	

## SOLICITATION

SEALED OFFERS, IN TWO (2) ORIGINALS, FOR FURNISHING THE SERVICES, SUPPLIES OR EQUIPMENT DESCRIBED HEREIN WILL BE RECEIVED AT THE OFFICE OF PURCHASING AND CONTRACTS, 15470 FLIGHT PATH DRIVE, BROOKSVILLE, FL 34604, **UNTIL 3:00 P.M., LOCAL TIME ON MARCH 31, 2021.** NO BID OFFERS WILL BE ACCEPTED AFTER THE ABOVE STIPULATED DATE AND TIME. THIS IS AN ADVERTISED SOLICITATION AND THE RESPONDING BIDDERS WILL BE PUBLICLY READ IN THE PURCHASING AND CONTRACTS CONFERENCE ROOM, 15470 FLIGHT PATH DRIVE, BROOKSVILLE, FL 34604 AT **3:00 P.M. ON MARCH 31, 2021.** PURSUANT TO FS 119.071 (Current Edition), SEALED BIDS, PROPOSALS, OR REPLIES RECEIVED BY AN AGENCY PURSUANT TO A COMPETITIVE SOLICITATION ARE EXEMPT FROM INSPECTION UNTIL SUCH TIME AS THE AGENCY PROVIDES NOTICE OF AN INTENDED DECISION OR UNTIL THIRTY (30) DAYS AFTER OPENING THE BIDS, PROPOSALS, OR FINAL REPLIES, WHICHEVER IS EARLIER.

ITEM NO.	DESCRIPTION OF SERVICE/SUPPLIES/EQUIPMENT	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	THE SUPPLY AND DELIVERY OF MEDICAL SUPPLIES FOR HERNANDO COUNTY FIRE AND EMERGENCY SERVICES.  SUBMIT PRICING ON BID FORM IN SECTION VI  <u>PLEASE SUBMIT TWO (2) ORIGINAL SIGNED DOCUMENTS.</u>  (SEE ATTACHED SPECIFICATIONS)	XXXX	XXXX	XXXXXXXX	\$ _____

## OFFER

(TERMS, CONDITIONS AND SPECIFICATIONS ARE INCLUDED AS PARTS HEREOF)

IN COMPLIANCE WITH THE ABOVE, THE UNDERSIGNED, BEING DULY AUTHORIZED TO SIGN THIS BID FOR THE BIDDER, AGREES THAT IF THIS OFFER IS ACCEPTED WITHIN **NINETY (90) DAYS** FROM THE BID OPENING DATE, TO FURNISH TO HERNANDO COUNTY ANY AND ALL ITEMS FOR WHICH PRICES ARE OFFERED IN THIS BID SOLICITATION AT THE PRICE(S) SO OFFERED, DELIVERED AT DESIGNATED POINT(S), WITHIN THE TIME PERIOD SPECIFIED, AND AT THE TERMS AND CONDITIONS SO STIPULATED IN THE SOLICITATION FOR BIDS.

<b>DISCOUNT FOR PROMPT PAYMENT:</b> % 10 CALENDAR DAYS    % 20 CALENDAR DAYS <u>0</u> % <u>30</u> CALENDAR DAYS	
<b>BIDDER'S INFORMATION:</b> COMPANY NAME: <u>NASHVILLE MEDICAL &amp; EMS PRODUCTS, INC</u> ADDRESS: <u>PO BOX 64</u> <u>SPRINGFIELD TN 37192</u> CITY: <u>SPRINGFIELD</u> STATE: <u>TN</u> ZIP CODE: <u>37192</u> PHONE NUMBER: <u>615-384-0573</u> FAX NUMBER: <u>615-384-0574</u> EMAIL ADDRESS: <u>NASHVILLEEMS@GMAIL.COM</u>	<b>NAME AND TITLE OF PERSON AUTHORIZED TO SIGN BID OFFER:</b> BIDDER'S SIGNATURE: <u>[Signature]</u> OFFER DATE: <u>3/29/21</u>

## AWARD

(TO BE COMPLETED BY COUNTY)

<b>REVIEWED FOR LEGAL SUFFICIENCY:</b> February 3, 2021 <b>ACCEPTED AS TO ITEM(S) NO:</b>	<b>LR NO.:</b> 2021-0062	<b>BY:</b> Jon Jouben
<b>SUBMIT INVOICES TO:</b> <b>HERNANDO COUNTY</b> <b>FIRE AND EMERGENCY SERVICES</b> <b>15470 FLIGHT PATH DRIVE</b> <b>BROOKSVILLE, FL 34604</b>	<b>NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ACCEPTANCE AND AWARD FOR THE COUNTY:</b> SIGNATURE: <u>[Signature]</u> AWARD DATE: <u>May 11, 2021</u>	



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**INVITATION TO BID**

**NOTICE IS HEREBY GIVEN** that the Board of County Commissioners of Hernando County, Florida, is accepting Bids for:

**TERM CONTRACT ITB NO. 21-T00047/TPR**

**FOR**

**MEDICAL SUPPLIES**

Hernando County Board of County Commissioners are soliciting Vendors/Contractors active in the supply and delivery of medical supplies.

Sealed Bid offers as two (2) originals for furnishing the above will be received and accepted up to 3:00 PM (local time), **March 31, 2021**, in the Hernando County Purchasing and Contracts office. Bids shall be plainly marked on the outside of a sealed envelope/container with: Bidder's Name, Address, and Bid Name and Bid Number. Bids are to be submitted:

**Physical Address:**

Hernando County Purchasing and Contracts  
15470 Flight Path Drive  
Brooksville, FL 34604

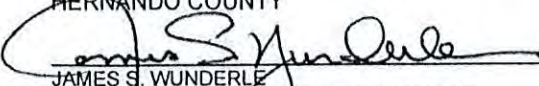
The Board of County Commissioners of Hernando County, Florida reserves the right to accept or reject any or all Bids and waive informalities and minor irregularities in offers received in accordance with the Bid documents and the Hernando County Procurement Ordinance.

Interested firms may secure the Bid documents and plans and drawings and all other pertinent information by visiting the website of Bid Net at [www.bidnetdirect.com](http://www.bidnetdirect.com). For additional project information, please visit the Hernando County Board of County Commissioners Purchasing and Contracts Department at [www.hernandocounty.us](http://www.hernandocounty.us), or by calling Bid Net at (800) 835-4603 or the Purchasing and Contracts Department at (352) 754-4020.

Purchasing and Contracts Department will post addenda on Bid Net at [www.bidnetdirect.com](http://www.bidnetdirect.com) to all questions in accordance with the Solicitation Instructions. **It is the responsibility of prospective Bidders to visit the Bid Net at [www.bidnetdirect.com](http://www.bidnetdirect.com) to ensure that they are aware of all Addenda issued relative to this solicitation.**

***Pursuant to Florida Statutes 119.071 (Current Edition) Sealed Bids, Proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from inspection until such time as the agency provides notice of an intended decision or until thirty (30) days after opening the Bids, Proposals, or final replies whichever is earlier.***

BOARD OF COUNTY COMMISSIONERS  
HERNANDO COUNTY

  
JAMES S. WUNDERLE  
PURCHASING AND CONTRACTS MANAGER  
CHIEF PROCUREMENT OFFICER, HERNANDO COUNTY

**NOTICE TO BIDDERS**

To ensure that your Bid is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Tonya Parker-Rimes, Purchasing Agent I, Purchasing and Contracts Department, at (352) 754-4020 or email at [tparker-rimes@hernandocounty.us](mailto:tparker-rimes@hernandocounty.us) or [purchasing@hernandocounty.us](mailto:purchasing@hernandocounty.us).



**SECTION II - SOLICITATION INSTRUCTIONS**

1. **DEFINITION OF TERMS:** Where the following terms, or their pronouns, occur herein, the intent and meaning shall be as follows:
  - 1.1. **BIDDER:** The term "Bidder" used herein refers to the dealer/manufacturer or business organization submitting a Bid to the County in response to this solicitation.
  - 1.2. **CONTRACT:** The Agreement executed by the Owner and Vendor/Contractor for the performance of work and the other documents (plans, specifications, notice to Bidders, proposal, surety bonds, addenda and other documents) whether attached thereto or not.
  - 1.3. **COUNTY:** The Board of County Commissioners, Hernando County, or its duly authorized representative.
  - 1.4. **MODIFICATION/AMENDMENT/CHANGE ORDER:** Shall mean the written order to the Vendor/Contractor signed by the Vendor/Contractor and County authorizing an addition, deletion, or revision in the goods, services and/or work to be provided under the Contract Documents or an adjustment in the Contract Price issued after Contract award.
  - 1.5. **OWNER:** Hernando County Board of County Commissioners (County).
  - 1.6. **VENDOR/CONTRACTOR:** The Bidder awarded a Contract by the County for the furnishing of goods or services.
2. **AVAILABILITY OF BIDDING DOCUMENTS:**
  - 2.1. Interested firms may secure Bid documents, plans, drawings, site locations, and other pertinent information by visiting the website of [www.bidnetdirect.com](http://www.bidnetdirect.com). For additional information please contact the Hernando County Board of County Commissioners, Purchasing and Contracts Department at (352) 754-4020 or by calling Bid Net at (800) 835-4603.
3. **PREPARATION OF BID:** To ensure acceptance of your Bid, please follow these instructions:
  - 3.1. Interested firms are to submit two (2) original Bid responses. All Bid sheets including this form must be executed and submitted in a sealed envelope. **The face of the envelope shall contain, in addition to the address, the date, time of the Bid opening and the Bid number and title.** All Bids are subject to the conditions specified herein. Those which do not comply with these conditions may be declared non-responsive and subject to rejection.  
  
**Submit bids to:**  
Hernando County Purchasing and Contracts Department  
15470 Flight Path Drive  
Brooksville, Florida 34604  
BID NUMBER (ITB NO. 21-T00047/TPR)
  - 3.2. The responsibility for delivering the Bid to the County on or before the stated time and date will be solely and strictly the responsibility of the Bidder. The County will be in no way responsible for delays caused by the U.S. Postal Services, any courier system, or any other occurrence.
  - 3.3. Bids must be typed or printed in ink. All corrections made by the Bidder prior to the opening must be initialed and dated by the Bidder. No changes or corrections will be allowed after Bid opening.
  - 3.4. Bids must contain a manual signature of an authorized representative of the company. Telegraphic or facsimile Bids **will not be accepted**.
  - 3.5. It is the Bidder's responsibility to assure that the Bid is delivered at the proper time and location. Bids which are received after the Bid opening time will be returned unopened to the Bidder.



- 3.6. Bidders are expected to make all investigations necessary to thoroughly inform themselves regarding all drawings, specifications, delivery requirements, performance requirements, site locations and all solicitation instruction to satisfy themselves of conditions affecting submission of their Bid and the terms and cost of performing the Contract. No pleas of ignorance by the Bidder of conditions that exist or may hereafter exist as a result of failure or omission on the part of the Bidder to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the Contract documents, will be accepted as a basis of varying the requirements of the County or the compensation of the Bidder. Bidder agrees that submittal of a Bid for the work is prima facie evidence he/she (they) have conducted such examinations.
- 3.7. No material, labor, or facilities will be furnished by the County unless specifically stated.
- 3.8. Blank spaces in the Bid must be properly filled in and the phraseology of the Bid must not be changed. Additions must not be made to items mentioned therein and any unauthorized conditions, limiting any provision, attached to a Bid shall render irregular and may cause the response to be found non-responsive and subject to rejection.
- 3.9. No responsibility shall attach to Hernando County, the Clerk of Circuit Court, or any official or employee thereof, for the pre-opening of, post opening of, or failure to open, a Bid not properly addressed and identified.

4. **TIMETABLE:**

<b>Date of Distribution:</b>	<b>February 17, 2021</b>
<b>Mandatory Pre-Bid/Site Visit:</b>	<b>N/A</b>
<b>Last Date of Inquiries:</b>	<b>March 5, 2021 at 5:00 p.m.</b>
<b>Bids Due:</b>	<b>March 31, 2021 at 3:00 p.m.</b>

5. **MANDATORY PRE-BID CONFERENCE:** N/A

6. **BID OPENING:** Bids that are not received in a timely manner by this specific office will not be accepted. Bids will be opened immediately after this date and time and will remain binding upon the Bidder for a period of ninety (90) days thereafter. Pursuant to Florida Statutes 119.071 (Current Edition) Sealed Bids, Proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from inspection until such time as the agency provides notice of an intended decision or until thirty (30) days after opening the Bids, Proposals, or final replies whichever is earlier.
7. **QUESTIONS REGARDING SPECIFICATIONS OR BIDDING PROCESS:** To ensure fair consideration for all Bidders, the County prohibits communication to or with any department, division or employee during the Bid process, except as provided below:
- 7.1. All questions relative to interpretation of the specifications or the Bid process shall be addressed in writing as indicated below, in ample time prior to the period set for submittal and opening of the Bids.
- 7.2. Any interpretation or clarification made to prospective Bidders will be expressed in the form of an addendum to the specifications which, if issued will be posted on the [www.bidnetdirect.com](http://www.bidnetdirect.com). **Oral answers will not be authoritative.**
- 7.3. It will be the responsibility of the Bidder to visit [www.bidnetdirect.com](http://www.bidnetdirect.com) to ensure they are aware of all Addenda issued for this solicitation.
- 7.4. Questions must be submitted via e-mail to [purchasing@hernandocounty.us](mailto:purchasing@hernandocounty.us) or faxed to (352) 754-4199. Questions will only be accepted through the period specified in the Bid documents.
- 7.5. All Addenda must be acknowledged by signing and submitted with the Bid. Failure to acknowledge any Addenda may render the Vendor/Contractor's Bid as non-responsive and subject to rejection.
8. **COMMUNICATION:** There shall be no communication between the Vendor/Contractor, their employees or Sub-Contractors and County employees and elected officials (hereafter referred to as "County



Representative”), except through the Purchasing and Contracts Department. Any attempt to communicate with any County Representative outside the Purchasing and Contracts Department will be considered a violation of the Purchasing Policy and may result in the rejection of your Bid.

9. **WITHDRAWAL OF BIDS:** Bids may be withdrawn by written request received from Bidders prior to the time fixed for opening. Negligence on the part of the Bidder in preparing the bid confers no right for the withdrawal of the Bid after it has been opened. Faxed or electronically mailed withdrawals will not be recognized.
10. **BID PROTESTS:** Any Bidder who protests the Bid specifications or Award or Intent to Award, must file with the County a notice of protest and formal written protest in compliance with Chapter 28-110, Florida Administrative Code (Current Edition), and applicable provisions in Section 120.57, F.S. (Current Edition). Failure to timely file such documents will constitute a waiver of proceedings under Chapter 120, F.S. (Current Edition). Failure to file a protest within the time prescribed in section 120.57(3), F.S. (current edition), or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under chapter 120, F.S. (current edition).

### **SECTION III - GENERAL CONDITIONS**

#### **11. CONTRACT PERIOD:**

- 11.1. The Contract resulting from this solicitation shall be a term Contract for the time period specified herein. During the specified time period, the County may order services/supplies as the requirements generate and the Vendor/Contractor will deliver the services/supplies ordered. It is understood that the County is not obligated to purchase any specific amount of services/supplies under this Agreement.
- 11.2. The period of the Contract shall extend for twelve (12) months effective from date of award.
- 11.3. **Renewal Option (Unilateral):** At the sole option of the County, through the Board of County Commissioners or Chief Procurement Officer or Designee, this Contract may be unilaterally renewed, for three (3) additional one (1) year periods at the current prices, terms and conditions. The County alone will determine whether or not this renewal option will be exercised based on its convenience and its best interest. The County will notify the Vendor/Contractor, in writing, no later than thirty (30) days prior to expiration of its decision to exercise this Contract renewal option and/or options.
- 11.4. Either party may cancel this Contract, in whole or in part, by giving ninety (90) days prior notice in writing. However, the Vendor/Contractor shall not be authorized to exercise this cancellation option during the first one-hundred eighty (180) days of the Contract. The number of days within which, or the dates by which, the work is to be substantially completed and ready for final payment are set forth in the Agreement.

#### **12. BID PRICE/SUBMITTAL REQUIREMENTS:**

- 12.1. Unless otherwise stated, the prices Bid shall include all costs of packing, transporting, delivery, and services to the designated point within Hernando County.
- 12.2. The Bidder hereby certifies that this Bid is made without prior understanding, Agreement, or connection with any corporation, firm, or person submitting a Bid for the same materials, supplies, services, or equipment and is in all respects fair and without collusion or fraud. Further, the Bidder hereby agrees to abide by all terms and conditions of this Bid and certifies that the person executing the Bid Form is authorized to sign this Bid for the Bidder.
- 12.3. Unit prices shall be shown and where there is an error in extension of price, the unit price shall govern.
- 12.4. The Bidder warrants that the prices of the items set forth herein do not exceed those charged by the Bidder under a Contract with the State of Florida or any of its agencies.



- 12.5.** Bidder must submit the solicitation document in its entirety, including the Solicitation-Offer-Award cover sheet, Bid Specifications, Bid Form and all required Forms/Certifications. Failure to submit these forms may render its Bid as non-responsive.

**13. QUALIFICATION OF BIDDERS:**

- 13.1.** This Bid shall be awarded to a responsive, responsible bidder, qualified by experience to provide the work specified. The Bidder will submit the following information with his/her Bid:
- 13.1.1.** List and brief description of substantially similar work (size and scope) for at least three (3) references of firms, and/or governmental agencies/entities satisfactorily completed with location, dates of Contract, names, addresses, telephone numbers and email addresses of owners by completing the reference sheets attached in Section VII. These references must be for work performed within the past three (3) years.
  - 13.1.2.** List of equipment and facilities available to do work.
  - 13.1.3.** List of personnel, by name and title, contemplated to perform the work.
  - 13.1.4.** Failure to submit this information may be cause for rejection of your Bid.

**14. BID EVALUATION AND AWARD:**

- 14.1.** Bid evaluation will be based on price, conformance with specifications and the Bidder's ability and resources to perform the Contract in accordance with the terms and conditions required. Bidders must submit all data necessary to evaluate and determine the quality of the item(s) and/or services they are Bidding. A Vendor/Contractor shall not be qualified to bid when investigation by the Chief Procurement Officer of that Vendor/Contractor is either delinquent on a previously awarded contract or in litigation with Hernando County on a previously awarded Contract.
- 14.2.** The County reserves the right to make multiple awards to the lowest, responsive and responsible Bidders based on group or the unit item price, whichever is the most advantageous to the County. However, the County reserves the sole right to reject any and all Bids in accordance with the Hernando County Procurement Ordinance.
- 14.3.** If two (2) or more fully responsive, responsible Bids are received for the same total amount or unit price, quality and service being equal, the County reserves the right to award the Contract to the Bidder whose place of business is located within the boundaries of Hernando County, Florida. Should tie Bids, as described above, be received from either two (2) or more Hernando County Bidders or from non-local Bidders when no Hernando County Bidder has submitted a tie Bid, then the Board of County Commissioners shall award the Contract to one (1) Vendor/Contractor by drawing lots in a public meeting.
- 14.4.** The County shall be the sole judge as to the relative merits of the Bids received.
- 14.5.** If a separate written Contract is not required by the County; a written letter of award, mailed or otherwise furnished to the successful Bidder, shall result in a binding Contract without further action by either party.
- 14.6.** Discounts for payments within less than twenty (20) days will not be considered in evaluation of Bids, however, offered discounts will be taken for less than twenty (20) days if payment is made within the discount period.

**15. LOCAL PREFERENCE:**

- 15.1.** Purpose and Findings: These provisions apply to purchases using Formal Bid, Request for Proposals or Quotes. The County annually spends significant dollars on purchasing personal property, materials, and services, and in constructing improvements to real property or existing structures. The dollars used in making those purchases are derived, in large part, from taxes, fees



and utility revenues paid by businesses located within Hernando County, and the County Commission has determined that funds generated in the community should, to the extent possible, be placed back into the local economy. Therefore, the County Commission has determined that it is in the best interest of the County to give a preference to local businesses in making such purchases whenever the application of such a preference is reasonable in light of the dollar-value of Bids and Quotes received in relation to such expenditures.

**15.2. Application:**

**15.2.1.** In Bidding for, or letting Contracts for procurement of supplies, materials, equipment, and services, as described in the purchasing policies of the County, the Board of County Commissioners may give a preference to local businesses in making purchases or awarding Contracts in an amount not to exceed:

**15.2.1.1.** Five percent (5%) of the local business' total Bid price if the cost differential does not exceed \$10,000.00 for procurement activities in amounts over \$35,000.00, or

**15.2.1.2.** Three percent (3%) if the cost differential does not exceed \$1,000.00 for procurement activities in amounts more than \$10,000.00, but less than \$35,000.

**15.2.2.** The total Bid price shall include not only the base Bid price, but also all alterations to the base Bid price resulting from alternates which were both part of the Bid and actually purchased or awarded by the Board of County Commissioners.

**15.2.3.** In the case of requests for proposals or qualification, letters of interest, or other solicitations and competitive negotiations and selections in which objective factors are used to evaluate the responses, local businesses shall be assigned five percent (5%) of the total points of the total evaluation points.

**15.3. Definitions:**

**15.3.1.** Local Vendor means a person or business entity which has maintained a permanent place of business with full-time employees within Hernando County for a minimum of twelve (12) months prior to the date Bids or Quotes were received for the purchase or Contract at issue, and which generally provides from such permanent place of business the kinds of goods or services solicited, and which at the time of the solicitation fully complies with the Local Vendor eligibility identified below.

**15.3.2.** Local Vendor Affidavit of Eligibility shall accompany the Quotation or Bid submittal in order to be considered valid and shall include, but not be limited to, the following current information:

**15.3.2.1.** A physical business and location address;

**15.3.2.2.** Proof of payment of real property tax due to Hernando County;

**15.3.2.3.** A copy of the firm's most recent annual corporation report to the Florida Division of Corporations;

**15.3.2.4.** Any additional information necessary to verify Local Vendor status.

**15.4. Competitive Bids/Quotes:** The County reserves the exclusive right to compare, contrast and otherwise evaluate the qualifications, character, responsibility and financial qualifications of all persons, firms, partnerships, companies or corporations submitting formal Bids or formal Quotes in any procurement for goods and services when making an award in the best interests of the County.



**15.5. Exemptions:**

- 15.5.1.** Purchases resulting from exigent emergency conditions where any delay in completion or performance would jeopardize public health, safety, or welfare of the citizens of the County, or where in the judgment of the County the operational effectiveness or a significant County function would be seriously threatened if a purchase was not made expeditiously.
- 15.5.2.** Purchases with any sole source supplier for supplies, materials, or other equipment.
- 15.5.3.** Purchases made through cooperative purchasing arrangements utilized by the Purchasing and Contracts Department as identified in the Purchasing Policy.
- 15.5.4.** Purchases that are funded in whole or in part by assistance from any federal, state, or local agency where the program guidelines do not permit local preference.
- 15.5.5.** Purchases with an estimated cost of less than \$10,000.00 or less.

**15.6. Appeal:** If an application for a "Local Contractor/Vendor" designation is denied, the applicant may appeal such decision to the County Administrator for review and further consideration.

**16. HOURS:** Work may be performed between the hours of 7:30 a.m. and 4:00 p.m., Monday through Friday, except County holidays. The County may, on certain occasions, approve work outside of these times. Such exception(s) must be approved in writing by the County at least one (1) day in advance. Services will not be permitted when operations would cause a traffic or safety hazard.

**17. WARRANTIES:** The Bidder agrees that the supplies and services furnished under this award shall be covered by the most favorable commercial warranties the Bidder gives to any customer for comparable quantities of such supplies or services and that the rights and remedies provided herein are in addition to and do not limit any rights afforded to the County by any other provision of this award.

**18. DELIVERY AND ACCEPTANCE:**

- 18.1.** The County will order services by issuance of a Hernando County Numbered Purchase Order (PO). Each Purchase Order will specify the Scope of Work, Location and Date(s) for service required.
- 18.2.** Receipt of services/supplies shall not constitute acceptance. Final acceptance and authorization of payment shall be given only after thorough inspection indicates that the services/supplies delivered meet Bid specifications and conditions. Should the services/supplies differ in any respect from the specifications, payment will be withheld until such time as the Vendor/Contractor takes necessary correction action. If the proposed corrective action is not acceptable to the County, final acceptance of the services may be refused, in which case the services shall remain the property of the Vendor/Contractor and the County shall not be liable for payment for any portion thereof.
- 18.3.** Unless otherwise specified, services shall be performed as described in these Contract documents.
- 18.4.** Vendor/Contractor(s) shall not commence work prior to the County's receipt and acceptance of the Certification of Insurance, and any other required documents/certificates as specified by these Contract documents.

**19. REJECTION OF BID:** The County reserves the sole right to reject any and all Bid submissions. Bids which are incomplete, unbalanced, conditional, obscure or which contain additions not required, or irregularities of any kind, or which do not comply with every aspect of this solicitation, may be rejected at the option of the County. A Bidder/Contractor shall not be qualified to bid when an investigation by the Chief Procurement Officer finds the Bidder/Contractor delinquent on a previously awarded Contract or in litigation with a Hernando County previously awarded Contract.



- 20. MINOR INFORMALITIES AND IRREGULARITIES:** Hernando County has the right to waive minor defects or variations of a Bid from the exact requirements of the specifications that do not affect price, quality, quantity, delivery, or performance time of the services being procured. If insufficient information is submitted by a Bidder with the Bid for Hernando County to properly evaluate the Bid, Hernando County has the sole right to require such additional information as it may deem necessary after the time set for receipt of Bids, provided that the information requested does not change the price, quality, quantity, delivery or performance time of the services being procured. The Board of County Commissioners reserves the sole right to reject any or all Bids in whole or in part; to award by any item, group(s) of items or in the aggregate whichever is most advantageous to the County.
- 21. NON-EXCLUSIVE CONTRACT:** Award of a Contract resulting from this Bid imposes no obligation on the County to utilize the Vendor/Contractor for all work of this type, which may develop during the Contract period. This is not an exclusive Contract. The County specifically reserves the right to Contract with another company for similar work if it deems such action to be in the County's best interest.
- 22. NON-PERFORMANCE:**
- 22.1.** Time is of the essence in this Contract and failure to deliver the services specified within the time period required shall be considered a default.
- 22.1.1.** In case of default, the County may procure the services from other sources and hold the Vendor/Contractor responsible for all costs occasioned thereby and may immediately cancel the Contract. The Chief Procurement Officer (CPO) reserves the sole right to impose and debar Vendor/Contractors, as a direct result of Vendor/Contractor default and termination for a period of twelve (12) months to twenty-four (24) months depending upon the severity of the default resulting in Contract termination. The Vendor/Contractor and its sureties (if any) shall be liable for any damage to the County resulting from the Vendor/Contractor's default of the Contract. This liability includes any increased costs incurred by the County in completing Contract performance.
- 23. ASSIGNMENT:** The successful Bidder is required to perform this Contract and may not assign, transfer, convey, sublet or otherwise dispose of any award or any or all of its rights, title, or interest therein, or the resulting Contractual Agreement in whole or in part without prior written authorization given at the sole discretion of Hernando County.
- 24. PUBLIC ENTITY CRIMES:** Any person submitting a Bid or Proposal in response to this Invitation to Bid certifies that they are aware of, and in compliance with, all requirements under Section 287.133, Florida Statutes (Current Edition), on Public Entity Crimes. Bidders must complete and return with its Bid the Sworn Statement to Public Entity Crimes Form attached in these Bid documents.
- 25. LICENSES AND PERMITS:** Prior to furnishing the requested product(s) or service(s), it shall be the responsibility of the awarded Vendor/Contractor to obtain, at no additional cost to Hernando County, any and all licenses and permits required to complete this Contractual service. These licenses and permits shall be readily available for review by the Chief Procurement Officer or his/her designee.
- 26. LAWS, REGULATIONS, PERMITS AND TAXES:** Vendor/Contractor shall comply with County's jobsite procedures and regulations and with all applicable local, state and federal laws, rules and regulations and shall obtain all permits required for any of the work performed hereunder. Vendor/Contractor shall procure and pay for all permits and inspections required for any of the work performed hereunder and shall furnish any bonds, security or deposits required to permit performance of the work. Vendor/Contractor shall, to the extent permissible under applicable law, comply with the jobsite provisions which validly and lawfully apply to work on the specific jobsite being performed under this Contract. **The County of Hernando is exempt from Federal Excise Taxes and all Sales Taxes.**
- 27. MODIFICATIONS/AMENDMENTS AND CHANGE ORDERS:** Without invalidating the Contract, the County may, at any time or from time to time, through its Chief Procurement Officer (CPO) or designee, order additions, deletions or revisions in the Work, the same being authorized by Change Order or Contract Modification/Amendment. The cumulative total of Change Orders and/or Modifications/Amendments to this



Contract under \$35,000.00 (cap) will be approved by the CPO or its designee. Once the \$35,000.00 cap is reached, all other additions, or revisions to this Contract that exceed the "cap" are subject to approval by the Hernando County Board of County Commissioners through Board Agenda Item. Only upon receipt of a Change Order, or Modification/Amendment executed by the Contractor and County (subject to approval by the CPO and/or Board of County Commissioner – as applicable) shall the Contractor be authorized to proceed with the Work involved. All such work shall be executed under the applicable terms and conditions contained in the Contract Documents. In addition;

- a) The County will execute an appropriate Modification/Amendment to the Contract if such Modification/Amendment to the Contract is approved by the CPO or Board of County Commissioners (as approvable) and,
- b) It is the Contactor's responsibility to notify its Surety of any changes affecting the general scope of the Work/Services or change of the Contract Price, and amount of the applicable Bond(s) shall be adjusted accordingly.

**28. TAXES:**

- 28.1.** The Board of County Commissioners, Hernando County, Florida, has the following tax exemption certificates assigned:

Florida Sales & Use Tax Exemption Certificate No. 85-8012556945C-8,  
effective 1/31/2019 – expiring on 1/31/2024.

- 28.2.** This exemption does not apply to purchases of tangible personal property made by Vendor/Contractor(s) who use the tangible personal property in the performance of Contracts for improvements of County owned real property (Chapters 192 and 212, F.S. (Current Edition) and applicable rules of the Department of Revenue).

- 29. MANUFACTURERS' NAME AND APPROVED EQUIVALENTS:** Manufacturers' names, trade names, brand names, information and/or catalog number listed in a specification are for informational purposes only and are not intended to limit competition. Said listing is for the purpose of item identification and to establish standards for quality; style and features. Bids on equivalent items will be considered unless items are noted as no substitutes. The Bidder may offer any brand for which he/she/it is an authorized representative, which meets or exceeds the specifications for any item(s). If Bids are based on equivalent products, indicate on the Bid Form the manufacturers' name and catalog number. Bidder shall submit with his/her/its Bid, cuts, sketches, and descriptive literature and/or specifications. The Bidder should also explain in detail the reasons(s) why and submit proof that the proposed equivalent will meet the specifications and not be considered an exception thereto. Hernando County Board of County Commissioners reserves the sole right to be the sole judge of what is equal and acceptable. Bids which do not comply with these requirements may be found non-responsive and subject to rejection. If Bidder fails to name a substitute, it will be assumed that he/she/it is bidding on, and will be required to furnish goods identical to the Bid standard as specified.

- 30. LITIGATION/WAIVER OF JURY TRIAL:** This Agreement shall be governed by and construed according to Florida law. Venue for any dispute or formal litigation concerning this Agreement shall be in the appropriate court with territorial jurisdiction over Hernando County, Florida. In the event of a dispute or litigation, each party to such dispute or litigation shall be solely responsible for its own attorneys' fees and costs. This Agreement shall not be construed for or against any party hereto, without regard to which party is wholly or partly responsible for its drafting. Each party acknowledges that it is aware of and has had the opportunity to seek advice of counsel of its choice with respect to its rights to trial by jury, and each party, for itself and its successors, creditors, and assigns, does hereby expressly and knowingly waive and release all such rights to trial by jury in any action, proceeding or counterclaim brought by any party hereto against the other (and/or against its officers, directors, employees, agents, or subsidiary or affiliated entities) on or with regard to any matters whatsoever arising out of or in any way connected with this Contract and/or any other claim of injury or damage.

**31. TERMINATION:**

- 31.1.** Termination for Default:



- 31.1.1.** The County may, by written notice to the Vendor/Contractor, terminate this Contract for default in whole or in part (delivery orders, if applicable) if the Vendor/Contractor fails to:
- 31.1.1.1.** Provide products or services that comply with the specifications herein or fails to meet the County's performance standards.
  - 31.1.1.2.** Deliver the supplies or to perform the services within the time specified in this Contract or any extension.
  - 31.1.1.3.** Make progress so as to endanger performance of this Contract.
  - 31.1.1.4.** Perform any of the other provisions of this Contract.
- 31.1.2.** Prior to termination for default, the County will provide adequate written notice to the (Vendor/Contractor) through the Chief Procurement Officer, Purchasing and Contracts, affording him/her the opportunity to cure the deficiencies or to submit a specific plan to resolve the deficiencies within ten (10) days (or the period specified in the notice) after receipt of the notice. Failure to adequately cure the deficiency shall result in termination action and possible debarment. Such termination may also result in suspension or debarment of the Vendor/Contractor for a period of twelve (12) to twenty-four (24) months depending upon the severity of the Vendor/Contractor action that caused the default in accordance with the County's Procurement Ordinance. The Vendor/Contractor and its sureties (if any) shall be liable for any damage to the County resulting from the Vendor/Contractor's default of the Contract. This liability includes any increased costs incurred by the County in completing Contract performance.
- 31.1.3.** In the event of termination by the County for any cause, the Vendor/Contractor will have, in no event, any claim against the County for lost profits or compensation for lost opportunities. After a receipt of a Termination Notice and except as otherwise directed by the County the Vendor/Contractor shall:
- 31.1.3.1.** Stop work on the date and to the extent specified.
  - 31.1.3.2.** Terminate and settle all orders and Sub-Contracts relating to the performance of the terminated work.
  - 31.1.3.3.** Transfer all work in process, completed work, and other materials related to the terminated work as directed by the County.
  - 31.1.3.4.** Continue and complete all parts of that work that have not been terminated.
- 31.1.4.** If the Vendor/Contractor's failure to perform the Contract arises from causes beyond the control and without the fault or negligence of the Vendor/Contractor, the Contract shall not be terminated for default. Examples of such causes include (1) acts of God or the public enemy, (2) acts of a government in its sovereign capacity, (3) fires, (4) floods, (5) epidemics, (6) strikes and (7) unusually severe weather.
- 31.2.** Termination for Convenience: The County, by written notice, may terminate this Contract, in whole or in part, when it is in the County's interest. If this Contract is terminated, the County shall be liable only for goods or services delivered and accepted. The County Notice of Termination may provide the Vendor/Contractor ninety (90) days prior notice before it becomes effective. A termination for convenience may apply to individual delivery orders, purchase orders or to the Contract in its entirety.
- 32. FISCAL NON-FUNDING:** In the event sufficient budgeted funds are not available for a new fiscal period, the County must notify the Vendor/Contractor of such occurrence and Contract shall terminate on the last day of current fiscal period without penalty or expense to the County.



**33. USE OF CONTRACT BY OTHER GOVERNMENT AGENCIES:**

- 33.1.** At the option of the Vendor/Contractor, the use of the Contract resulting from this solicitation may be extended to other governmental agencies, including the State of Florida, its agencies, political subdivisions, counties, and cities.
- 33.2.** Each governmental agency allowed by the Vendor/Contractor to use this Contract shall do so independent of any other governmental entity. Each agency shall be responsible for its own purchases and shall be liable only for goods or services ordered, received and accepted. No agency receives any liability by virtue of this Bid and subsequent Contract award.

**34. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:** By submission of this Bid, the Bidder certifies, and in the case of a Joint Bid, each party thereto certifies as to its own organization, that in connection with this procurement:

- 34.1.** The prices in this Bid have been arrived at independently, without consultation, collusion, communication, or Agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor.
- 34.2.** Unless otherwise required by law, the prices which have been quoted in this Bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly to any other Bidder or to any competitor.

**35. INTERIM EXTENSION OF PERFORMANCE:** If it is determined that interim performance is required to allow for the solicitation and award of a new Contract, the County may unilaterally extend the Contract for a maximum period of up to six (6) months. Current pricing, delivery and all other terms and conditions of the Contract shall apply during this interim period.

**36. COMPETENCY OF BIDDERS:** The County reserves the right to make such investigations as they may deem necessary to establish the competency and financial ability of any Bidder to perform the work; and if after investigation, the evidence of his competency or financial ability is not satisfactory, the County reserves the right to reject his/her/its Bid.

**37. MAINTENANCE OF RECORDS:** The Vendor/Contractor will keep adequate records and supporting documents applicable to this Contract. Said records and documentation will be retained by the Vendor/Contractor for a minimum of five (5) years from the date of final payment on this Contract. The County and its authorized agents shall have the right to audit, inspect and copy records and documentation as often as the County deems necessary during the period of this Contract and a period of five (5) years after completion of Contract performance; provided however, such activity shall be conducted only during normal business hours. The County during the period of time defined by the preceding sentence, shall also have the right to obtain a copy of and otherwise inspect any audit made at the direction of the Vendor/Contractor as concerns the aforesaid records and documentation. Pursuant to Section 119.0701 (Current Edition), Florida Statutes, Consultant/Firm shall comply with the Florida Public Records' laws and shall:

- 37.1.** Keep and maintain records that ordinarily and necessarily would be required by the public agency in order to perform the service;
- 37.2.** Provide the public with access to public records on the same terms and conditions that the public agency would provide the records and at a cost that does not exceed the cost provided in Chapter 119, F.S. (Current Edition), or as otherwise provided by law.
- 37.3.** Ensure that public records that are exempt or confidential and exempt from public records disclosure requirement are not disclosed except as authorized by law; and,
- 37.4.** Meet all requirements for retaining public records and transfer, at no cost, to the public agency all public records in possession of the Consultant/Firm upon termination of the Contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the public agency.



- 37.5.** Failure to comply with this section shall be deemed a breach of the Contract and enforceable as set forth in Section 119.0701, Florida Statutes (Current Edition).

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES (CURRENT EDITION), TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 352-754-4020, PURCHASING@HERNANDOCOUNTY.US, WITH AN OFFICE LOCATED AT 15470 FLIGHT PATH DRIVE, BROOKSVILLE, FL 34604.**

Per Florida Statute 20.0255(5) (Current Edition), it is the duty of every state officer, employee, agency, special district, board, commission, Contractor, and Sub-Contractor to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing pursuant to this section.

**38. PAYMENT:**

- 38.1.** Payment for services received will be accomplished by submission of an invoice, in duplicate, with purchase order number referenced thereon at the completion of each specified job. Said invoice(s) shall be submitted to:

HERNANDO COUNTY  
FIRE AND EMERGENCY SERVICES  
15470 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 34604

- 38.2.** Each invoice shall give a detailed breakdown of the services provided.
- 38.3.** The Vendor/Contractor may invoice the County after each work order is complete. Invoice shall reference, and be based upon the Quantity Report received after project completion.
- 38.4.** Payment will be made in no less than forty-five (45) days, per Florida Statute 218.74 (Current Edition). Terms not within Hernando County's payment period are not acceptable and may be cause for rejection.
- 38.5. Payment to Vendor/Contractor by Electronic Payment Solution: ACH (Direct Deposit):** If the Vendor/Contractor is enrolled in the County's ACH electronic payment solution, all payments will be made using the direct deposit which may or may not include a pre-note transaction. The Vendor/Contractor's bank account information will remain confidential to the extent provided by law and necessary to make direct deposit payments. Once the County has approved payment, an electronic remittance advice will be sent to the Vendor/Contractor via e-mail.

**39. CONFLICT OF INTEREST:**

- 39.1. Conflict of Interest of Officers or Employees of the Contracting Entity/Local Jurisdiction. Members of the Local Governing Body, or Other Elected Officials:** No member or employee of the contracting entity/local jurisdiction or its designees or agents; no member of the governing body; and no other public official of Hernando County who exercises any function or responsibility with respect to this Contract, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any Contract or Sub-Contract, or the proceeds thereof, for work to be performed. Further, the Vendor/Contractor shall cause to be incorporated in all Sub-Contracts, the language set forth in this paragraph prohibiting conflict of interest.
- 39.2. Employee Conflict of Interest:** It shall be unethical for any Hernando County employee to participate directly or indirectly in a procurement Contract when Hernando County employee knows that:
- 39.2.1.** Hernando County employee or any member of Hernando County employee's immediate family has a financial interest in the procurement Contract; or



**39.2.2.** Any other person, business, or organization with whom Hernando County employee or any member of a Hernando County employee's immediate family is negotiating or has an arrangement concerning prospective employment is involved in the procurement Contract; or

**39.2.3.** A Hernando County employee or any member of a Hernando County employee's immediate family who holds a financial interest in a disclosed blind trust shall not be deemed to have a conflict of interest with regard to matters pertaining to that financial interest.

**39.3.** Former Employee Conflict of Interest: It shall be a violation for any person, business or organization contracting with County to employ in any capacity, any former County employee or member of County employee's immediate family within one year of that employee's separation from employment with the County, unless the employer or the former County employee files with the County Clerk, the County's Employment Disclosure Statement. The penalty for this violation may include disqualification of the Bid submission.

#### **40. GRATUITIES AND KICKBACKS:**

**40.1.** Gratuities: It shall be unethical for any person to offer, give, or agree to give any Hernando County employee or former Hernando County employee, or for any Hernando County employee or former Hernando County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, or to influence the content of any specification or procurement standard, or to act in an render advisory, investigative or auditing capacity. The County in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a Contract or Sub-Contract, or to any solicitation or proposal therefore.

**40.2.** Kickbacks: It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a Sub-Contractor under a Contract to the prime Contractor or higher tier Sub-Contractor or any person associated therewith, as an inducement for the award of a Sub-Contract or order.

#### **41. E-VERIFY:**

**41.1.** Vendor/Contractor is advised that the County has entered into an Agreement with U.S. Immigration and Customs Enforcement (ICE) wherein the County will, in part, seek to promote the principles of ethical business conduct, prevent the knowing hiring of unauthorized workers through self-governance, and encourage voluntary reporting of the discovery of unauthorized workers to ICE (the IMAGE Agreement). Accordingly, by submitting your bid, Vendor/Contractor represents and warrants (a) that the Vendor/Contractor is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States, (b) that all of the Vendor/Contractor employees are legally eligible to work in the United States, and (c) that the Vendor/Contractor has actively and affirmatively verified such eligibility utilizing the Federal Government's Employment Verification Eligibility Form (I-9 Form).

**41.2.** A mere allegation of Vendor/Contractor's intent to use and/or current use of unauthorized workers may not be a basis to delay the County's award of a Contract to the Vendor/Contractor unless such an allegation has been determined to be factual by Immigration and Customs Enforcement (ICE) pursuant to an investigation conducted by ICE prior to the date the Contract is scheduled to be awarded by the County.

**41.3.** Legitimate claims of the Vendor/Contractor's use of unauthorized workers must be reported to both of the following agencies:

**41.3.1.** The County's Purchasing and Contracts Department at (352) 754-4020; and

**41.3.2.** Immigration and Customs Enforcement (ICE) at 1-866-DHS-2-ICE



- 41.4.** In the event it is discovered that the Vendor/Contractor's employees are not legally eligible to work in the United States, the County may, in its sole discretion, demand that the Vendor/Contractor cure this deficiency within a specified time frame, and/or immediately terminate the Contract without any cost or penalty to the County, and/or debar the Vendor/Contractor from Bidding on all County Contracts for a period up to twenty-four (24) months, and/or take any and all legal action deemed necessary and appropriate.
- 41.5.** Vendor/Contractor is required to incorporate the following IMAGE Best Practices into its business and, when practicable, incorporate verification requirements into its Agreements with Sub-Contractors:
- 41.5.1.** Use the Department of Homeland Security employment eligibility verification program (E-Verify) to verify the employment eligibility of all new hires.
  - 41.5.2.** Use the Social Security Number Verification Service and make good faith effort to correct and verify the names and Social Security numbers of the current workforce.
  - 41.5.3.** Establish a written hiring and employment eligibility verification policy.
  - 41.5.4.** Establish an internal compliance and training program related to the hiring and employment verification process, to include, but not limited to, completion of Form I-9, how to detect fraudulent use of documents in the verification process, and how to use E-Verify and the Social Security Number Verification Service.
  - 41.5.5.** Require the Form I-9 and E-Verify process to be conducted only by individuals who received appropriate training and include secondary review as of each employee's verification to minimize the potential for a single individual to subvert the process.
  - 41.5.6.** Arrange for annual Form I-9 audits by an external auditing firm or a trained employee not otherwise involved in the Form I-9 process.
  - 41.5.7.** Establish a procedure to report to ICE credible information of suspected criminal misconduct in the employment eligibility verification process.
  - 41.5.8.** Establish a program to assess Sub-Contractors' compliance with employment eligibility verification requirements. Encourage Vendor/Contractors to incorporate the IMAGE Best Practices contained in this Article and, when practicable, incorporate the verification requirements in Sub-Contractor Agreements.
  - 41.5.9.** Establish a protocol for responding to letters received from federal and state government agencies indicating that there is a discrepancy between the agency's information and the information provided by the employer or employee; for example, "no match" letters received from the Social Security Administration.
  - 41.5.10.** Establish a tip line mechanism (inbox, e-mail, etc.) for employees to report activity relating to the employment of unauthorized workers, and a protocol for responding to employee tips.
  - 41.5.11.** Establish and maintain appropriate policies, practices, and safeguards against use of the verification process for unlawful discrimination, and to ensure that U.S. Citizens and authorized workers do not face discrimination with respect to hiring, firing, recruitment or referral for a fee because of citizenship status or national origin.
  - 41.5.12.** Maintain copies of any documents accepted as proof of identify and/or employment authorization for all new hires.

**42. SCRUTINIZED COMPANIES PURSUANT TO FLORIDA STATUTE 287.135 AND 215.473 (Current Edition):** Vendor/Contractor must certify that the company is not participating in a boycott of Israel. Vendor/Contractor must also certify that Vendor/Contractor is not on the Scrutinized Companies that Boycott



Israel list, not on the Scrutinized Companies with Activities in Sudan list, and not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector list, or has been engaged in business operations in Cuba or Syria. Subject to limited exceptions provided in state law, the County will not contract for the provision of goods or services with any scrutinized company referred to above. Vendor/Contractor must submit the certification form included as an Attachment to this solicitation. Submitting a false certification shall be deemed a material breach of Contract. The County shall provide notice, in writing, to the Vendor/Contractor of the County's determination concerning the false certification. The Vendor/Contractor shall have five (5) days from receipt of notice to refute the false certification allegation. If such false certification is discovered during the active Contract term, the Vendor/Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Vendor/Contractor does not demonstrate that the County's determination of false certification was made in error, then the County shall have the right to terminate the Contract and seek civil remedies pursuant to Section 287.135, Florida Statutes (Current Edition), as amended from time to time.

#### **43. INSURANCE REQUIREMENTS:**

##### **43.1. INDEMNITY, SAFETY AND INSURANCE PROVISIONS:**

**43.1.1. INDEMNITY:** To the fullest extent permitted by Florida law, the Vendor/Contractor covenants, and agrees that it will indemnify and hold harmless the County and all of the County's officers, agents, and employees from any claim, loss, damage, cost, charge, attorney's fees and costs, or any other expense arising out of any act, action, neglect, or omission by Vendor/Contractor during the performance of the Contract, whether direct or indirect, and whether to any person or property to which the County or said parties may be subject, except that neither the Vendor/Contractor nor any of its Sub-Contractors, or assignees, will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the County or any of its officers, agents, or employees.

##### **43.1.2. PROTECTION OF PERSONS AND PROPERTY:**

**43.1.2.1.** The Vendor/Contractor will take all reasonable precautions for, and will be responsible for initiating, maintaining and supervising all programs relating to the safety of all persons and property affected by, or involved in, the performance of his operations under this Contract.

**43.1.2.2.** The Vendor/Contractor will take all reasonable precautions to prevent damage, injury or loss to: (a) all persons who may be affected by the performance of his operations, including employees; (b) all materials and equipment; and (c) all property at or surrounding the work site. In an emergency affecting the safety of persons or property, the Vendor/Contractor will act, with reasonable care and discretion, to prevent any threatened damage, injury or loss.

**43.2. MINIMUM INSURANCE REQUIREMENTS:** Vendor/Contractor shall procure, pay for and maintain at least the following insurance coverage and limits. Said insurance shall be evidenced by delivery to the County of a certificate(s) of insurance executed by the insurers listing coverage and limits, expiration dates and terms of policies and all endorsements whether or not required by the County, and listing all carriers issuing said policies. The insurance requirements shall remain in effect throughout the term of this Contract.

##### **43.2.1. WORKERS' COMPENSATION: As required by law:**

STATE.....	Statutory
APPLICABLE FEDERAL.....	Statutory
EMPLOYER'S LIABILITY.....	Minimum :
	\$100,000 each accident
	\$100,000 by employee
	\$500,000 policy limit



**Exemption per Florida Statute 440:** If a Vendor/Contractor has less than three (3) employees and states that they are exempt per Florida Statute 440 (Current Edition), they must provide an exemption certificate from the State of Florida. Otherwise, they will be required to purchase Workers' Compensation Insurance and provide a copy of Workers Compensation Insurance.

<https://www.myfloridacfo.com/Division/WC/Employer/Exemptions/>

- 43.2.2. GENERAL LIABILITY:** Comprehensive General Liability including, but not limited to, Independent Contractor, Contractual Premises/Operations, and Personal Injury covering the liability assumed under indemnification provisions of this Contract, with limits of liability for personal injury and/or bodily injury, including death.

**COVERAGE AS FOLLOWS:**

EACH OCCURRENCE.....	\$1,000,000
GENERAL AGGREGATE.....	\$2,000,000
PERSONAL/ADVERTISING INJURY.....	\$1,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE....	\$2,000,000

Per Project Aggregate (if applicable)

**ALSO**, include in General Liability coverage for the following areas based on limits of policy, with minimum of:

FIRE DAMAGE (Any one (1) fire).....	\$50,000
MEDICAL EXPENSE (Any one (1) person).....	\$5,000

- 43.2.3. ADDITIONAL INSURED:** Vendor/Contractor agrees to endorse Hernando County as an additional insured on the Comprehensive General Liability. The additional insured shall read "Hernando County Board of County Commissioners." Proof of Endorsement is required.

- 43.2.4. WAIVER OF SUBROGATION:** Vendor/Contractor agrees by entering into this Contract to a Waiver of Subrogation for each required policy herein. When required by the insurer or should a policy condition not permit Vendor/Contractor to enter into a pre-loss Agreement to waive subrogation without an endorsement, then Vendor/Contractor agrees to notify the insurer and request the policy be endorsed with a waiver of transfer of rights of recovery against others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition specifically prohibiting such an endorsement, or voids coverage should Vendor/Contractor enter into such an Agreement on a pre-loss basis.

- 43.2.5. AUTOMOBILE LIABILITY:** Comprehensive automobile and truck liability covering any auto, all owned autos, scheduled autos, hired autos, and non-owned autos. Coverage shall be on an "occurrence" basis. Such insurance to include coverage for loading and unloading hazards.

**COVERAGE AS FOLLOWS:**

COMBINED SINGLE LIMIT (CSL).....	\$1,000,000
BODILY INJURY (Per Person).....	\$1,000,000
BODILY INJURY (Per Accident).....	\$1,000,000
PROPERTY DAMAGE.....	\$1,000,000

- 43.2.6. [X] Not-Required JSW (initials)**

**PLEASE NOTE:** If box is not checked and initialed by Chief Procurement Officer, the specified insurance below is required.



**PROFESSIONAL LIABILITY:** including errors and omissions with minimum limits of \$3,000,000.00 per occurrence, if occurrence form is available; or claims made form with "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", consultant may submit annually to the County a current Certificate of Insurance proving insurance remains in force throughout the same three (3) year period.

Notwithstanding the requirements for Professional Liability Insurance listed above, Engineer and/or Architect must provide evidence of coverage, a minimum of \$1,000,000.00.

**43.2.7. [X] Not-Required JSW (initials)**

**PLEASE NOTE: If box is not checked and initialed by Chief Procurement Officer, the specified insurance below is required.**

**BUILDERS RISK INSURANCE:** Combined single limit must equal value of the construction, per project aggregate.

The policy shall cover portions of the work in transit, property scaffolding, false work and temporary buildings located at the site. The policy must cover the cost of removing debris, including demolition as may be made legally necessary by the operation of any law, Ordinance or regulation.

The insurance required herein must be on an all risk form and must be written to cover all risks of physical loss or damage to the insured party and must insure at least against the perils of fire and extended coverage, theft, vandalism, malicious mischief, collapse, lightning, earthquake, flood, water damage and windstorm.

If there are any deductibles applicable to the insurance required herein, Vendor/Contractor must pay any part of any loss not covered because of the operation of such deductibles.

The insurance as required herein must be maintained in effect until the earliest of the following date:

- 43.2.7.1.** Date which all persons and organization that are insured under the policy agree in writing that it must be terminated;
- 43.2.7.2.** Date on which final payment of this Contract has been made by County to Vendor/Contractor; or
- 43.2.7.3.** Date on which the insurable interests in the property of all insured other the County have ceased.
- 43.2.7.4.** Wind coverage to be included with a minimum deductible to be determined based on the project. Deductible will be a percentage based upon the total insured value.

**43.2.8. [X] Not-Required JSW (initials)**

**PLEASE NOTE: If box is not checked and initialed by Chief Procurement Officer, the specified insurance below is required.**

**CRIME PREVENTION – BOND:** Vendor/Contractor shall procure a fiduciary bond in the amount of \$100,000 covering loss or theft by Vendor/Contractor, its agents, or employees, and shall procure insurance in the amount of \$10,000 covering loss or theft by non-employees such as by burglary or robbery for any funds or negotiable



instruments under the custody or care of Vendor/Contractor that would inure to the benefit of the County.

**43.2.9. [X] Not-Required JSW (initials)**

**PLEASE NOTE: If box is not checked and initialed by Chief Procurement Officer, the specified insurance below is required.**

**EXCESS/UMBRELLA LIABILITY:** Vendor/Contractor shall provide proof of excess/umbrella liability coverage with minimum limits of \$1,000,000. Limits can be increased, based on Contract.

**43.2.10. [X] Not-Required JSW (initials)**

**PLEASE NOTE: If box is not checked and initialed by Chief Procurement Officer, the specified insurance below is required.**

**POLLUTION LIABILITY**

Include exposures of pesticides/insecticides and herbicides.

Limits as follows:

No less than \$1,000,000 Per Occurrence

\$1,000,000 Aggregate

\$5,000 Medical Payment

Additional Insured & Waiver of Subrogation required.

**43.2.11. SUB-CONTRACTORS (if applicable):** All Sub-Contractors hired by said Contractor are required to provide Hernando County Board of County Commissioners Certificates of Insurance with the same limits required by the county as required by the Contract. All Sub-Contractors are required to name Hernando County Board of County Commissioners as additional insured and provide a Waiver of Subrogation in regards to General Liability.

**43.2.12. RIGHT TO REVISE OR REJECT:** County reserves the right, but not the obligation, to revise any insurance requirement, not limited to limits, coverages and endorsements, or to reject any insurance policies which fail to meet the criteria stated herein. Additionally, County reserves the right, but not the obligation, to review and reject any insurer providing coverage due to its poor financial condition or its failure to adhere to legal requirements.

**43.3. Each insurance policy shall include the following conditions by endorsement to the policy:**

**43.3.1. Vendor/Contractor agrees to provide County with a Certificate of Insurance evidencing that all coverages, limits and endorsements required herein are maintained and in full force and effect. The Certificate of Insurance shall provide a minimum thirty (30) day notice to the County of cancellation of the policy, when available by Vendor/Contractor's insurer. If the Vendor/Contractor receives a non-renewal or cancellation notice from an insurance carrier affording coverage required herein, or receives notice that coverage no longer complies with the insurance requirements herein, **Vendor/Contractor agrees to notify the County by fax within five (5) business days with a copy of the non-renewal or cancellation notice, or written specifics as to which coverage is no longer in compliance.** The Certificate Holder shall read:**

Hernando County Board of County Commissioners  
Attention: Human Resources/Risk Department  
15470 Flight Path Drive, Brooksville, FL 34604

**43.3.2. Companies issuing the insurance policy, or policies, shall have no recourse against the County for payment of premiums or assessments for any deductibles as all are the sole responsibility and risk of Vendor/Contractor.**



- 43.3.3.** The term "County" or "Hernando County" shall include all authorities, boards, bureaus, commissions, divisions, departments, and offices of the County and individual members, employees and agents thereof in their official capacities, and/or while acting on behalf of Hernando County.
- 43.3.4.** The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County, to any such future coverage, or to County's self-insured retentions of whatever nature.
- 43.4.** The Vendor/Contractor shall be required to provide a current certificate of insurance to the County prior to commencement of services.
- 43.5.** Bidders may, at the County's request, be required to provide proof that their firm meets the preceding insurance requirements, by submission of a certificate of insurance coverage(s), prior to award of the Contract.
- 43.6.** Failure of the owner to demand such certificates or other evidence of full compliance with these insurance requirements or failure of the owner to identify a deficiency from evidence provided shall not be construed as a waiver of the Vendor/Contractor's obligation to maintain such insurance.

**44. MINIMUM WAGE RATES:**

- 44.1.** The Vendor/Contractor shall be required to pay his/her/its employees no less than the Federal Minimum Wage Rate.
- 44.2.** If the Contract should be renewed, the Contract shall be adjusted for benefit of the Vendor/Contractor in proportion with Federal Law Governing Wage Rates during the period of the Contract for labor-related costs only.
- 44.3.** The County reserves the right to inspect the payroll records of the Vendor/Contractor, as may be deemed necessary, to determine that the Vendor/Contractor is complying with Federal Wage and Hour Law.

**45. SAFETY PRECAUTIONS:**

- 45.1.** The Vendor/Contractor shall be responsible for instructing his workmen in appropriate safety measures with respect to all services provided under this Contract, and shall not permit them to place equipment in traffic lanes or other locations in such a manner as to create a safety hazard.
- 45.2.** All equipment shall be equipped with all necessary safety equipment to satisfy all applicable Florida Department of Transportation and Occupational Safety and Health Administration (OSHA) requirements.

- 46. RESPONSIVE/RESPONSIBLE:** At the time of submitting a Bid response, the County requires that the **Bidder be properly licensed and registered to do business in the State of Florida in accordance with applicable Florida Statutes (F.S.).** Bid responses that fail to provide the required forms listed in these Bid Documents may be rejected as non-responsive. **Bidders whose responses, past performance, or current status do not reflect the capability, integrity or reliability to fully and in good faith perform the requirements of the Bid may be rejected as non-responsive.** The County reserves the sole right to determine which responses meet the requirements of this solicitation, and which Bidders are responsive and responsible. The County reserves the sole right before awarding the Bid, to require a Bidder to submit such evidence of their qualifications as it may deem necessary and may consider any evidence available to it of the financial, technical, and other qualifications and abilities of a Bidder to perform the work in a satisfactory manner and within the time specified. The Bidder is assumed to be familiar with all federal, state or local laws, ordinances, rules and regulations that in any manner affect the work, and to abide thereby if awarded the Bid/Contract. Ignorance of legal requirements on the part of the Bidder/Vendor/Contractor will in no way relieve his/her/its responsibility.



**47. CONE OF SILENCE:** This solicitation falls under the Hernando County Procurement Ordinance 93-16 (Current Edition). After a Bid is opened or a Short List is established for an Invitation to Bid (ITB), Request for Qualification (RFQ), or Request for Proposal (RFP), a Vendor/Contractor or representative as defined in the Ordinance, may not seek information or clarification or in any way contact any official or employee of the County concerning this solicitation with the exception of the Hernando County Chief Procurement Officer, County Attorney, or an individual specifically designated in this document for dissemination of information. A copy of any written communication concerning this solicitation shall be filed with the Purchasing and Contracts Department and shall be made available to the public upon request. A violation of the "Cone of Silence" renders any award voidable at the sole discretion of the Chief Procurement Officer with approval from the Board of County Commissioners and may subject the potential Vendor/Contractor or representative to debarment. Nothing in the Ordinance prevents a Vendor/Contractor or representative from taking part in a public meeting concerning the solicitation.

- 47.1.** All Vendors/Contractors or representatives are hereby placed on formal notice. A lobbying "Cone of Silence" period shall commence upon issuance of the solicitation until the Board selects the successful Bidder. For procurements that do not require Board approval, the "Cone of Silence" period commences upon solicitation issuance and concludes upon Contract award.
- 47.2.** Neither the members of the Board of County Commissioners nor candidates for County Commission, nor any employees from the Hernando County Government, Hernando County staff members, nor any members of the evaluation team are to be lobbied, either individually or collectively, concerning this project. Vendors/Contractors or representatives who intend to submit Bids, or have submitted Bids, 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. Any such lobbying activities may cause immediate disqualification from this project.

**48. CLAIMS:**

- 48.1.** Chief Procurement Officer's Decision Required: All claims, except those waived, shall be referred to the Chief Procurement Officer for decision.
- 48.2.** Notice: Written notice stating the general nature of each claim shall be delivered by the claimant to the Chief Procurement Officer and the other party to the Contract promptly (but in no event later than thirty (30) days after the start of the event giving rise thereto). The responsibility to substantiate a claim shall rest with the party making the claim. Notice of the amount or extent of the claim, with supporting data, shall be delivered to the Chief Procurement Officer and the other party to the Contract within sixty (60) days after the start of such event (unless the Chief Procurement Officer allows additional time for claimant to submit additional or more accurate data in support of such claim). A claim for an adjustment in Contract Price shall be prepared in accordance with the provisions of Paragraph 62.4. Each claim shall be accompanied by claimant's written statement that the adjustment claimed is the entire adjustment to which the claimant believes it is entitled as a result of said event. The opposing party shall submit any response to the Chief Procurement Officer and the claimant within thirty (30) days after receipt of the claimant's last submittal (unless the Chief Procurement Officer allows additional time).
- 48.3.** Chief Procurement Officer's Action: Chief Procurement Officer will review each claim and, within thirty (30) days after receipt of the last submittal of the claimant or the last submittal of the opposing party, if any, take one of the following actions in writing:
- 48.3.1.** Deny the claim in whole or in part,
- 48.3.2.** Approve the claim, or
- 48.3.3.** Notify the parties that the Chief Procurement Officer is unable to resolve the claim if, in the Chief Procurement Officer's sole discretion, it would be inappropriate for the Chief Procurement Officer to do so. For purposes of further resolution of the claim, such notice shall be deemed a denial.



- 48.4. In the event that Chief Procurement Officer does not take action on a claim within said thirty (30) days, the claim shall be deemed denied.
- 48.5. Chief Procurement Officer's written action or denial will be final and binding upon Owner and Vendor/Contractor, unless Owner or Vendor/Contractor invoke the dispute resolution procedure set forth in Paragraph 49 within thirty (30) days of such action or denial.

**49. DISPUTE RESOLUTION:**

- 49.1. Owner and Vendor/Contractor may mutually request mediation of any claim submitted to the Owner for a decision before such decision becomes final and binding. The mediation will be governed by the Construction Industry Mediation Rules of the American Arbitration Association in effect as of the effective date of the Agreement. The request for mediation shall be submitted in writing to the American Arbitration Association. Timely submission of the request shall stay the effect.
- 49.2. Owner and Vendor/Contractor shall participate in the mediation process in good faith. The process shall be concluded within sixty (60) days of filing of the request. The date of termination of the mediation shall be determined by application of the mediation rules referenced above.
- 49.3. If the claim is not resolved by mediation, Chief Procurement Officer's action or denial pursuant to Paragraph 48 shall become final and binding thirty (30) days after termination of the mediation unless, within that time period, Owner or Vendor/Contractor:
- 49.3.1. Agrees with the other party to submit the claim to another dispute resolution process, or
- 49.3.2. Gives written notice to the other party of their intent to submit the claim to a court of competent jurisdiction.

**SECTION IV - SPECIAL CONDITIONS**

50. **F.O.B. POINT:** The free-on-board (F.O.B.) point shall be installed at the location(s) specified herein. At the sole discretion of the County, Bids showing other than F.O.B. Destination will not be accepted and are subject to rejection. The Bidders Bid shall include all costs of packaging, transporting, delivery and unloading (THIS INCLUDES INSIDE DELIVERY IF REQUESTED) to designated point within the County.
51. **DELIVERY:** Delivery is requested within five (5) calendar days after receipt of the order. Failure to deliver within the time stated shall be cause for cancellation of the order with all applicable remedies available to the County under State Law. Bids submitted which fail to meet this requirement shall be cause for rejection.
52. **AS SPECIFIED:** All items delivered must meet the specifications herein. Items delivered not as specified will be returned at no expense to the County. The County may return, for full credit, any unused items received which fail to meet the County's performance standards. Replacement items meeting specifications must be submitted within a reasonable time after rejection of the non-conforming items.
53. **CODES AND REGULATIONS:** The awarded Vendor/Contractor must strictly comply with all federal, state and local building and safety codes.
54. **MARKET CONDITIONS:** The County reserves the right to purchase on the open market should lower market prices prevail, at which time the Vendor/Contractor shall have the option of meeting the lower price or relieving the County of any obligation previously understood.
55. **METHOD OF ORDERING:** The County will issue Purchase Orders against the Contract on an as-needed-basis for the supplies or services listed on the Bid Form.
56. **CONDITIONS FOR EMERGENCY/HURRICANE OR DISASTER - TERM CONTRACTS:** It is hereby made a part of this Invitation for Bid that before, during and after a public emergency, disaster, hurricane, flood, or other acts of God that Hernando County shall require a "first priority" basis for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation which threatens public health and safety, as determined by the County. Vendor/Contractor agrees to rent/sell/lease all goods



and services to the County or other governmental entities as opposed to a private citizen, on a first priority basis. The County expects to pay Contractual prices for all products or services required during an emergency situation. **Vendor/Contractor shall furnish a twenty-four (24) hour phone number and email address in the event of such an emergency.**

The current Federal Clauses and Forms are attached as Exhibit A, Section III, Exhibits to this document. In the event of an Emergency/Hurricane or Disaster, a copy of the most current Clauses and Forms will be provided for review and signature.

57. **REQUIREMENTS CONTRACT:** This is a Requirements Contract and the County shall order from the Vendor/Contractor all of the supplies and/or services specified in the Contract's price schedule that are required to be purchased by the County. If the County urgently requires delivery of goods or services before the earliest date that delivery may be required under this Contract, and if the Vendor/Contractor will not accept an order providing for accelerated delivery, the County may acquire the goods or services from another source. Except as this Contract may otherwise provide, if the County's requirements do not result in orders in the quantities described as "estimated" in the Contract's price schedule, that fact shall not constitute the basis for an equitable adjustment.
58. **ADDITIONAL ITEMS:** Additional items not on the current Bid Form may be added from time to time. However, the County will obtain quotes from at least three Vendor/Contractors who have already submitted Bids and these items will be added to the low responsive and responsible Bidder's Contract.

### **SECTION V: SCOPE AND SPECIFICATIONS**

59. **CONFLICTING TERMS WITH SECTION V:** In the event of a conflict between the terms of the Contract (including any and all attachments thereto, excluding Section V, and any amendments thereof) and any of the terms of Section V, the terms of the Contract (including any and all attachments thereto, excluding Section V, and any amendments thereof) shall control.
60. **SCOPE OF WORK:** The Vendor/Contractor will supply and deliver medical supplies to the Hernando County Fire and Emergency Services (HCFES).
61. **LOCATION OF THE WORK:** The work to be performed in this Contract will be performed in Hernando County, Florida. Deliveries will be made to HCFES Logistics, 60 Veterans Avenue, Brooksville, FL 34601.
62. **GENERAL REQUIREMENTS:**
- 62.1. All items listed on the Bid Form will be awarded line by line to multiple Vendors/Contractors based on the lowest bid for that item. Each Vendor/Contractor who submits a Bid deemed responsive and responsible agrees to supply that individual item at the price submitted on their Bid Form. Items will be ordered from the Vendors/Contractors in order from lowest Bidder to highest Bidder.
- 62.2. In the event that the lowest Bidder cannot supply the item in the time frame or quantity requested to fulfill an order, the County reserves the right to order the item from the next lowest Bidder and so on until the order can be fulfilled.
- 62.3. Vendors/Contractors who submit Bids and are repeatedly unable to fulfill orders may be excluded from future orders.
- 62.4. In the event the awarded Vendor/Contractor receives a price increase from the manufacturer, the Vendor/Contractor must contact HCFES prior to increasing the item pricing on the Bid Form. To request pricing increases on items listed on the Bid Form, the Vendor/Contractor MUST:
- 62.4.1. Notify the HCFES by written request prior to the price increase.
- 62.4.2. Attach documentation from the manufacturer stating the price increase, the items affected and the effective date of the increase.



- 62.4.3.** The HCFES Finance Coordinator will review the information and grant or deny the price increase. The Vendor/Contractor will be notified in writing of the decision. HCFES will order the item from the lowest Bidder based on the new pricing using the process described in Paragraph 63.1.
- 62.4.4.** Any price adjustment (increase or decrease) approved by the County shall impose upon the Vendor/Contractor the requirement to advise and extend to the County price reductions when costs similarly decrease.
- 62.4.5.** Addendums to the Contract are not required to reflect the price increase. Written approval by the HCFES Finance Coordinator will serve as documentation of the price increase.
- 62.5.** Other items may need to be added to this Contract from time to time as new needs are identified. When it is identified that new items need to be added, the item information will be sent to all Vendors/Contractors who responded to the original Bid. The new items will be awarded using the process described in Paragraph 63.1. Addendums will be issued to add new items to the Contract.
- 62.6.** Backorders are not allowed under this Contract without written approval of HCFES. If the Vendor/Contractor delivers backordered items without prior written approval, it is the Vendor/Contractor's responsibility to retrieve the items from HCFES as soon as possible at their own costs. The Vendor/Contractor must notify HCFES of their method of retrieval and approximate date. HCFES bears no responsibility in returning the items to the Vendor/Contractor.
- 62.7.** It is the Vendor/Contractor's responsibility to ensure that invoices are submitted with the proper Contract prices. If an invoice is submitted with incorrect pricing, HCFES will notify the Vendor/Contractor and the invoice will not be processed. A corrected invoice must be submitted to HCFES for processing. Payments will not be made on incorrect invoices and credit memos to correct pricing will not be acceptable.
- 62.8.** The Vendor/Contractor must notify HCFES of changes in item numbers or packaging quantities. A change in item number or packaging quantities does not constitute a change to the Contract pricing.

**END OF SECTION V - THE REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**



# INSTRUCTIONS FOR COMPLETING THE BID FORM

**Per Paragraph 3.1 - All Bids are subject to the conditions specified herein. Bids that do not comply with these conditions may be declared non-responsive and subject to rejection.**

**Column A – enter your organization's item number for the item description.**

**Column B – enter the package that your organization sells this item by, for example: each, box, carton, etc.**

**Column C – enter the price per package identified in Column B, for example if you identified box in Column B, enter the price per box in Column C.**

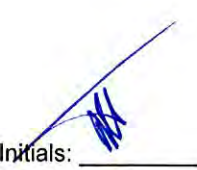
**Column D – enter the quantity of items per package identified in Column B, for example, if box was identified in Column B, enter the quantity of items packaged per box.**

**Column E – enter the price for each individual item, for example, if \$5.00 was identified in Column C and 10 was identified in Column D, the price entered in Column E would be \$0.50.**

LINE NO.	DESCRIPTION	COLUMN A	COLUMN B	COLUMN C
		ITEM NUMBER	PACKAGE	PRICE PER PACKAGE
0	Widget, non-porous	123-456	Box	\$5.00

**Column C divided by Column D equals Column E**  
**\$5.00 / 10 = \$0.50**

Vendor Return Complete Bid Document

Vendor's Initials:   
Page 26 of 65



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**

The Vendor/Contractor shall provide all labor and other resources necessary to provide the supplies, equipment and/or services in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Form, inclusive of overhead, profit and any other costs.

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
1	4 wire limb lead with 12 lead capability, ECG 5' trunk cable, right angle connector for LP15	PHYSIO 1111-000018	BOX	\$ 329.00	ONE	\$ 329.00
2	6 wire precordial leads for a 12 lead ECG cable for LP15	1111-000022	BOX	\$ 139.00	ONE	\$ 139.00
3	Acetaminophen oral solution, 160 mg/10.15 ml and 160 mg/5 mL 40% BOTTLE	# 9M5785	BOTTLE	\$ 1.85	ONE (403)	\$ 1.85
4	Acetaminophen suppository, 325 mg	# 113166H	BOX	\$ 8.24	6/BOX	\$ 1.3733
5	Adenosine, 12 mg/4 ml ANSYR lock syringe 1002C					
6	Adenosine, 6 mg/2 ml pre-filled syringe, needleless					
7	Adjustable PEEP Valve, 0-20 KENTRON	# 712320	20/BOX	\$ 35.80	20/BOX	\$ 1.79
8	Adult Spur II, bag reservoir, BVM medium adult mask, medication port (no substitutes)					
9	Albuterol, 2.5 mg/3 ml Inj solution 0.083% NEPHRON	# 750560	BOX	\$ 7.25	25/BOX	\$ 0.29
10	Alcohol preps pads, 70% isopropyl alcohol individually wrapped pouches, Kendall Webcol, size large or equivalent	KENTRON # 650-20	CASE	\$ 20.00	1000	\$ 0.02
11	All brass regulator, 0-25 LPM, CGA 870, 1 barb outlet and 1 DISS outlet KENTRON	8M10	BOX	\$ 39.69	EACH	\$ 39.69
12	Ambu disposable PEEP 0-20, 22 mm adapter, disposable	NO BID				NO BID
13	Amidate (Etomidate), 40 mg, 20 ml vial HOSPIRA	835677	BOX	\$ 76.00	10/BOX	\$ 7.60
14	Amiodarone, 150 mg/3 ml SDV MYLAN	5213M2	BOX	\$ 45.00	10/BOX	\$ 4.50
15	Ammonia inhalants	# 881401	CASE	\$ 21.00	100/C5	\$ 0.21
16	AMSafe IV extension set, 9" KENTRON	4291018	CASE	\$ 79.00	100/CASE	\$ 0.79
17	Aspirin, children's, 81 mg chewable, orange flavor	555693	BOTTLE	\$ 0.99	36/BOTTLE	\$ 0.99
18	Assure Prism Blood Glucose Meter (multi) ARKRAY	530001	BOX	\$ 7.99	ONE	\$ 7.99
19	Assure Prism Blood Glucose Test Strips ARKRAY	530050	50/BOX	\$ 10.99	BOX/50	\$ 10.99



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
20	Assure Prism Control Solution 4ml x 2 vials, Control 1 and Control 2 <i>ARKRAY</i>	# 530006	Box	\$ 10.49	2 VIALS/BX	\$ 10.49
21	Assure Prism Orange KIT, Advanced (bag only)	NO BID	—	—	—	NO BID
22	Assure Safety Lancets Depth 2mm/25 gauge (100 count)	NO BID	—	—	—	NO BID
23	Atropine Sulfate, 0.1 mg/ml 10 ml prefilled syringe needleless system Luer Lock <i>HOSPIRA</i>	# 566966	Box	\$ 146.00	10 / BOX	\$ 14.60
24	Atrovent Ipratropium Bromide, (premixed), 0.02% 2.5 ml unit dose vial <i>NEPHRON</i>	# 570841	Box	\$ 11.90	25 / BOX	\$ 0.4760
25	Backboard bag, biohazard, 24" x 86"					
26	Bacterial air filter P100 valves, 15 mm/22 mm <i>MCKESSON</i>	# 16-6216	CASE	\$ 69.50	50 / CS	\$ 1.39
27	Band Aid, 1" x 3", flexible fabric <i>KENTRON</i>	880113	CASE	\$ 31.20	2400 / CS	\$ 0.0130
28	Bandage, triangular nonsterile 40" x 40" x 56", individually packaged, packaged with 2 safety pins <i>KENTRON</i>	404056	CASE	\$ 55.20	240 / CS	\$ 0.23
29	Bandage, multi trauma dressing, sterile 10" x 30" <i>KENTRON</i>	771030	CASE	\$ 32.50	50 / CS	\$ 0.65
30	Bedpan, fracture, plastic, single use, disposable <i>KENTRON</i>	410010	CASE	\$ 45.60	48 / CS	\$ 0.95
31	Biohazard bag, 7- to 10- gallon capacity, 23" x 23", medium bags <i>KENTRON</i>	00801	CASE	\$ 22.00	200 / CS	\$ 0.11
32	Biohazard bag, latex free, red, 38" x 45", large bags <i>KENTRON</i>	#				
33	Bite stick, plastic, individually packaged <i>KENTRON</i>	404075	Box	\$ 2.10	10 / BOX	\$ 0.21
34	Blood pressure cuff, Curaplex manual, adult with case <i>KENTRON</i>	771101	Box	<del>\$ 4.89</del>	<del>24 / BOX</del>	<del>\$ 4.89</del>
35	Blood pressure cuff, StatCheck, child, soft fabric, single tube, HP/Bayonet connections, disposable <i>771660S</i>	<i>KENTRON</i>	Box	\$ 12.45	5 / BOX	\$ 2.49
36	Blood pressure cuff, StatCheck, small adult, soft fabric, single tube, HP/Bayonet connections, disposable <i>KENTRON</i>	771650S(B)	Box	\$ 15.95	5 / BOX	\$ 3.19
37	Blood pressure cuff, StatCheck, adult, soft fabric, single tube, HP/Bayonet connections, disposable <i>KENTRON</i>	771640S(B)	Box	\$ 17.45	5 / BOX	\$ 3.49



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
38	Blood pressure cuff, StatCheck, adult long, soft fabric, single tube, HP/Bayonet connections, disposable	KENTRON # 17716308 (17716308)	Box	\$ 48.45	5/BAX	\$ 3.79
39	Blood pressure cuff, Ultracheck LP reuse, pediatric single with male bayonet fitting	KENTRON # 17717095 (B)	Box	\$ 27.95	5/BAX	\$ 5.59
40	Blood pressure cuff, Ultracheck LP reuse, infant, single with male bayonet fitting	KENTRON # 17717095 (B)	Box	\$ 23.25	5/BAX	\$ 4.65
41	Blue sensor SP 00 S/10 electrodes, medium size, pediatric/adult (no substitutes)	SP-00-5/10	PACK	\$ 1.90	10/PACK	\$ 0.19
42	Brass oxygen regulator	KENTRON 8710	Box	\$ 39.69	EACH	\$ 39.69
43	Buretrol set NF, 105', Luer Lock, two pre-pierced Inj sites, 150 ml					
44	Burn sheet, sterile, disposable	KENTRON 888 III	CASE	\$ 1.49	24/CS	\$ 35.76
45	BVM Infant Spur II, bag reservoir, infant mask, medication port (no substitute)	NO BID	—	—	—	NO BID
46	BVM Pediatric Spur II, bag reservoir, toddler mask, medication port (no substitutes)	NO BID	—	—	—	NO BID
47	C4 Diazepam, 5 mg/ml 10 ml vial	HOSPIRA # 636203	Box	\$ 690.00	10/Box	\$ 69.00
48	Cable, patient SpO2, red, 4', 20 pin, MASIMO	MASIMO # 2055	Box	\$ 144.39	EACH	\$ 144.39
49	Carpusject holder					
50	Chest decompression set, 14g x 2.5" needle					
51	Circuit vent, single limb, Wye, adult/pediatric, disposable	NO BID	—	—	—	NO BID
52	Circuit vent, single limb, Wye, infant, disposable	NO BID	—	—	—	NO BID
53	Clean-up System II Bio-hazard Spill Kit, contains - 1 oz pick-up powder, 1 bio-hazard bag with tie, 1 pair of medical grade gloves, 1 clear EZ zip bag, 3 paper towels, 1 super scooper spatula, 1 Sani-cloth germicidal cloth, 1 BZK towelette, 1 trash bag	KENTRON 201118C	CASE	\$ 3.79	10/CS	\$ 37.90



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
54	Clear plastic bags, 6" x 10" with biohazard emblem, zip lock seal					
55	Cohesive flex wrap, 2" x 5 yds, blue, latex free	KENTRON # 690922B	BOX	\$ 21.24	36/BX	\$ 0.59
56	Cohesive flex wrap, 2" x 5 yds, pink, latex free	KENTRON # 690922P	BOX	\$ 21.24	36/BX	\$ 0.59
57	Cohesive flex wrap, 3" x 5 yds, blue, latex free	KENTRON # 690923B	BOX	\$ 18.96	24/BX	\$ 0.79
58	Cold pack, instant 5.5" x 8.25"	N/A				
59	Collar Xtric Perfit Ace, plastic, adjustable adult	N/A	BOX	\$ 10.99		NO BID
60	Compress, cold instant, disposable, 6' x 9"	KENTRON # 56111	CASE	\$ 9.36	24/BOX	\$ 0.39
61	Control solution for Optium EZ test strips	ABBOTT # NA2053	BOX	\$ 10.99	BOX	\$ 10.99
62	Corrugated cardboard splint, 18" padded	NO BID				
63	Corrugated cardboard splint, 24" padded	NO BID				
64	Corrugated cardboard splint, 36" padded	NO BID				
65	Cricothyrotomy kit, adult, with gloves, swab, scalpel, 4" x 4", 10 cc syringe and tie	KENTRON # 546901A	PACK	\$ 16.64	ONE	\$ 16.64
66	Cricothyrotomy kit, pediatric	# 546902P	PACK	\$ 29.19	ONE	\$ 29.19
67	Curaplex, ALS rescue bag, green	KENTRON # 554406	BOX	\$ 119.00	ONE	\$ 119.00
68	Curaplex, Aneroid Sphygmomanometer, with case, adult	KENTRON # 777701	CASE	\$ 4.89	ONE	\$ 4.89
69	Curaplex, Berman Oral Airway, 40 mm, pink (OPA)	KENTRON # 779940CC	BOX	\$ 0.13	50/BOX	\$ 6.50
70	Curaplex, Berman Oral Airway, 50 mm, blue (OPA)	" # 779950CC	BOX	\$ 0.13	50/BOX	\$ 6.50
71	Curaplex, Berman Oral Airway, 60 mm, black (OPA)	" # 779960CC	BOX	\$ 0.13	50/BOX	\$ 6.50
72	Curaplex, Berman Oral Airway, 70 mm, white (OPA)	" # 779970CC	BOX	\$ 0.13	50/BOX	\$ 6.50
73	Curaplex, Berman Oral Airway, 80 mm, green (OPA)	" # 779980CC	BOX	\$ 0.13	50/BOX	\$ 6.50
74	Curaplex, Berman Oral Airway, 90 mm, yellow (OPA)	" # 779990CC	BOX	\$ 0.13	50/BOX	\$ 6.50
75	Curaplex, Berman Oral Airway, 100 mm, purple (OPA)	" # 7799100CC	BOX	\$ 0.13	50/BOX	\$ 6.50
76	Curaplex, Berman Oral Airway, 110 mm, orange (OPA)	" # 7799110CC	BOX	\$ 0.13	50/BOX	\$ 6.50
77	Curaplex, extrication collar, adult Perfit ace, adult size, 8 settings	N/A				NO BID



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
78	Curaplex, fluff bandage roll, 4.5" x 4.1 yds, 6 ply, sterile, 100 roll	KENTRON 444666	CASE	\$ 68.00	100 CS	\$ 0.68
79	Curaplex, intubation module 400, blue	KENTRON 554401	BOX	\$ 17.98	EACH	\$ 17.98
80	Curaplex, Magill forceps, child, 8"	KENTRON KI 297	BOX	\$ 26.90	10/BOX	\$ 2.69
81	Curaplex, Magill forceps, adult	KENTRON KI 298	BOX	\$ 29.70	10/BOX	\$ 2.97
82	Curaplex, oxygen nasal cannula, O2 pediatric, green, 7' tubing	KENTRON C199312	CASE	\$ 11.95	50/CASE	\$ 0.2390
83	Curaplex, oxygen responder pack, green, 27" x 12" x 10"					
84	Curaplex, polypropylene two-piece backboard strap, blue	KENTRON 293305B	CASE	\$ 50.04	36/CASE	\$ 1.39
85	Curaplex, pressure infuser, bag, 1000 ml	KENTRON 888802	BOX	\$ 6.39	EACH	\$ 6.39
86	Curaplex, ring cutter	KENTRON RC101	BOX	\$ 33.90	10/BOX	\$ 3.39
87	Curaplex, select nebulizer, small volume, handheld, 7' tubing, adult aerosol mask	KENTRON 333759	CASE	\$ 31.29	50 CS	\$ 0.6258
88	Curaplex, Yankauer suction tubing only, 3/16" ID x 6'	KENTRON 889316	CASE	\$ 28.60	50 CS	\$ 0.5720
89	D5W 50 ml packaged in a plastic clear container equipped with an opening to hang from an IV pole or hook, injection site to accommodate adding medication directly to the solution, opening to accommodate common administration sets	BRAUN 55104-5384	CASE	\$ 190.00	84 CS	\$ 2.26
90	D5W 250 ml packaged in a plastic clear container equipped with an opening to hang from an IV pole or hook, injection site to accommodate adding medication directly to the solution, opening to accommodate common administration sets	BRAUN #15102	CASE	24 CS \$ 170.00	\$ 69.00	\$ 2.875
91	Dextrose Inj ANSYR 2 Syr 50 ml 50%	HOSPIRA # 2912124	BOX	\$ 149.00	10/BOX	\$ 14.90
92	Dextrose Inj 10 mL infant ANSYR non-rt 25%	HOSPIRA # 387414	BOX	\$ 124.00	10/BOX	\$ 12.40



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
93	Dextrose 50%, 0.5 g/ml 50 ml prefilled syringe, Luer Lock end, Luer Jet 1013B <i>HOSPIRA</i>	# 292129	10/Box	\$ 149.00	10/Box	\$ 14.90
94	Diazepam, concentration, 5 mg/ml, 2 ml pre-filled Carpuject Luer Lock					
95	Diltiazem, 50 mg, 10 ml vial *REFRIGERATE*					
96	Diltiazem HCL, non-refrigerated vial, 100 mg <i>HOSPIRA</i>	# 592706	Box	\$ 146.00	10/Box	\$ 14.60
97	Diphenhydramine, 50 mg/ml, 1 ml vial <i>Hikma</i>	# 246042	Box	\$ 34.75	25/Box	\$ 1.39
98	Disposable blankets, individually plastic wrapped, grey, 100% polyester, 60" x 80" <i>60" x 90" BLUE</i>	<i>KENTRON</i> # 609070	BALE	\$ 4.90	25/BALE	\$ 122.50
99	Disposable emergency blanket, 80 gsm non-woven spun bond polypropylene, laminated on 1.5 mil polyethylene film, dimensions 60" x 90", white non-woven material on yellow polyethylene <i>58" x 90"</i>	<i>KENTRON</i> # 886658	Box	\$ 59.76	24/Box	\$ 2.49
100	Disposable fitted bottom sheet, 68 gsm non-woven spun bond polypropylene, dimensions 34" x 84"; latex free elastic band at head and foot, light blue color (no substitutes)	<i>KENTRON</i> No Bid	—	—	—	No Bid
101	Disposable pillow, 30 gsm non-woven shell; 100% polyester fiberfill; non-allergenic, dimensions 16.5" x 22", white material, white fiberfill	No Bid	—	—	—	No Bid
102	Dopamine, 400 mg 250 ml <i>BAXTER</i>	467160	CASE	\$ 280.62	18/CS	\$ 15.59
103	Dressing, combine, surgipad, 5" x 9" <i>KENTRON</i>	444590	CASE	\$ 36.00	400/CS	\$ 0.09
104	Emergency blanket, space, 56" x 84", silver/silver <i>KENTRON</i>	886656	CASE	\$ 97.50	250/CS	\$ 0.39
105	Emesis basin, disposable, 500 cc					
106	EMS shears, black, 7 1/4", safety bandage tip, fully autoclavable, surgical stainless-steel blades	<i>KENTRON</i> KE 14107	Box	\$ 16.08	24/Box	\$ 0.67



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
107	Endotracheal tube uncuffed with stylette 2.5 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759925	Box	\$ 10.40	10/Box	\$ 1.04
108	Endotracheal tube uncuffed with stylette 3.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759930	Box	\$ 10.40	10/Box	\$ 1.04
109	Endotracheal tube uncuffed with stylette 3.5 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759935	Box	\$ 10.40	10/Box	\$ 1.04
110	Endotracheal tube uncuffed with stylette 4.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759940	Box	\$ 10.40	10/Box	\$ 1.04
111	Endotracheal tube uncuffed with stylette 4.5 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759945	Box	\$ 10.40	10/Box	\$ 1.04



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
112	Endotracheal tube uncuffed with stylette 5.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 759950	Box	\$ 10.40	10/Box	\$ 1.04
113	Endotracheal tube cuffed with stylette 5.5 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 769955	Box	\$ 11.20	10/Box	\$ 1.12
114	Endotracheal tube cuffed with stylette 6.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 769960	Box	\$ 11.20	10/Box	\$ 1.12
115	Endotracheal tube cuffed with stylette 6.5 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 769965	Box	\$ 11.20	10/Box	\$ 1.12
116	Endotracheal tube cuffed with stylette 7.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	KENTRON 769970	Box	\$ 11.20	10/Box	\$ 1.12



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
117	Endotracheal tube cuffed with stylette 8.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	769980	Box	\$ 11.20	10/Box	\$ 1.12
118	Endotracheal tube cuffed with stylette 9.0 flexi-set: combination set of a cuffed endotracheal tube supplied together with a flexi-slip stylette, high volume/low pressure cuff, black positioning ring, pilot balloon, depth markings with full length x-ray	769990	Box	\$ 11.20	10/Box	\$ 1.12
119	Endotracheal tube holder - Thomas, quick set screw to secure ET tube to ET holder, built in bite block, Velcro strapping to secure to patient, adult size (no substitutes)	THOMAS # 600-10000	Box	\$ 79.75	25/Box	\$ 3.19
120	Endotracheal tube holder - Thomas, quick set screw to secure ET tube to ET holder, built in bite block, Velcro strapping to secure to patient, pediatric size (no substitutes)	THOMAS # 600-20000	Box	\$ 79.75	25/Box	\$ 3.19
121	Epinephrine, 1 mg, 1 ml ampule	BPI LABS # 980198	Box	\$ 139.00	10/Box	\$ 13.90
122	Epinephrine, 1:10,000 0.1 mg/ml 10 ml prefilled, Luer Lock end, needleless system	HOSPIRA # 286280	Box	\$ 72.00	10/Box	\$ 7.20
123	Esophageal intubation detector bulb (EDD)	No Bid				
124	Eye pads, oval, sterile 1 5/8" x 2 5/8"	No Bid				
125	Eye shield, metal	No Bid				
126	Fentanyl Citrate, concentration 0.05 mg/ml, 2 ml, flip top vial	No Bid	—	—	—	No Bid
127	Fever scan thermometer, disposable	No Bid	—	—	—	No Bid



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
128	Filac 3000 EZ oral AX complete, includes monitor, probe and isolation chamber	NO BID	—	—	—	NO BID
129	Filac 3000 thermometer probe covers	NO BID	—	—	—	NO BID
130	Filter straw with clear extension tubing to allow visual of medication, filter in hub of connection to filter all particles from medication extracted from vial, needleless, manufacturer – B. Braun (no substitutes)	B. BRAUN # 415021	Box	\$ 39.00 SOLD BY BOX ONLY	100/Box	\$ 0.39
131	Filterline, adult/pediatric, non-humidified, intubated	11996-000435	Box	\$ 779.00	100/Box	\$ 7.79
132	Filterline H set, infant/neonate, includes airway adapter, micro stream connection	11996-000001	Box	\$ 425.00	25/Box	\$ 17.00
133	Flowmeter oxygen with Ohmeda QC adapter 0-15 LPM	KENTRON 556115+	Box	\$ 22.69	ONE	\$ 22.69
134	Furosemide, Inj ANSYR 10 ml prefilled needles	HOSPIRA # 540923	Box	\$ 249.00	10/Box	\$ 24.90
135	Gauze, bandage, elastic, sterile, 3" x 4.1 yds	KENTRON # 670923	CASE	\$ 18.50	50/CB	\$ 0.37
136	Gauze, petrolatum, 3" x 9"	KENTRON # 887339	Box	\$ 4.92	12/Box	\$ 0.41
137	Gauze, sponge, non-sterile 4" x 4", 8 ply	KENTRON # 448111	CASE	\$ 41.00	4000	\$ 0.0102
138	Gauze, sponge, non-sterile 4" x 4", 4 ply	KENTRON # 250444	CASE	\$ 24.00	2000	\$ 0.0120
139	Gauze, sponge, sterile 4" x 4", 12 ply, sterile packaging	K # 441201	Box	\$ 4.00	100/BX 1/PK	\$ 0.04
140	Gauze, sterile, 3" x 131", individually wrapped.	KENTRON # 441003	CASE	\$ 13.44	96/CASE	\$ 0.14
141	Germicidal solution, 32 oz bottle Sani (34810) Sani Prime - purple	NO BID	—	—	—	NO BID
142	Germicidal wipes, large 6" x 6.75", Sani-cloth HB, purple lid, (no substitutes)	NO BID	—	—	—	NO BID
143	Gloves, latex free, nitrile powder free, textured, high risk, extra-large - Supreno (no substitutes)	NO BID	—	—	—	NO BID
144	Gloves, latex free, nitrile powder free, textured, high risk, large - Supreno (no substitutes)	NO BID	—	—	—	NO BID



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
145	Gloves, latex free, nitrile powder free, textured, high risk, medium - Supreno (no substitutes)	No Bid	—	—	—	No Bid
146	Gloves, latex free, nitrile powder free, textured, high risk, small - Supreno (no substitutes)	No Bid	—	—	—	No Bid
147	Gloves, latex, powder free, high risk, extra-large, safe grip	No Bid	—	—	—	No Bid
148	Gloves, latex, powder free, high risk, large, safe grip	No Bid	—	—	—	No Bid
149	Gloves, latex, powder free, high risk, medium, safe grip	No Bid	—	—	—	No Bid
150	Gloves, latex, powder free, high risk, small, safe grip	No Bid	—	—	—	No Bid
151	Glucagon diagnostic kit, injection SDV 1 mg, sterile					
152	Gown, USX extra large					
153	Graham Mega Mover 1500					
154	Gum bougie stylet, adult, individually packaged <del>KENTRON</del>	# 799913	Box	\$ 28.90	10/Box	\$ 2.89
155	Gum bougie stylet, pediatric, individually packaged <del>KENTRON</del>	# 799910	Box	\$ 28.90	10/Box	\$ 2.89
156	Haloperidol Lactate SDV 1 mL 5 mg/ml <del>SAGENT</del>	# 801633	Box	\$ 64.90	10/Box	\$ 6.49
157	Hand cleanser, alcohol-based gel, 4 oz, Dawnmist hand sanitizer					
158	Hand sanitizer, waterless, A.B.H.C, fresh scent, 4 oz bottles (Safetec)					
159	Hand-E Hand Hold device intubation supply bag (yellow)					
160	Hot pack, instant, 5.5" x 10"					
161	HSI bouffant cap, poly blue 24", elastic headband, cap nurse <del>KENTRON</del>	# 940007	CASE	\$ 45.00	500/CS	\$ 0.09
162	Hydrogen peroxide, 16 oz, plastic bottle <del>MCKESSO</del>	# 142779	CASE	\$ 10.68	16/CS	\$ 0.89
163	<del>Hydrogen peroxide, 3%</del>	<del>DUPLICATE</del>				No Bid
164	Hypodermic needle, 18g x 1 1/2"					
165	Hypodermic needle, 20g x 1 1/2"					



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
166	Hypodermic needle, 22g x 1 1/2"					
167	Impervious personal protective gown, long sleeve, latex free, universal size, individually packaged, isolation gown, yellow, latex free (2141)	KENTRON #923005	CASE	\$ 109.50	50/CASE	\$ 2.19
168	Instant Glucose, 31 gm, 40% gel tube					
169	Intravenous arm board, padded, disposable, 2" x 1"					
170	Intravenous arm board, padded, disposable, 6" x 1"					
171	Intravenous arm board IV, disposable, size 3" x 18"					
172	Intravenous arm board IV, disposable, size 3" x 9"					
173	Introcan safety IV catheter with Teflon, 14g x 1 1/4" (no substitute) B. BRAUN	#				
174	Introcan safety IV catheter with Teflon, 16g x 1 1/4" (no substitute) B. BRAUN	#				
175	Introcan safety IV catheter with Teflon, 18g x 1 1/4" (no substitute) B. BRAUN	#				
176	Introcan safety IV catheter with Teflon, 20g x 1 1/4" (no substitute) B. BRAUN	#				
177	Introcan safety IV catheter with Teflon, 22g x 1" (no substitute) B. BRAUN	#				
178	Introcan safety IV catheter with Teflon, 24g x 3/4" (no substitute) B. BRAUN	#				
179	IV administration sets, universal piercing spike compatible with piercing the plastic IV solution bags commonly used without leakage around the site (non-vented), 15 drops/ml, color coded drip chamber, latex free, 84" with spin lock connection EQWAL US1160	KENTRON 419015	CASE	\$ 46.50	50/CASE	\$ 0.93



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
180	IV administration sets, universal piercing spike compatible with piercing the plastic IV solution bags commonly used without leakage around the site (non-vented), 60 drops/ml, color coded drip chamber, latex free, 84" with spin lock connection	KENTIRON # 419060	CASE	\$ 46.50	50/CS	\$ 0.93
181	IV flush syringe, prefilled, 12 cc syringe filled with 10 ml 0.9% Sodium Chloride, sterile					
182	IV solution, lactated ringers 1000 ml bag, B. Braun L7500	# L7500	CASE	\$ 33.48	12/CS	\$ 2.79
183	IV solution, lactated ringers injection 500 ml, B. Braun L7501	# L7501	CASE	\$ 69.36	24/CS	\$ 2.89
184	IV solution, Sodium Chloride 0.9% 500 ml bag, B. Braun L8001	# L8001	CASE	\$ 69.36	24/CS	\$ 2.89
185	Ketorolac (Toradol), 30 mg/ml 1 ml PFS	OUT OF STOCK				
186	Ketorolac Inj IM/IV SDV 30mg/ml 1 ml Luer Locking Carpuject SDY ONLY FOSUN	# 1161911	BOX	\$ 69.00	25/BOX	\$ 2.76
187	King Vision video laryngoscope, adult a blade, size 3 channeled (engine only)					
188	King Vision video laryngoscope, adult a blade, size 3 non-channeled (engine only)					
189	Kit, Field Cric with Shiley Trac (this is not adult or pedi Curaplex)					
190	LA Rescue Endotracheal Tube Kit, case only					
191	Labetalol, 20 mg 4 ml Luer Lock Carpuject 1030					
192	Labetalol, 100 mg/20 ml MDV vial HOSPITAL	# 416533	BOX	\$ 5.69	ONE	\$ 5.69
193	LCSU 4 Laerdal Compact Suction Units					
194	LCSU 4 replacement NiMH battery					



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
195	Lidocaine 2%, 100 mg/ml 5 ml prefilled syringe Luer Lock end, needleless system	OUT OF STOCK	—	—	—	NO BID
196	Lidocaine HCL 2 grams in 500 ml 5% of Dextrose IV bag premix B BRAUN	P59H1	CASE	\$ 292.56	24/CS	\$ 12.19
197	LMA Supreme size 1 TELEFLEX	# 175010	BOX	\$ 195.00	10/BOX	\$ 19.50
198	LMA Supreme size 1.5 "	# 175015	BOX	\$ 195.00	10/BOX	\$ 19.50
199	LMA Supreme size 2 "	# 175020	BOX	\$ 195.00	10/BOX	\$ 19.50
200	LMA Supreme size 2.5 "	# 175025	BOX	\$ 195.00	10/BOX	\$ 19.50
201	LMA Supreme size 3 "	# 175030	BOX	\$ 195.00	10/BOX	\$ 19.50
202	LMA Supreme size 4 "	# 175040	BOX	\$ 195.00	10/BOX	\$ 19.50
203	LMA Supreme size 5 "	# 175050	BOX	\$ 195.00	10/BOX	\$ 19.50
204	Lorazepam Inj SDV 1 ml 2 mg/ml WESINJ West-Ward Pharm injectable 00641604425, *REFRIGERATE*	NO BID	—	—	—	NO BID
205	Lubricating jelly, 2.7g foil pack, sterile, water soluble, mini pack					
206	Luer Lock syringe with Luer Lock tip 35 cc (30 ml)					
207	Luer Lock tip syringe with Luer Lock tip size 2, 3 cc					
208	Luer Lock tip syringe with Luer Lock tip size 4, 12 cc (10 ml)					
209	Luer Lock tip syringe with Luer Lock tip size 5, 20 cc (20 ml)					
210	Luer Lock tip syringe with Luer Lock tip 60 ml					
211	M-LNCS adult sensor MASIMO	# 2501	BOX	\$ 169.00	ONE	\$ 169.00
212	M.A.T. Tourniquet (Combat Application Tourniquet (CAT)) tactical black, Gen 7 NORTH AM RESCUE	# 30-0001	CASE	\$ 219.00	10/CS	\$ 21.90
213	Magnesium Sulfate 50% 1 gh, 2 ml vial FRESENIUS	# 1092996	BOX	\$ 104.95	25/BOX	\$ 4.19



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
214	Manual resuscitator BVM, SPUR II, infant, with infant mask, bag reservoir, medi port, disposable	NO BID	—	—	—	NO BID
215	Masimo LNCS-PTDS pedi sensor	N/A				NO BID
216	Masimo set 3-20kg M-LNCS SpO2 pulse oximeter adhesive sensor	MASIMO # 2512	CASE	\$ 252.00	20/CS	\$ 12.60
217	Masimo set 10-50 kg M-LNCS SpO2 pediatric pulse oximeter adhesive sensor	MASIMO # 2510	CASE	\$ 278.00	20/CS	\$ 13.90
218	Mask, aerosol adult, industry standard connection to nebulizer	KENTRON # 333100	CASE	\$ 17.00	50/CS	\$ 0.34
219	Mask, face N95, particulate respirator, trifold flat (1870)	—	—	—	—	—
220	Mask, face N95, CDC acceptable	—	—	—	—	—
221	Mask, medium concentration, infant 0-2	KENTRON # 999820	CASE	\$ 33.00	50/CS	\$ 0.66
222	Mask, oxygen, adult, elongated, high concentration, partial NRB, reservoir bag, 7' tubing	KENTRON # 999107	CASE	\$ 31.50	50/CS	\$ 0.63
223	Mask, oxygen medium concentration with 7' oxygen supply tubing, child size	KENTRON # 999800	CASE	\$ 28.50	50/CS	\$ 0.57
224	Mask, oxygen partial NRB, able to deliver 80% to 90% O2 at 10 to 12 LPM O2 flow rate, under the chin elongated style with 7' tubing, oxygen reservoir bag, a low resistance exhalation valve, and one closed air safety vent, adult size	KENTRON # 999107	CASE	\$ 31.50	50/CS	\$ 0.63
225	Mask, surgical type with wrap around visor for eye protection	—	—	—	—	—
226	Mask, tracheotomy with 7' tubing	KENTRON # 333345	CASE	\$ 39.50	50/CS	\$ 0.79
227	MEDICATION ADDED TO IV BAG labels	NO BID				NO BID
228	Medina, adult/pediatric, non-humidified, intubated	NO BID				NO BID



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
229	Medtronic, Physio Control quick combo pads, adult size, must work with the LP15	#11996-000091	Box	\$224.90	10/Box	\$22.49
230	Medtronic, Physio Control quick combo pads, pediatric, must work with the LP15 10 kg/22 lbs	#11996-000093	Box	\$271.90	10/Box	\$27.19
231	Medtronic, Physio Control recording paper for the LP 15, EKG printer paper, 108 mm x 23 mm (or equivalent)	KENTRON K12394	Case	\$189.00	100/CS	\$1.89
232	Mega Mover plus transport unit, 40" x 80", non-woven poly	No Bid	—	—	—	—
233	Midazolam C-4 (versed) 2 mg/2 ml vial	No Bid	—	—	—	No Bid
234	Morphine Sulfate Inj SDV 1 mL, 4 mg/ml	No Bid	—	—	—	No Bid
235	Mucosal Atomization Device (MAD) 300, adult	MAD 300	Box	\$104.75	25/Box	\$4.19
236	Multi-Sample Luer tip adapters					
237	NACL 0.9%, 100 ml advantage diluent solution B. BRAUN	58004-5264	Case	\$152.916	64/CS	\$2.39
238	Naloxone, 0.4 mg/ml, 10 ml vial AURO MEDICS	1167621	Box	\$1290.00	10/Box	\$129.00
239	Naloxone, 0.4 mg, 1 ml vial SOMERSET	#1074047	Box	\$211.00	10/Box	\$21.10
240	Narcan nasal mist, 4 mg ADAPT	#1010184	Box	\$149.00	2/Box	\$74.50
241	Nasopharyngeal, latex free, Robertazzi style, 16Fr. KENTRON	804416	Box	\$12.30	10/Box	\$1.23
242	Nasopharyngeal, latex free, Robertazzi style, 18Fr. KENTRON	804418	Box	\$12.30	10/Box	\$1.23
243	Nasopharyngeal, latex free, Robertazzi style, 20Fr. KENTRON	804420	Box	\$12.30	10/Box	\$1.23
244	Nasopharyngeal, latex free, Robertazzi style, 22Fr. KENTRON	804422	Box	\$12.30	10/Box	\$1.23
245	Nasopharyngeal, latex free, Robertazzi style, 24Fr. KENTRON	804424	Box	\$12.30	10/Box	\$1.23
246	Nasopharyngeal, latex free, Robertazzi style, 26Fr. KENTRON	804426	Box	\$12.30	10/Box	\$1.23
247	Nasopharyngeal, latex free, Robertazzi style, 28Fr. KENTRON	804428	Box	\$12.30	10/Box	\$1.23
248	Nebulizer, small volume, handheld, with tee, mouthpiece, flex tube, 7' tubing KENTRON	3337501	Case	\$31.29	50/CS	\$0.6258
249	Needle, hypodermic, 25g x 1.5"					
250	Needle, hypodermic, 25g x 5/8"					



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
251	Needle decompression 14g x 3.25" with protective case, orange bend/hub					
252	Nitro-Bid (Nitroglycerin Ointment USP, 2%), new weight 1g foil pack <i>NVCOMED</i>	# 691453	BOX <del>#138.72</del> <i>48/BOX</i>	<del>\$138.72</del>	48/BOX	\$ 2.89
253	Nitro Stat, single metered dose, 400 mcg metered dose, pump spray, 200 metered sprays <i>PERRIGO</i>	# 929661	BOX	\$ 399.00	ONE	\$ 399.00
254	Nitro Stat sublingual tablet 400 mcg, card packaged individual dispensed <i>GLENMARK BOTTLE PACK</i>	# 1084051	BOX	\$ 69.00	25/BTX, 4/BOX TOTAL 100	\$ 0.69
255	O2 connector, barb, nipple/nut, tapered, plastic <i>KENTRON</i>	# 550000	BOX	\$ 16.50	50/CB	\$ 0.33
256	O2 Resq BiTrac ED full face mask and head strap, small mask only <i>BOUNDTREE</i>	EXCLUSIVE				
257	O2 Resq BiTrac ED full face mask and head strap, medium mask only <i>BOUNDTREE</i>	EXCLUSIVE				
258	O2 Resq BiTrac ED full face mask and head strap, large mask only <i>BOUNDTREE</i>	EXCLUSIVE				
259	O2 Resq BiTrac ED mask with 3 set valve (5.0/7.5/10.0) with flow generator, adult medium mask <i>BOUNDTREE</i>	EXCLUSIVE				
260	O2 Resq BiTrac ED mask with 3 set valve (5.0/7.5/10.0) with flow generator, adult large mask <i>BOUNDTREE</i>	EXCLUSIVE				
261	O2 Resq filter (30 mm M x 30 mm F) <i>BOUNDTREE</i>	EXCLUSIVE				
262	O2 Resq valved nebulizer T adapter <i>BOUNDTREE</i>	EXCLUSIVE				
263	OB kits, disposable in clear plastic packaging, 1 pair disposable gloves, 1 drape sheet, 2 umbilical cord clamps, 2 OB towelettes, 1 scalpel, 1 OB pad, 1 receiving blanket, 6 sterile gauze sponges, 4 disposable towels, 1 bulb syringe, 2 nylon tie-offs	KENTRON 999400	CASE	\$ 41.90	10/CASE	\$ 4.19
264	Ohmeda, O2, quick connect x diss male <i>KENTRON</i>	# 550020	BOX	\$ 44.95	5/BOX	\$ 8.99
265	Ondansetron, Zofran HCL, 4 mg/2 ml vial <i>APOTEX</i>	# 1113028	BOX	\$ 17.25	25/BOX	\$ 0.69
266	Optium EZ glucose test strips (no substitute) <i>ABBOTT</i>	# 71041	50/BOX	\$ 21.10	50/BOX	\$ 21.10



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
267	Oxygen, cannula, nasal, over the ear style, adult size, conventional green, 7' tubing (Curaplex)	KENTRON # 999308	CASK	\$ 11.50	50/CS	\$ 0.23
268	Oxygen hose, 6", DISS female hand tight x Ohmeda coupler, conductive 1/4"					
269	Oxygen hose, 6' with Ohmeda style quick connect coupler x DISS O2, conductive					
270	Oxygen humidifier, disposable, dry, single, individually packaged					
271	Oxygen supply tubing, 7'	KENTRON # 333400	CASK	\$ 11.00	50/CS	\$ 0.22
272	Patient restraint, pair, padded with nylon ties	KENTRON # 301100	CASK	\$ 114.50	50/CS	\$ 2.89
273	Pediatric, Airlife Universal Portable Volume Ventilator Circuit (no substitutes)					
274	Perfit ace, adult size	AMBU # 000281000	CASK	\$ 125.00	30/CS	\$ 4.19
275	Perfit mini ace, pediatric size	AMBU # 000281006	CASK	\$ 125.00	30/CS	\$ 4.19
276	Physio Cable Connector LP15	MASIMO RC4 EMS	BOX		ONE	
277	Physio O2 Finger Probe LP15	MASIMO 2501	BOX		ONE	\$ 169.00
278	Pillowcase, 30 gsm, non-woven, spun bond polypropylene, dimensions 21" x 30", color white					
279	Povidone Iodine swabs, individually packaged	KENTRON # 553-32	BOX	\$ 3.00	100/BOX	\$ 0.03
280	Prep razor, disposable, individually packaged	KENTRON # 99-2220	CASK	\$ 16.00	100/CS	\$ 0.16
281	Probe cover, Filac 3000EZ therm	N/A				NO BID
282	Pyramex Venture II Safety Glasses					
283	Quelicin 200 mg 10 ml vial Succinylcholine Chloride Inj 20 mg/ml *REFRIGERATE*					
284	RC-4 EMS rainbow patient cable 4'					
285	Replacement battery for LCSU 4 and LCSU 3					
286	Respirator N95, regular size	KENTRON KN95	BOX	\$ 11.90	10/BOX	\$ 1.19



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
287	Respirator N95, small size					
288	Rusch Polaris FO blade Mac 1	KENTRON MC 35101LE	Box	\$ 69.80	20/BX	\$ 3.49
289	Rusch Polaris FO blade Mac 2	KENTRON MC 35102LE	Box	\$ 69.80	20/BX	\$ 3.49
290	Rusch Polaris FO blade Mac 3	KENTRON MC 35103LE	Box	\$ 69.80	20/BX	\$ 3.49
291	Rusch Polaris FO blade Mac 3.5	KENTRON MC 351035LE	Box	\$ 69.80	20/BX	\$ 3.49
292	Rusch Polaris FO blade Mac 4	KENTRON MC 35104LE	Box	\$ 69.80	20/BX	\$ 3.49
293	Rusch Polaris FO blade Mac 5	KENTRON MC 35105LE	Box	\$ 69.80	20/BX	\$ 3.49
294	Rusch Polaris FO blade Miller 00	KENTRON ML 361000LE	Box	\$ 69.80	20/BX	\$ 3.49
295	Rusch Polaris FO blade Miller 0	KENTRON ML 36100LE	Box	\$ 69.80	20/BX	\$ 3.49
296	Rusch Polaris FO blade Miller 1	KENTRON ML 36101LE	Box	\$ 69.80	20/BX	\$ 3.49
297	Rusch Polaris FO blade Miller 1.5	KENTRON ML 36102LE	Box	\$ 69.80	20/BX	\$ 3.49
298	Rusch Polaris FO blade Miller 2	KENTRON ML 36102LE	Box	\$ 69.80	20/BX	\$ 3.49
299	Rusch Polaris FO blade Miller 3	KENTRON ML 36103LE	Box	\$ 69.80	20/BX	\$ 3.49
300	Rusch Polaris FO blade Miller 4	KENTRON ML 36104LE	Box	\$ 69.80	20/BX	\$ 3.49
301	Rusch Polaris FO SU penlight handle	KENTRON LH 15000A	Box	\$ 7.19	EACH	\$ 7.19
302	Rusch Polaris FO SU medium handle	KENTRON LH 15000C	Box	\$ 7.19	EACH	\$ 7.19
303	Rusch Polaris FO SU stubby handle	KENTRON LH 15000S	Box	\$ 12.99	EACH	\$ 12.99
304	Safety glasses, pair, clear, wrap around, adjustable arms					
305	Safety lancing device, single use, spring loaded, all components are disposable, single use					
306	Sam splint 34" (or equivalent)	KENTRON # 887722	CASE	\$ 173.40	60/CASE	\$ 2.89
307	Sani-Prime germicidal spray, 32 oz					
308	SaniZide Pro 1, 32 oz bottle with sprayer					
309	Scalp vein set (butterfly), 27g x 3/4"					
310	Scissors, blunt end, serrated edges	KENTRON # KI 14107	Box	\$ 16.50	24/BOX	\$ 0.69
311	Sensor, adult reusable 3" MASIMO					



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
312	Sensor, M-LNCS adult neonate 18 SPO2 single MASIMO	MASIMO # 2514	CASE	\$ 278.00	20/CS	\$13.90
313	Sharps container, 1 quart red, transport KENTRON	# 412274R	CASE	\$ 83.40	60/CS	\$ 1.39
314	Sharps container, 1 quart, 8.75" x 4.25" x 2.5" KENTRON	# 412201R	CASE	\$ 83.40	60/CS	\$ 1.39
315	Sharps container, red 5 quart, in room, 12.5" x 5.5" x 10.75" KENTRON	# 412277R	CASE	\$ 75.80	20/CS	\$ 3.79
316	Shoe cover, one size fits all, non-conductive, fluid resistant KENTRON	# 920012	CASE	\$ 42.00	300/CS	\$ 0.14
317	Silicone stomach tube (6FR)					
318	Silicone stomach tube (10FR)					
319	Silicone stomach tube (12FR)					
320	Silicone stomach tube (14FR)					
321	Silicone stomach tube (16FR)					
322	Silicone stomach tube (18FR)					
323	Sleeve white gauntlet 18", elastic openings KENTRON	# 601650P	CASE	\$ 23.50	200/CS	\$ 0.1175
324	Smart capnoline oxygen, adult, physio with tubing PHYSGO	# 11996-000163	CASE	\$ 883.00	25/CS	\$ 11.32
325	Smart capnoline plus non-intubated, oral nasal with CO2, pediatric PHYSGO	# 11996-000168	CASE	\$ 335.00	25/CS	\$ 13.40
326	Smart Possession and Tracking System Bag (SPATS) Large	NO BID				NO BID
327	Smart Possession and Tracking System Bag (SPATS) Small	NO BID				NO BID
328	Sodium Bicarbonate 8.4%, 1 m Eq/ml, 50 ml Luer Jet pre-filled syringe, needleless system 1035B HOSPIRA	# 1170571	BOX	\$ 151.00	10/BOX	\$ 15.10
329	Sodium Bicarbonate Inj abj LFS 4.2% 10 ml Infant 1043A HOSPIRA	# 1170573	BOX	\$ 165.00	10/BOX	\$ 16.50
330	Sodium Chloride 0.9%, 10 ml in a 10 ml Luer Lock syringe, prefilled, packaged sterile CARDINAL	# 442080	BOX	\$ 16.80	30/BOX	\$ 0.56



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
331	Sodium Chloride 0.9% Inj 250 MI B. Braun L8002	# L8002	CASE	\$66.96	24/C5	\$ 2.79
332	Sodium Chloride 0.9% Inj 500 MI B. Braun L8001	N/A				No BiD
333	Sodium Chloride 0.9% Inj 1000 MI B. Braun L8000	# L8000	CASE	\$ 34.68	12/C5	\$ 2.89
334	Solumedrol 125 mg/2 ml Act-O-Vial <i>PFIZER</i>	# 310000	BOX	\$ 322.25	25/BOX	\$ 12.89
335	Splint padded board, 3" x 15" plywood, covered with foam padding, encased in a heavy poly material	<i>KENTRON</i> # 885515	CASE	\$ 42.25	25/C5	\$ 1.69
336	Splint padded board, 3" x 36" plywood, covered with foam padding, encased in a heavy poly material	<i>KENTRON</i> # 885536	CASE	\$ 79.75	25/C5	\$ 3.19
337	Splint padded board, 3" x 54" plywood, covered with foam padding, encased in a heavy poly material	<i>KENTRON</i> # 885554	CASE	\$ 132.25	25/C5	\$ 5.29
338	Sta-Blok head immobilizer					No BiD
339	Staphene disinfectant spray, 16 oz can (no substitutes)	No BiD				No BiD
340	Sterile, 3 oz bulb syringe <i>203</i> <i>KENTRON</i>	# 350200	CASE	\$ 22.50	50/C5	\$ 0.45
341	Sterile saline for irrigation, screw on top, 500 ml 0.9% Sodium Chloride irrigation <i>MCRESSON</i>	# 733255	CASE	\$ 39.00	18/C5	\$ 2.17
342	Sterile water for irrigation, screw on top, 500 ml <i>MCRESSON</i>	# 733254	CASE	\$ 41.22	18/C5	\$ 2.29
343	Stethoscope Sprague Rappaport, adult/pediatric, 2 headed <i>KENTRON</i>	# 104410	CASE	\$ 3.89 <i>194.50</i>	50/C5	\$ 0.08
344	Stopcock, 3 way with 20" extension <i>KENTRON</i>	# 950020	CASE	\$ 39.50	50/C5	\$ 0.79
345	Strap, polypro, 1 piece, 9" disposable, orange <i>KENTRON</i>	2933090R	CASE	\$ 50.40	36/CASE	\$ 1.39
346	Stretcher sheets, fitted, disposable, snug fit, blue, 40" x 89"	No BiD				No BiD
347	Succinylcholine Chloride Quelicin, 20 mg/ml, 10 ml flip top vial *REFRIGERATE* <i>AMNEAL</i>	# 1167175	BOX	\$ 949.00	25/BOX	\$ 37.96



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
348	Suction canister, 1200 cc, single use, positive shut off valve to prevent overflow, stem adapters for suction hose connections, accurate easy to read calibrations on outside of canister, horizontal inlet adapter to prevent suction hose occlusion	DYNAREX # 4675	CASE	\$ 111.60	40/CS	\$ 2.79
349	Suction canister, 300 cc, for the LCSU 4 (300 ml) Su					
350	Suction catheter, whistle tip, 6FR x 14" long KENTRON	# 393506	CASE	\$ 6.00	50/CS	\$ 0.12
351	Suction catheter, whistle tip, 8FR x 14" long KENTRON	# 393508	CASE	\$ 6.00	50/CS	\$ 0.12
352	Suction catheter, whistle tip, 10FR x 14" long KENTRON	# 393510	CASE	\$ 6.00	50/CS	\$ 0.12
353	Suction catheter, whistle tip, 12FR x 14" long KENTRON	# 393512	CASE	\$ 6.00	50/CS	\$ 0.12
354	Suction catheter, whistle tip, 14FR x 14" long KENTRON	# 393514	CASE	\$ 6.00	50/CS	\$ 0.12
355	Suction catheter, whistle tip, 16FR x 14" long KENTRON	# 393516	CASE	\$ 6.00	50/CS	\$ 0.12
356	Suction catheter, whistle tip, 18FR x 14" long KENTRON	# 393518	CASE	\$ 6.00	50/CS	\$ 0.12
357	Suction connecting tubing, nonconductive, with sure guard female connectors 1/4" or 9/32" lumen 6' long, sterile KENTRON	889325 1/4"	CASE	\$ 38.50	50/CS	\$ 0.77
358	Suction unit aspirator type, latex free-Meconium					
359	Suction unit, LCSU 4 (Laerdal Compact Suction Unit), 300 ml	N/A				No Bid
360	Super sani cloth wipes, 160 tub					
361	Syringe, 50- or 60-ml catheter tip/fr OG tube					
362	Syringe, hypodermic disposable tuberculin, 1 ml, 1 5/8" x 27g, regular bevel needle cc/unit labeled					
363	Syringe, Luer Lock, 10-12 cc	N/A				No Bid.
364	Tamper evident seals, red KENTRON	# 86111	BAG	\$ 11.00	100/BGT	\$ 0.11
365	Tape, hypoallergenic cloth tape, 3" x 10 yds KENTRON	706203	CASE	\$ 84.00	48/CS	\$ 1.75



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	COLUMN A ITEM NUMBER	COLUMN B PACKAGE	COLUMN C PRICE PER PACKAGE	COLUMN D QUANTITY PER PACKAGE	COLUMN E PRICE PER ITEM
366	Tape, surgical, Transpore, 1" x 10 yds, adhesive, clear, porous, latex free <b>KENTRON</b>	705311	Box	\$ 5.88	12/Box	\$ 0.49
367	Tape, surgical, Transpore, 2" x 10 yds, adhesive, clear, porous, latex free <b>KENTRON</b>	705312	Box	\$ 5.88	6/Box	\$ 0.98
368	Tape, Veni-Gards, size adult, Conmed IV dressing (no substitutes)	NO BID				
369	Test collar, 3M, to be used with Qualitative Fit Test Apparatus	NO BID				
370	Test hood, 3M, to be used with Qualitative Fit Test Apparatus	NO BID				
371	Tetracaine 0.5%, ophthalmic solution, 15 ml bottle <b>BAUSCH</b>	# 1147386	15ml Bot	\$ 169.00	15ml Bot	\$ 169.00
372	Thermoscan covers					
373	Thermometer, digital hypothermia F/C ADTEMP 419	NO BID				NO BID
374	Thermometer, infrared <b>KENTRON</b>	NCT 666	Box	\$ 28.79	ONE	\$ 28.79
375	Thomas holder ET tube, adult	N/A				NO BID
376	Tincture of Benzoin, swab sticks, 4" plastic applicator	NO BID				NO BID
377	Tourniquet, latex free 18" x 1" <b>KENTRON</b>	# 901100	CASE	\$ 79.00	1000/CS	\$ 0.079
378	Traction splint, adult LP (Curaplex) <b>KENTRON</b>	# 222888	Box	\$ 119.00	ONE	\$ 119.00
379	Traction splint, pediatric (Curaplex) <b>KENTRON</b>	# 222999	Box	\$ 119.00	ONE	\$ 119.00
380	Tranexamic acid Inj solution SDV 110 mg/ml 110 ml, sterile 1000 mg/ml 10 ml SDV <b>METHAPHARM</b>	# 1162060	Box	\$ 54.90	10/Box	\$ 5.49
381	Ultrack LP Reuse, adult <b>KENTRON</b>	# 1777105(B)	Box	\$ 32.25	5/Box	\$ 6.45
382	Ultrack LP Reuse, adult large <b>KENTRON</b>	# 1777125(B)	Box	\$ 48.95	5/Box	\$ 9.79
383	Ultrack LP Reuse, adult long <b>KENTRON</b>	# 1777115(B)	Box	\$ 48.45	5/Box	\$ 9.69
384	Urinal, male, plastic, single use, graduated capacity, permanently attached lid, disposable <b>KENTRON</b>	# 201103	CASE	\$ 33.12	48/CS	\$ 0.69
385	Ultra-Digital Thermometer 5 probe cover	NO BID				NO BID
386	Utility pouch, blue, 9" x 9.25" x 2.75" <b>KENTRON</b>	UTP100B	EACH	\$ 10.90	ONE	\$ 10.90



**SECTION VI: BID FORM**  
**ITB NO. 21-T00047/TPR – MEDICAL SUPPLIES**  
**CONTINUED**

LINE NO.	DESCRIPTION	ITEM NUMBER	PACKAGE	PRICE PER PACKAGE	QUANTITY PER PACKAGE	PRICE PER ITEM
387	Utility pouch, green, 9" x 9.25" x 2.75"	KENTRON # UTP101G	EACH	\$ 10.90	ONE	\$ 10.90
388	Utility pouch, orange, 9" x 9.25" x 2.75"	KENTRON # UTP102OR	EACH	\$ 10.90	ONE	\$ 10.90
389	Utility pouch, red, 9" x 9.25" x 2.75"	KENTRON # UTP103R	EACH	\$ 10.90	ONE	\$ 10.90
390	Utility pouch, yellow, 9" x 9.25" x 2.75"	KENTRON # UTP10HY	EACH	\$ 10.90	ONE	\$ 10.90
391	Vecuronium Brom Sdv 10 ml (10 mg/vl)	TEVA # 1073045	BOX	\$ 290.00	10/BOX	\$ 29.00
392	Wash basins, plastic, 7.5-quart capacity, plastic, single use, disposable	KENTRON # 201102M	CASE	\$ 39.50	50/CS	\$ 0.79
393	Water for Inj sterile IV 10 ml/ Hospira Worldwide, Inc. 0488710	HOSPIRA # 237000	BOX	\$ 29.75	25/CS	\$ 1.19
394	Wire ladder splint, 31", solid, precut with covering, not rolled	KENTRON # 404031	BOX	\$ 39.00	10/BOX	\$ 3.90
395	Wrench, E cylinder, plastic small, black	KENTRON 550025	BOX	\$ 3.10	10/BOX	\$ 0.31
396	Wrench, D/E cylinder, plastic with chain	KENTRON 550025WC	BOX	\$ 4.50	10/BOX	\$ 0.45
397	Yankauer, suction, surgical with control vent and bulb tip, sterile	KENTRON 887710	CASE	\$ 17.50	50/CASE	\$ 0.35
398	Zoll pediatric/adult, single limb, Wye ventilator, circuit 6'	NO BID				NO BID
399	Zoll infant/pediatric, single limb, Wye ventilator, circuit 6'	NO BID				NO BID



The undersigned Bidder has carefully read the Invitation to Bid and its provisions, terms and conditions covering the equipment, materials, supplies and services as called for, and fully understands the requirements and conditions. Bidder certifies that this bid for the same goods/services (unless otherwise specifically noted), and is in all respects fair and without collusion or fraud. Bidder agrees to be bound by all the terms and conditions of this Invitation to Bid and certifies that the person(s) signing this bid is (are) authorized to bind the Bidder. Bidder agrees that if Bidder is awarded this Invitation to Bid, Bidder will provide the materials and services as stipulated in the specifications of this Invitation to Bid. Bidder further agrees to furnish and to deliver materials and services as indicated, with all transportation charges prepaid, and for the prices quoted.

NASHVILLE MEDICAL & EMS PRODUCTS, INC  
COMPANY NAME

  
AUTHORIZED SIGNATURE

PO BOX 64  
MAILING ADDRESS

SPRINGFIELD TN 37172

CITY, STATE, ZIP CODE

615-384-0573 615-384-0574 NASHVILLEEMS@GMAIL.COM

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

NARI SADARANGANI

PRESIDENT

CONTACT PERSON

TITLE

Inquiries regarding this Invitation for bid may be directed to Tonya Parker-Rimes, Purchasing Agent, at telephone number 352-754-4020 or email [purchasing@hernandocounty.us](mailto:purchasing@hernandocounty.us).

IMPORTANT NOTE: When completing your Bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's Bid document(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your Bid being declared non-responsive as these changes will be considered a counteroffer to the County's Bid.



The undersigned Bidder has carefully read the Invitation to Bid and its provisions, terms and conditions covering the equipment, materials, supplies and services as called for, and fully understands the requirements and conditions. Bidder certifies that this bid for the same goods/services (unless otherwise specifically noted), and is in all respects fair and without collusion or fraud. Bidder agrees to be bound by all the terms and conditions of this Invitation to Bid and certifies that the person(s) signing this bid is (are) authorized to bind the Bidder. Bidder agrees that if Bidder is awarded this Invitation to Bid, Bidder will provide the materials and services as stipulated in the specifications of this Invitation to Bid. Bidder further agrees to furnish and to deliver materials and services as indicated, with all transportation charges prepaid, and for the prices quoted.

**NASHVILLE MEDICAL & EMS PRODUCTS, INC**

COMPANY NAME

PO BOX 64, 901 CENTRAL AVE W

MAILING ADDRESS

SPRINGFIELD, TN 37192

CITY, STATE, ZIP CODE

615-384-0573

615-384-0574

NASHVILLEEMS@GMAIL.COM

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

NARI SADARANGANI

PRESIDENT

CONTACT PERSON

615-668-1147

TITLE

Inquiries regarding this Invitation for bid may be directed to Tonya Parker-Rimes, Purchasing Agent, at telephone number 352-754-4020 or email [purchasing@hernandocounty.us](mailto:purchasing@hernandocounty.us).

**IMPORTANT NOTE:** When completing your Bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's Bid document(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your Bid being declared non-responsive as these changes will be considered a counteroffer to the County's Bid.



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 1****STATEMENT OF NO BID**

If you do not intend to bid on this requirement, please return this form immediately to:

**Hernando County  
Purchasing and Contracts Department  
15470 Flight Path Drive  
Brooksville, FL 34604**

We, the undersigned, have declined to submit a proposal on: \_\_\_\_\_  
\_\_\_\_\_.

Reason:

- \_\_\_\_\_ Specifications too tight, geared toward one brand or manufacturer (explain below)
- \_\_\_\_\_ Insufficient time to respond.
- \_\_\_\_\_ Specifications unclear (explain below)
- \_\_\_\_\_ We do not offer this product/services.
- \_\_\_\_\_ Our present schedule does not permit us to perform.
- \_\_\_\_\_ Unable to meet specifications or provide services.

Remarks:

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

We understand that if this Statement of No Bid is not executed and returned, our name may be deleted from the list of qualified Bidders.

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

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

PHONE: \_\_\_\_\_

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



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 2****DRUG FREE WORKPLACE CERTIFICATE**

I, the undersigned, in accordance with Florida Statute 287.087 (Current Edition), hereby certify that,  
(print or type name of firm) NASHVILLE MEDICAL & EMB PRODUCTS, INC

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under proposal a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 893 (Current Edition), or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.
- "As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

[Signature]  
Authorized Signature

3/29/21

Date Signed

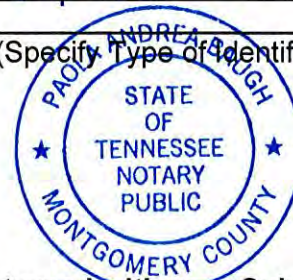
State of: TN

County of: ROBERTSON

Sworn to and subscribed before me this MARCH day of 29, 2021

Personally known ✓ or Produced Identification \_\_\_\_\_  
(Specify Type of Identification)

[Signature]  
Signature of Notary



My Commission Expires: 1-11-2022

**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 3****AFFIDAVIT OF NON-COLLUSION AND OF NON-INTEREST OF  
HERNANDO COUNTY EMPLOYEES**

Certification that Vendor/Contractor affirms that the Bid/Proposal presented to the owner is made freely, and without any secret Agreement to commit a fraudulent, deceitful, unlawful or wrongful act of collusion.

NARI SADARANGANI, \* being first duly sworn, deposes and says that he (it) is the Vendor/Contractor in the above Bid/Proposal, that the only person or persons interested in said proposal are named therein; that no officer, employee or agent of the Hernando County Board of County Commissioners (BOCC) or of any other Vendor/Contractor is interested in said bid/proposal; and that affiant makes the above Bid/Proposal with no past or present collusion with any other person, firm or corporation.

[Signature]  
Affiant

STATE OF TN  
COUNTY OF ROBERTSON

The foregoing instrument was acknowledged before me this 29 day of MARCH, 2021 by NARI SADARANGANI, who is personally known to me or who has produced as identification and who did take an oath.

PRESIDENT  
Notary Public: [Signature]  
My Commission Expires: 1-11-2022



\*NOTICE: State name of Vendor/Contractor followed by name of authorized individual (and title) that is signing as Affiant. If Vendor/Contractor is an individual, state name of Vendor/Contractor only.

**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 4****SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a), (CURRENT EDITION)**  
**FLORIDA STATUTES, IN PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC  
OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to

County of Hernando

by NARI SADARANGANI / PRESIDENT  
[print individual's name and title]

for NASHVILLE MEDICAL & EMS PRODUCTS, INC  
[print name of entity submitting sworn statement]

whose business address is PO BOX 64 SPRINGFIELD, TN 37172

(if applicable) its Federal Employer Identification Number (FEIN) is 45-5593174  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement) : \_\_\_\_\_

2. I understand that a "public entity crime" as defined in Paragraph 287.133 (1)(g), Florida Statutes (Current Edition), means a violation of any public entity or with an agency or political subdivision of any other State or of the United States, including, but not limited to, any Proposal or Contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1)(b), Florida Statutes (Current Edition), means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), Florida Statutes (Current Edition), means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length Agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes (Current Edition), means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which Proposals or



applies to Proposal on Contracts for the provisions of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement: [indicate which statement applies]

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list [attach a copy of the final order].

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31, OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT.

[signature]

[date]

STATE OF ~~FLORIDA~~ TN

COUNTY OF ROBERTSON

PERSONALLY APPEARED BEFORE ME, the undersigned authority

NARI SADARANGAN

[Name of Individual Signing]

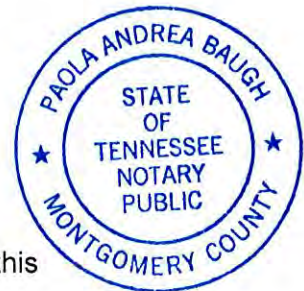
sworn by me, affixed his signature in the space provided above on this

29

day of

MARCH 2021

NOTARY PUBLIC



My commission expires:

1-1-2022

This document must be completed and returned with your Submittal.



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 5****AUTHORIZED SIGNATURES/NEGOTIATORS**

The Vendor/Contractor represents that the following persons are authorized to sign and/or negotiate Contracts and related documents to which the Vendor/Contractor will be duly bound:

Name NARI SADARANGANI Title PRESIDENT Phone No. 615-668-1147

[Signature]

(Signature) PRESIDENT

(Title) NASHVILLE MEDICAL & EMS PRODUCTS, INC

(Name of Business)

The Vendor/Contractor shall complete and submit the following information with its Bid or Proposal:

**Type of Organization**

\_\_\_\_\_ Sole Proprietorship      \_\_\_\_\_ Partnership

\_\_\_\_\_ Joint Venture      ✓ Corporation

State of Incorporation: TN

Federal I.D. is 45-5593174

**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 6****VENDOR REGISTRATION - HERNANDO COUNTY, FL**

To be completed by vendor:

Vendor type:

- ( ☒ ) Corporation  
( ) Partnership  
( ) Sole Proprietorship  
( ) Other \_\_\_\_\_ (Explain)

Federal Employer Identification

Number or Social Security Number: 45-5593174

Please attach your completed W-9 Form

PAYMENT WILL NOT BE MADE UNTIL A COMPLETED W9 HAS BEEN RECEIVED.

Firm Name: NASHVILLE MEDICAL & EMS PRODUCTS, INCMailing Address: PO BOX 64City SPRINGFIELD State TN Zip 37172Telephone No. 615-384-0573 Fax No. 615-384-0574Web Address: NASHVILLEEMSSHOP.COM Email: NASHVILLEEMS@GMAIL.COMCommodity or Service Supply: MEDICAL SUPPLIES

If remittance address is different from the mailing address so indicate below.

Firm Name: SAME AS ABOVE

Mailing Address: \_\_\_\_\_

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

An ACH electronic payment method is offered as an alternative to a payment by physical check.

- ( ☒ ) Please check this box if you accept the ACH electronic payment method.  
(Recommended and Preferred)

Signature: Name & Title Printed: NARI SADARANGANI / PRESIDENT

This document must be completed and returned with your Submittal.



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**NASHVILLE MEDICAL & EMS PRODUCTS, INC**

2 Business name/disregarded entity name, if different from above

**NASHVILLE EMS SUPPLY**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions

**PO BOX 64, 701 CENTRAL AVE W**

6 City, state, and ZIP code

**SPRINGFIELD, TN 37172**

Requester's name and address (optional)

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

**45 - 5593174**

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

*[Signature]*

Date ► **march 29, 2021**

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 7****LOCAL VENDOR AFFIDAVIT OF ELIGIBILITY**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to

HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS

by

[Print individual's name and title]

for

[Print name of Company/Individual submitting sworn statement]

Whose business address is \_\_\_\_\_

(If applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn statement) : \_\_\_\_\_

2. **LOCAL PREFERENCE ELIGIBILITY**

A. Vendor/Individual has been in business in Hernando County for a minimum of twelve (12) months prior to date of bid or quote? \_\_\_\_\_ YES \_\_\_\_\_ NO

B. Proof of Real Property Tax Submitted with Affidavit: YES \_\_\_\_\_ NO \_\_\_\_\_

C. Copy of Florida Division of Corporations Annual Report Submitted with Affidavit: YES \_\_\_\_\_ NO \_\_\_\_\_

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE HERNANDO COUNTY PURCHASING AND CONTRACTS FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM SHALL BE SUBMITTED WITH EACH BID OR QUOTE SUBMITTED TO HERNANDO COUNTY.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority \_\_\_\_\_ who, after first being Sworn by me, affixed his signature in the space provided above on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 8****E-VERIFY CERTIFICATION**Bid/Contract No: 21-T00047/TPR

Financial Project No(s): \_\_\_\_\_

Project Description: MEDICAL SUPPLIES

Vendor/Contractor acknowledges and agrees to the following:

Vendor/Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system, in accordance with the terms governing use of the system, to confirm the employment eligibility of:

1. All persons employed by the Vendor/Contractor during the term of the Contract to perform employment duties within Florida; and
2. All persons, including Sub-Contractors, assigned by the Vendor/Contractor to perform work pursuant to the Contract with the Department.

Company/Firm: NASHVILLE MEDICAL & EMS PRODUCTS, INCAuthorized Signature: Print Name: NARI SADARANGANITitle: PRESIDENTDate: MARCH 29, 2021**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 9****REFERENCES**

Vendor/Contractor shall attest, by signing this Bid/Proposal, that their firm has at least three (3) years commercial experience performing services similar to the scope of services specified within these Contract documents.

Vendor/Contractor shall submit at least three (3) references of firms, organizations and/or governmental agencies/entities for which services of similar size and scope as this Bid have been performed within the last three (3) years. Failure to complete and return this section may render the Bid/Proposal non-responsive.

<b>FIRM NAME AND ADDRESS</b>	<i>Please see the attached list</i>
<b>CONTACT PERSON</b>	
<b>EMAIL ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>CONTRACT NUMBER</b>	
<b>CONTRACT DATE(S)</b>	

<b>FIRM NAME AND ADDRESS</b>	
<b>CONTACT PERSON</b>	
<b>EMAIL ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>CONTRACT NUMBER</b>	
<b>CONTRACT DATE(S)</b>	

<b>FIRM NAME AND ADDRESS</b>	
<b>CONTACT PERSON</b>	
<b>EMAIL ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>CONTRACT NUMBER</b>	
<b>CONTRACT DATE(S)</b>	

*NASHVILLE MEDICAL & EMS PRODUCTS, INC*

Company Name

*[Signature]*

Authorized Signature

**This document must be completed and returned with your Submittal.**



NASHVILLE MEDICAL & EMS PRODUCTS, INC.  
PO BOX 64  
SPRINGFIELD, TN 37172

615-384-0576  
615-384-0574(FAX)

[www.nashvilleems.net](http://www.nashvilleems.net)  
[www.nashvilleems.com](http://www.nashvilleems.com)

#### NASHVILLE MEDICAL REFERENCES

Geenville County Ems  
Greenville South Carolina  
Mr. Brent Hissom [BHISSOM@GEENVILLECOUNTY.ORG](mailto:BHISSOM@GEENVILLECOUNTY.ORG)  
864-467-7399 864-467-7411 FAX

ORANGE COUNTY EMS  
ORLANDO, FLORIDA  
Mr. Kendall Moore  
[kendallmoore@ocfl.net](mailto:kendallmoore@ocfl.net)  
407-254-7778

Lexington County EMS  
Lexington, South Carolina  
Major Eric Kehl  
803-785-8652

Lucas County Ems  
Toledo Ohio  
Mr. Craig Koperski [CKOPERSKI@CO.LUCAS.OH.US](mailto:CKOPERSKI@CO.LUCAS.OH.US)  
419-213-6516 419-213-6526 FAX



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 10****HERNANDO COUNTY EMPLOYMENT DISCLOSURE CERTIFICATION STATEMENT**

MARCH 29, 2021  
(date)

Hernando County Purchasing and Contracts  
15470 Flight Path Drive  
Brooksville, FL 34604

The undersigned certifies that to the best of his/her knowledge:

Is any Officer, Partner, Director, Proprietor, Associate or Member of the Business Entity a former employee of Hernando County within the last two (2) years? No ☒ Yes ☐

Is any Officer, Partner, Director, Proprietor, Associate or Member of the Business Entity a Relative or Member of the Household of a current Hernando County Employee that had or will have any involvement with this Procurement or Contract Authorization? No ☒ Yes ☐

If the answer to either of the above questions is "Yes", complete the "Relatives and Former Hernando County Employees - Roles and Signatures" table (Part A and/or Part B, as applicable).

Bidder: NASHVILLE MEDICAL & EMS PRODUCTS, INC

NASHVILLEEMS@GMAIL.COM

(Email address)

[Signature]

(Signature required)

NARI SADARANGANI

(Print name)

PRESIDENT

(Print title)

PO BOX 64, SPRINGFIELD, TN 37172

(Address)

615-668-1144

(Phone)

615-384-0544

(Fax)

45-5593174

(Federal Taxpayer ID Number)

**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 10 (continued)****Relatives and Former Hernando County Employees – Roles and Signatures****Part A: Employees that left Hernando County in the last two years.**

Employee Name/Signature	Job Performed for Hernando County	Current Role with Business Entity	Date Left Hernando County
Name: <u>NONE</u> Sign: _____ • Involved with this Procurement on behalf of Hernando County? <input type="checkbox"/> No <input type="checkbox"/> Yes • Involved with Proposal development for this Procurement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name: <u>NONE</u> Sign: _____ • Involved with this Procurement on behalf of Hernando County? <input type="checkbox"/> No <input type="checkbox"/> Yes • Involved with Proposal development for this Procurement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name: <u>NONE</u> Sign: _____ • Involved with this Procurement on behalf of Hernando County? <input type="checkbox"/> No <input type="checkbox"/> Yes • Involved with Proposal development for this Procurement? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part B: Identify Officers, Partners, Directors, Proprietors, Associates or Members of the Business Entity that are Relatives or Members of the Household of Hernando County employees currently working for Hernando County, if Hernando County employee had or will have any involvement with this Procurement of Contract.**

Firm Officer, Partner, Director, Proprietor, Associate or Member Name	Name and Relationship of Relative or Member of Household Employed at Hernando County	Role at Hernando County	Hernando County employee's Role with this Procurement
	<u>NONE</u>		

(Make copies of this form as needed to list additional employees.)

**This document must be completed and returned with your Submittal.**

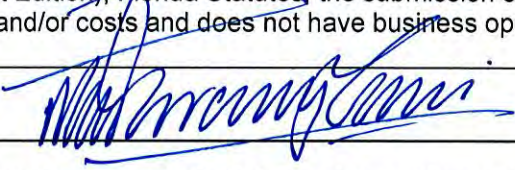


**SECTION VII REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 11****VENDOR CERTIFICATION REGARDING  
SCRUTINIZED COMPANIES**

Respondent Vendor Name:	<u>NASHVILLE MEDICAL &amp; EMS PRODUCTS, INC</u>		
Vendor/Contractor FEIN:	<u>45-5593174</u>		
Vendor/Contractor's Authorized Representative Name and Title:	<u>NARI SADARANGANI / PRESIDENT</u>		
Address:	<u>PO BOX 64</u>		
City:	<u>SPRINGFIELD</u>	State:	<u>TN</u>
Phone Number:	<u>615-668-1117</u>	Zip:	<u>37172</u>
Email Address:	<u>NASHVILLEEMS@GMAIL.COM</u>		

Section 287.135 (Current Edition), Florida Statutes, prohibits agencies from contracting with companies for goods or services of \$1,000,000.00 or more, that are on either the Scrutinized Companies with Activities in Sudan list, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector lists which are created pursuant to s. 215.473 F.S. (Current Edition), or the Scrutinized Companies that Boycott Israel list, created pursuant to s. 215.4725 F.S. (Current Edition), or companies that are engaged in a boycott of Israel or companies engaged in business operations in Cuba or Syria.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector list, or the Scrutinized Companies that Boycott Israel list. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135 (Current Edition), Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs and does not have business operations in Cuba or Syria.

Certified by:	
who is authorized to sign on behalf of the above-reference company.	
Print Name and Title:	<u>NARI SADARANGANI</u>
Date:	<u>MARCH 29, 2021</u>

**This document must be completed and returned with your Submittal.**



**SECTION VII - REQUIRED FORMS AND CERTIFICATIONS****ATTACHMENT 12****ADDENDUM ACKNOWLEDGEMENT**

The undersigned acknowledges receipt of the following addenda to the Bid/Request for Proposals (indicate number and date of each):

Addendum No. 1 Dated 3/12/2021  
 Addendum No. 2 Dated 3/24/2021  
 Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_  
 Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

**FAILURE TO SUBMIT ACKNOWLEDGEMENT OF ANY ADDENDUM THAT AFFECTS THE PRICING AND/OR SCOPE IS CONSIDERED A MAJOR IRREGULARITY AND MAY BE CAUSE FOR REJECTION OF ANY BID.**

NASHVILLE MEDICAL & EMS  
 Company Name PRODUCTS, INC

[Signature]  
 Authorized Signature

**VENDOR SURVEY**

Please provide information on where you received the knowledge of the Bid/Request for Proposals (mark all that apply):

☒ **BIDNET DIRECT**

☐ **NEWSPAPER**

☐ **PURCHASING AND CONTRACTS ADVERTISEMENT BOARD**

☐ **REFERRED BY:** \_\_\_\_\_

☐ **OTHER (PLEASE SPECIFY):** \_\_\_\_\_

**This document must be completed and returned with your Submittal.**