



# CITY OF HOUSTON

Administration and Regulatory Affairs Department  
Strategic Purchasing Division

**Annise D. Parker**  
Mayor

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March 9, 2012

**SUBJECT:** Letter of Clarification No. 2  
Medical Waste Removal and Disposal Services for Various Departments

**REFERENCE:** ITB No.: S37-L23970

**TO:** All Prospective Respondents

**This Letter of Clarification is issued for the following reasons:**

- **To clarify the above referenced solicitation as follows:**
- **All page numbers correspond to the pages in the Bid document, unless otherwise indicated.**

1.0 "Section B" Scope of Work, page 15, **ADD** sub-section 16.0 entitled "GENERAL SERVICES DEPARTMENT SPECIAL PROVISIONS".

16.1 *All personnel shall be subject to a security background check as a condition of assignment to a facility for work under this Contract. The results of background checks on Contractor employees shall be submitted to each respective department's designated representative for approval prior to each individual's assignment to this facility. The Houston Police Department also has the option to perform their own background check.*

2.0 **Bid form:** Second Bid Group: ALTERNATE INCINERATION BID  
Line Item 1 for each bid year: "All Inclusive Disposal Cost for Incineration of Waste Containers as Described in the SOW: Quantity: 168,500" is **revised** to read as follows:

"All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW:  
**Quantity: 179,760**"

**PLEASE WITHDRAW AND RESUBMIT YOUR BIDS ACCORDINGLY.**

3.0 **Bid form:** Second Bid Group: ALTERNATE INCINERATION BID  
Line Item 3 for each bid year: "All inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals" is **revised** to read as:

***"All inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals"***

**PLEASE WITHDRAW AND RESUBMIT YOUR BIDS ACCORDINGLY.**

4.0 **Bid form:** Third Bid Group: WASTE/SHARPS DISPOSAL  
Line Item 1 for each bid year: Quantity: 4248 is **revised** to read as follows:

**Quantity: 4494**

**PLEASE WITHDRAW AND RESUBMIT YOUR BIDS ACCORDINGLY.**

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- 5.0 **Bid form:** Fourth Bid Group: ALTERNATE WASTE/SHARPS DISPOSAL Bid 1  
Line Item 1 for each bid year: Quantity: 4248 is **revised** to read as follows:

**Quantity: 4494**

**PLEASE WITHDRAW AND RESUBMIT YOUR BIDS ACCORDINGLY.**

- 6.0 **Bid form:** Fifth Bid Group: ALTERNATE WASTE/SHARPS DISPOSAL Bid 2  
Line Item 1 for each bid year: Quantity: 4248 is **revised** to read as follows:

**Quantity: 4494**

**PLEASE WITHDRAW AND RESUBMIT YOUR BIDS ACCORDINGLY.**

- **The following questions and City of Houston responses are hereby incorporated and made a part of the Invitation to Bid:**

1. What are the number and type, size and brand, of sharps containers to be provided under the contract?

**Answer:** *The Houston Fire Department is currently receiving the 8x8x10 cardboard box.*

***The Houston Airport System:***

*Bush Intercontinental (IAH): Containers: 103, wall mount, 5 Quart, Sage Products Inc.; receive cardboard boxes from Contractor to collect wall mount inserts.*

*Hobby Airport (HOU): Containers 26, wall mount, 12 15/18 x 5 1/8 x 11 3/4, Tyco Health Care; Kendal No. 05161H; container is white with red insert, product No. 8507SA (size 10 x 9c41/2).*

***The Health & Human Services Department:***

*Cardboard boxes 8x8x10, red bio-hazard bags #45-45-1 and Sharpstar medium container, 2.0 gallon, Tyco Healthcare #8534.*

***The Houston Police Department purchases its own sharps containers.***

2. Verify that tonage (sic) is reflected by the number of containers used by location at 40# capacity each.

**Answer:** *The total annual quantity of containers for all locations is estimated to be: 4482 x 40 pounds (maximum capacity of a 30 gal container) = 179,280 lb.*

***HAS:*** *Total pounds per year for both airports are approximately 500 (IAH – 300, HOU – 200).  
12 containers x 40 lbs per box total 480 lbs/year*

***Health:*** *17 locations pick up approximately 200 containers (per schedule) X 40 lbs per box total 8000 total weight/month; Central Pharmacy pick-up 25 containers x 40 lbs. per box, total annual 1000 lbs.*

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**LETTER OF CLARIFICATION 1  
MEDICAL WASTE REMOVAL AND DISPOSAL SERVICES  
SOLICITATION NO. S37-L23970**

LOCATION NAME	ADDRESS	SERVICE DAY	ANNUAL USAGE	ANNUAL USAGE	ANNUAL USAGE
			TYPE I BOXES	Type 1 Boxes in Pounds	TYPE II SHARPS
ACRES HOME WIC	6719 W. MONTGOMERY	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	180	7740	60
AIRLINE WIC	5990 AIRLINE DR. STE. 200	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	360	15480	180
ALDINE WIC	5198 ALDINE MAIL ROUTE	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	240	10320	60
ALIEF WIC	12660 BEECHNUT #180	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	540	23220	300
BRAESNER WIC	8632 SOUTH BRAESWOOD	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	300	12900	120
CENTRAL HEALTH HEADQUARTERS	8000 N. STADIUM DR.	1ST & 3RD WEDNESDAY EACH MONTH	600	25800	1800
DENVER HARBOR WIC	6402 MARKET ST.	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	240	10320	120
LA NUEVA CASA DE AMIGOS	1809 NORTH MAIN	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	960	41280	1,500
LABORATORY	1115 S. BRAESWOOD	MONDAY WEEKLY 9A-10A	52	2236	780
MAGNOLIA HEALTH CENTER/WIC	703? CAPITOL	MONDAY WEEKLY II:30A-I:30P	1020	43860	720
NORTHEAST WIC	9720 SPAULDING	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	180	7740	60
NORTHSIDE HC/WIC/CHEST CLINIC	8502 SCHULLER	MONDAY WEEKLY 12:30P-I:30P	2,040	87720	3,240
NORTHWEST WIC	8536 HAMMERLY	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	360	15480	120
SHARPSTOWN HEALTH CENTER	6201 BONHOMME STE. 300	THURSDAY WEEKLY 8A-5P	2,580	110940	1,380
SOUTHWEST WIC	6400 HIGH STAR	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	600	25800	300
SUNNYSIDE HEALTH CENTER	9314 CULLEN	MONDAY WEEKLY 9:00A-II:30A	1,500	64500	1,800
SUNNYSIDE M.S.C/WIC	4605 WILMINGTON	THURSDAY BI-MONTHLY 8A-5P 1ST & 3RD WK.	240	10320	120
<b>TOTAL NUMBER</b>			<b>11,992</b>	<b>515,656</b>	<b>12,660</b>

**HFD:** 23 stations pick up approximately 74 containers (per schedule) X 40 lbs per box total 2,960 lbs/month.

LOCATIONS	ADDRESS	SCHEDULE	Container per pickup	Container per month	LB per pickup	Pounds Per Month	Annual Pounds
1. Reserve Barn-200	1205 Dart	Bi-Monthly	2	4	80	160	
2. Station 4	6530 West Little York	Bi-Monthly	2	4	80	160	
3. Station 6	3402 Washington	Bi-Monthly	2	4	80	160	
4. Station 8	1901 Milam	Bi-Monthly	2	4	80	160	
5. Station 10	6600 Corporate	Bi-Monthly	2	4	80	160	
6. Station 18	619 Telephone	Bi-Monthly	2	4	80	160	
7. Station 19	1811 Gregg	Bi-Monthly	2	4	80	160	
8. Station 21	10515 Main	Bi-Monthly	2	4	80	160	
9. Station 28	3000 Chimney Rock	Bi-Monthly	2	4	80	160	
10. Station 29	4831 Galveston Rd.	Bi-Monthly	2	4	80	160	
11. Station 31	222 Crosstimbers	Bi-Monthly	2	4	80	160	
12. Station 33	7100 Fannin	Bi-Monthly	2	4	80	160	
13. Station 34	3100 Laura Koppe	Bi-Monthly	2	4	80	160	
14. Station 45	4910 McCarty	Monthly	1	1	40	40	
15. Station 46	3902 Corder	Bi-Monthly	2	4	80	160	
16. Station 64	3000 Greens Rd	Bi-Monthly	2	4	80	160	
17. Station 69	1102 W. Belt South	Monthly	1	1	40	40	
18. Station 70	11410 Beamer	Monthly	1	1	40	40	
19. Station 71	15200 Space Center Blvd	Monthly	1	1	40	40	
20. Station 81	7990 Paul B. Koonce	Monthly	1	1	40	40	
21. Station 82	11250 Braesridge	Bi-Monthly	2	4	80	160	
22. Station 92	4301 Will Clayton Pkwy	Monthly	1	1	40	40	
23. Station 102	4102 W. Lake Houston Pkwy	Bi-Monthly	2	4	80	160	
<b>Total</b>			<b>40</b>	<b>74</b>	<b>1,600</b>	<b>2,960</b>	<b>35,520</b>

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**Council Members:** Helena Brown Jerry Davis Ellen Cohen Wanda Adams Mike Sullivan Al Hoang Oliver Pennington Edward Gonzalez  
James G. Rodriguez Mike Laster Larry Green Stephen C. Costello Andrew Burks Melissa Noriega C.O. "Brad" Bradford  
**Jack Christie Controller:** Ronald C. Green

**HPD:** 24 stations pick up approximately 100 containers (per schedule) X 40 lbs per box total 4,000 lbs/month.

	Locations	Address	Cartons
1	HPD Central HQ	61 Riesner	1
2	HPD Central Jail	61 Riesner	1
3	HPD Intox Division	51 Riesner	1
4	HPD Drying Room/3 <sup>rd</sup> Floor	33 Artesian	1
5	HPD Crime Lab/26 Floor	1200 Travis	1
6	HPD Property Room	1202 Washington	1
7	North Police Station	9455 W. Montgomery	1
8	Northwest Police Station	6000 Teague	1
9	South Central Police Station	2202 St. Emmanuel	1
10	Southwest Police Station	4503 Beechnut	1
11	Westside Command Station	3203 Dairy Ashford	1
12	Clearlake Police Station	2855 Bay Area Blvd	1
13	Police Academy	17000 Aldine Westfield	1
14	East Police Station	7525 Sherman	1
15	HPD Southeast Jail	8300 Mykawa	1
16	Southeast Patrol Division	8300 Mykawa	1
17	Kingwood Police Station	3915 Rustic Woods Dr.	1
18	Northeast Police Station	8301 Ley Rd.	1
19	S. Gessner Police Station	8605 Westplace Dr.	1
20	Midwest Police Station	7277 Regency Square	1
21	HPD Special Operations	1900 Rusk	1
22	HPD Airport - Hobby	7800 Airport Blvd	1
23	HPD Airport - IAH	3100 Terminal B Road	1
24	Crime Lab	1200 Travis	15-20/wk; ~700/yr

3. Airports: What is the frequency of pickup for the 100 plus containers?

**Answer:** Contractor is called for pick-up three times per year (IAH & HOU).

4. Police, Health: What is an estimate for number of pickups for the DEA Controlled Substances?

**Answer:** There will be **no pickups** for DEA controlled substances **from Police** as they dispose of their own through other means.

**HFD:** The **Houston Fire Department** will require DEA narcotics disposal probably once a year in the average of 10-20 lbs.

**Health:** Health: Pick-up at the HDHHS Central Pharmacy on a semi-annual basis for the pick-up of expired controlled substance for Jail Health

5. How often will the DEA narcotics disposal be needed? This component requires special handling/storage and will be an increased cost driver with higher frequency. Are the DEA narcotics removal and disposal visits monthly or can we assume that they're less frequent and more toward a yearly disposal?

**Answer:** The **Houston Fire Department** will require DEA narcotics disposal probably once a year in the average of 10-20 lbs.

The **Health and Human Services Department**-There will be no pickups for DEA narcotics for HDHHS. The department does not handle narcotics.

6. Are the non-DEA drugs allowed to be disposed of through autoclave, an allowance under the regulation?

**Answer:** Yes.

7. What was last year's amount of waste boxes and total weight?

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**Answer:** 4,494; 179,760 lbs.

8. Who is the current contractor?

**Answer:** MedClean Management Solutions, Inc.

9. What are their current rates?

**Answer:** Please refer to "EXHIBIT H" FEES & COSTS of the current contract on the City of Houston's E-Catalog web site at the link below:

<http://purchasing.houstontx.gov/catalog/>

10. Will a member of the Fire Department transport all controlled substances to the contractor's treatment site? If not, can it be transported with the controlled substances generated from the Health and Human Services Department?

**Answer:** No. Only if it is picked up at the same time. Generally speaking, the Fire Department will require disposal only once a year. Pickup location for HFD DEA substances will be at EMS, 600 Jefferson 8<sup>th</sup> floors, Houston, TX 77002.

11. Would you be able to provide us the last fiscal year's total quantity of waste (boxes, pounds and or tons), dollar amount spent by City of Houston.

**Answer:** Approximately 850; \$603,916.54 since inception of contract.

12. Will the quantity be around the same or more?

**Answer:** Approximately the same.

13. Is there any other add on from the last year?

**Answer:** Removal and disposal of DEA scheduled and Non-DEA pharmaceutical drugs.

14. Does the City generate pharmaceutical waste that would be RCRA hazardous waste? If so, is it segregated from non-hazardous pharmaceuticals?

**Answer:** Yes. Yes.

15. Can you describe the training you currently receive for RCRA and DOT?

**Answer:** There has been no training provided by the current Contractor. The Invitation to Bid (ITB) requires the Contractor to be in compliance with all the regulation and guidelines under the Texas Commission on Environmental Quality (TCEQ) for Medical Waste. Additionally, the specifications require the Contractor to provide training to appropriate City personnel:

## **6.0 TRAINING**

6.1 The Contractor shall provide, at no cost to the City, safety orientation and training to all City employees who are involved in the collection, storage, transportation or disposal of any of the

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*biohazardous medical waste products disposed of by the City of Houston. Such training may include online training.*

- 6.2 *Both the EPA Resource Conservation and Recovery Act (RCRA) and US Department of Transportation regulatory have requirements for identification, handling, storage, documentation, transport and disposal of hazardous pharmaceutical waste/materials. The Contractor shall assist the City with compliance with applicable RCRA regulatory training requirements through a combination of:*

6.2.1 *On-site training*

6.2.2 *Training materials*

- 6.3 *Per RCRA regulations, training materials address job-specific responsibilities with regards to hazardous pharmaceutical waste for both clinicians (pharmacists, pharmacy-techs, nurses) and environmental services personnel. The City's Health Department employs a number of nurses who are subject to this training.*

16. Does this ITB require collection and treatment of RCRA waste?

**Answer:** Yes.

When issued, Letter(s) of Clarification shall automatically become a part of the solicitation documents and shall supersede any previous specification(s) and/or provision(s) in conflict with the Letter(s) of Clarification. All revisions, responses, and answers incorporated into the Letter(s) of Clarification are collaboratively from both the Strategic Purchasing Division and the applicable City Department(s). It is the responsibility of the respondent to ensure that it has obtained all such letter(s). By submitting a proposal on this project, respondents shall be deemed to have received all Letter(s) of Clarification and to have incorporated them into their bids.

If you have any questions or if further clarification is needed regarding this solicitation, please contact me.

Sincerely,

*Joyce A. Hays*

*Jm*  
Joyce A. Hays  
Senior Procurement Specialist  
Strategic Purchasing Division  
832-393-8723

Attachments: Bid Form, Revised 3/9/2012  
Specifications, Terms & Conditions, Revised page 15  
Exhibit BB, revised page 17

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“Correction” as used in this clause, means the elimination of a defect.

- 15.2 Notwithstanding inspection and acceptance by the City or any provision concerning the conclusiveness thereof, the Contractor warrants that all services performed under this contract will, at the time of acceptance, be free from defects in workmanship and conform to the requirements of this contract. The City shall give written notice of any defect or nonconformance to the Contractor within a one-year period from the date of acceptance by the City. This notice shall state either (1) that the Contractor shall correct or re-perform any defective or non-conforming services at no additional cost to the City, or (2) that the City does not require correction or re-performance.
- 15.3 If the Contractor is required to correct or re-perform, it shall be at no cost to the City, and any services corrected or re-performed by the Contractor shall be subject to this clause to the same extent as work initially performed. If the Contractor fails or refuses to correct or re-perform, the City may, by contract or otherwise, correct or replace with similar services and charge to the Contractor the cost occasioned to the City thereby, or make an equitable adjustment in the contract price.
- 15.4 If the City does not require correction or re-performance, the City shall make an equitable adjustment in the contract price.

#### **16.0 GENERAL SERVICES DEPARTMENT SPECIAL PROVISIONS**

- 16.1 All personnel shall be subject to a security background check as a condition of assignment to a facility for work under this Contract. The results of background checks on Contractor employees shall be submitted to each respective department's designated representative for approval prior to each individual's assignment to this facility. The Houston Police Department also has the option to perform their own background check.

**EXHIBIT “BB”**

**MEDICAL WASTE REMOVAL SITES**

**D. POLICE DEPARTMENT (Send Invoice to General Services Department)**

<b>Locations</b>	<b>Address</b>	<b>Service Days</b>	<b>Contact</b>
HPD Central HQ	61 Riesner	On call	HPD
HPD Central Jail	61 Riesner	Weekly/Thursday	HPD
HPD Intox Division	51 Riesner	Weekly/Thursday	HPD
HPD Drying Room/3 <sup>rd</sup> Floor	33 Artesian	Weekly/Thursday	HPD
HPD Crime Lab/26 Floor	1200 Travis	Weekly/Thursday	HPD
HPD Property Room	1202 Washington	Bi-weekly/Thursday	HPD
North Police Station	9455 W. Montgomery	On call	HPD
Northwest Police Station	6000 Teague	On call	HPD
South Central Police Station	2202 St. Emmanuel	On call	HPD
Southwest Police Station	4503 Beechnut	On call	HPD
Westside Command Station	3203 Dairy Ashford	On call	HPD
Clearlake Police Station	2855 Bay Area Blvd	On call	HPD
Police Academy	17000 Aldine Westfield	90 day box	HPD
East Police Station	7525 Sherman	On call	HPD
HPD Southeast Jail	8300 Mykawa	Weekly/Thursday	HPD
Southeast Patrol Division	8300 Mykawa	Weekly/Thursday	HPD
Kingwood Police Station	3915 Rustic Woods Dr.	On call	HPD
Northeast Police Station	8301 Ley Rd.	On call	HPD
S. Gessner Police Station	8605 Westplace Dr.	On call	HPD
Midwest Police Station	7277 Regency Square	On call	HPD
HPD Special Operations	1900 Rusk	On call	HPD
HPD Airport – Hobby	7800 Airport Blvd	On call	HPD
HPD Airport – IAH	3100 Terminal B Road	On call	HPD
Crime Lab	1200 Travis	Weekly/Thursday	HPD

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# Bid Form

Please return this Bid Form along with any required documentation (see below) to the Office of the City Secretary by the bid's due date and time.

### Bid General Information

Bid Number	L23970
Bid Description	MEDICAL WASTE REMOVAL & DISPOSAL SERVICES
Bid Abstract	This project requires the successful awardee to provide all the necessary labor, materials, equipment, tools, permits, supervision and transportation, necessary to provide medical waste removal and disposal services for various departments in accordance with the scope of services, terms and conditions specified in the solicitation.
Buyer Email	joyce.hays@houstontx.gov
Post Date/Time	2/17/2012 7:00:00 AM
Close Date/Time	3/22/2012 10:30:00 AM

### Bid Items

**Year One - INCINERATION OF DRUGS - DEA and Non-DEA - Contractor shall provide an all-inclusive cost per pound for drug disposal, including all covered services without limitation (Travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		Schedule II, IV Pharmaceuticals for Incineration	US pound	30	0.00	\$0.00
2		Non- DEA Pharmaceuticals for Incineration	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year One - ALTERNATE INCINERATION BID - Contractor shall provide an all-inclusive cost per pound for medical waste and drug disposal, including all covered services and supplies without limitation (The appropriate DOT approved container, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW	US pound	179760	0.00	\$0.00
2		All Inclusive Disposal Cost for Incineration of Controlled Pharmaceuticals (Schedule II, IV)	US pound	30	0.00	\$0.00
3		All Inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00
4		All Inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year One - WASTE/SHARPS DISPOSAL- ALL INCLUSIVE PRICING: (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	CONTAINER, SHARPS BIOHAZRD NO 4800	Sharps Container - The Contractor shall change out each Sharps container as scheduled by the department and collect, transport and dispose of the contents.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year One - ALTERNATE WASTE/SHARPS DISPOSAL BID 1- ALL INCLUSIVE PRICING: (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	Sharps Container - ALL INCLUSIVE COST FOR REUSABLE SHARPS CONTAINERS- The Contractor Shall Provide Sharps Containers As Needed At The Locations Specified In Exhibit BB or as Mutually Agreed Upon And Remove Them From COH Locations For Washing And Sanitizing Before Sending Them Back To COH Locations For Reuse.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year One - ALTERNATE WASTE/SHARPS DISPOSAL BID 2- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, SHARPS BIOHAZRD NO 4800	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	MAIL BACK WASTE CONTAINER -ALL INCLUSIVE COST FOR SHARPS AND WASTE DISPOSAL COMBINED BY MAIL AS AN ALTERNATIVE TO PICK-UP SERVICES.	Each	4248	0.00	\$0.00

Group Total: \$0.00

**Year Two - INCINERATION OF DRUGS - DEA and Non-DEA - Contractor shall provide an all-inclusive cost per pound for drug disposal, including all covered services without limitation (Travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		Schedule II, IV Pharmaceuticals for Incineration	US pound	30	0.00	\$0.00
2		Non- DEA Pharmaceuticals for Incineration	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year Two - ALTERNATE INCINERATION BID - Contractor shall provide an all-inclusive cost per pound for medical waste and drug disposal, including all covered services and supplies without limitation (The appropriate DOT approved container, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW	US pound	179760	0.00	\$0.00
2		All Inclusive Disposal Cost for Incineration of Controlled Pharmaceuticals (Schedule II, IV)	US pound	30	0.00	\$0.00
3		All Inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00
4		All Inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year Two - WASTE/SHARPS DISPOSAL - ALL INCLUSIVE PRICING: (The appropriate DOT approved container with lid, red bag liners for both waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	CONTAINER, SHARPS BIOHAZRD NO 4800	Sharps Container - The Contractor shall change out each Sharps container as scheduled by the department and collect, transport and dispose of the contents.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Two - ALTERNATE WASTE/SHARPS DISPOSAL BID 1- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	Sharps Container - ALL INCLUSIVE COST FOR REUSABLE SHARPS CONTAINERS- The Contractor Shall Provide Sharps Containers As Needed At The Locations Specified In Exhibit BB or as Mutually Agreed Upon And Remove Them From COH Locations For Washing And Sanitizing Before Sending Them Back To COH Locations For Reuse.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Two - ALTERNATE WASTE/SHARPS DISPOSAL BID 2- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, SHARPS BIOHAZRD NO 4800	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00

2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	MAIL BACK WASTE CONTAINER -ALL INCLUSIVE COST FOR SHARPS AND WASTE DISPOSAL COMBINED BY MAIL AS AN ALTERNATIVE TO PICK-UP SERVICES.	Each	4248	0.00	\$0.00
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Group Total: \$0.00

**Year Three - INCINERATION OF DRUGS - DEA and Non-DEA - Contractor shall provide an all-inclusive cost per pound for drug disposal, including all covered services without limitation (Travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		Schedule II, IV Pharmaceuticals for Incineration	US pound	30	0.00	\$0.00
2		Non- DEA Pharmaceuticals for Incineration	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year Three - ALTERNATE INCINERATION BID - Contractor shall provide an all-inclusive cost per pound for medical waste and drug disposal, including all covered services and supplies without limitation (The appropriate DOT approved container, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW	US pound	179760	0.00	\$0.00
2		All Inclusive Disposal Cost for Incineration of Controlled Pharmaceuticals (Schedule II, IV)	US pound	30	0.00	\$0.00
3		All Inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals	US pound	100	0.00	\$0.00
4		All Inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year Three - WASTE/SHARPS DISPOSAL- ALL INCLUSIVE PRICING: (The appropriate DOT approved container with lid, red bag liners for both waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees. CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	CONTAINER, SHARPS BIOHAZRD NO 4800	Sharps Container - The Contractor shall change out each Sharps container as scheduled by the department and collect, transport and dispose of the contents.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Three - ALTERNATE WASTE/SHARPS DISPOSAL BID 1- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	Sharps Container - ALL INCLUSIVE COST FOR REUSABLE SHARPS CONTAINERS- The Contractor Shall Provide Sharps Containers As Needed At The Locations Specified In Exhibit BB or as Mutually Agreed Upon And Remove Them From COH Locations For Washing And Sanitizing Before Sending Them Back To COH Locations For Reuse.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Three - ALTERNATE WASTE/SHARPS DISPOSAL BID 2- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, SHARPS BIOHAZRD NO 4800	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	MAIL BACK WASTE CONTAINER -ALL INCLUSIVE COST FOR SHARPS AND WASTE DISPOSAL COMBINED BY MAIL AS AN ALTERNATIVE TO PICK-UP SERVICES.	Each	4248	0.00	\$0.00

Group Total: \$0.00

**Year Four (Option Year One) INCINERATION OF DRUGS - DEA and Non-DEA - Contractor shall provide an all-inclusive cost per pound for drug disposal, including all covered services without limitation (Travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		Schedule II, IV Pharmaceuticals for Incineration	US pound	30	0.00	\$0.00

2	Non- DEA Pharmaceuticals for Incineration	US pound	1000	0.00	\$0.00
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Group Total: \$0.00

**Year Four (Option Year One) ALTERNATE INCINERATION BID - Contractor shall provide an all-inclusive cost per pound for medical waste and drug disposal, including all covered services and supplies without limitation (The appropriate DOT approved container, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW	US pound	179760	0.00	\$0.00
2		All Inclusive Disposal Cost for Incineration of Controlled Pharmaceuticals (Schedule II, IV)	US pound	30	0.00	\$0.00
3		All Inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00
4		All Inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Yr Four (Option Year One) WASTE/SHARPS DISPOSAL- ALL INCLUSIVE PRICING: (The appropriate DOT approved container with lid, red bag liners for both waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees. CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	CONTAINER, SHARPS BIOHAZRD NO 4800	Sharps Container - The Contractor shall change out each Sharps container as scheduled by the department and collect, transport and dispose of the contents.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Four (Option Year One) ALTERNATE WASTE/SHARPS DISPOSAL BID 1- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	Sharps Container - ALL INCLUSIVE COST FOR REUSABLE SHARPS CONTAINERS- The Contractor Shall Provide Sharps Containers As Needed At The Locations Specified In Exhibit BB or as Mutually Agreed Upon And Remove Them From COH Locations For Washing And Sanitizing Before Sending Them Back To COH Locations For Reuse.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Four (Option Year One) ALTERNATE WASTE/SHARPS DISPOSAL BID 2- ALL INCLUSIVE PRICING (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, SHARPS BIOHAZRD NO 4800	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	MAIL BACK WASTE CONTAINER -ALL INCLUSIVE COST FOR SHARPS AND WASTE DISPOSAL COMBINED BY MAIL AS AN ALTERNATIVE TO PICK-UP SERVICES.	Each	4248	0.00	\$0.00

Group Total: \$0.00

**Year Five (Option Year Two) - INCINERATION OF DRUGS - DEA and Non-DEA - Contractor shall provide an all-inclusive cost per pound for drug disposal, including all covered services without limitation (Travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		Schedule II, IV Pharmaceuticals for Incineration	US pound	30	0.00	\$0.00
2		Non- DEA Pharmaceuticals for Incineration	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Year Five (Option Year Two) ALTERNATE INCINERATION BID - Contractor shall provide an all-inclusive cost per pound for medical waste and drug disposal, including all covered services and supplies without limitation (The appropriate DOT approved container, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies). No FUEL SURCHARGES or RECORD RETENTION FEES.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1		All Inclusive Disposal Cost for Incineration of Waste Containers as Described In the SOW	US pound	179760	0.00	\$0.00

2	All Inclusive Disposal Cost for Incineration of Controlled Pharmaceuticals (Schedule II, IV)	US pound	30	0.00	\$0.00
3	All Inclusive Disposal Cost for Incineration of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00
4	All Inclusive Disposal Cost for Autoclave of Non-DEA Pharmaceuticals	US pound	1000	0.00	\$0.00

Group Total: \$0.00

**Yr Five (Option Year Two)- WASTE/SHARPS DISPOSAL - ALL INCLUSIVE PRICING:** (The appropriate DOT approved container with lid, red bag liners for both waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees. **CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	CONTAINER, SHARPS BIOHAZRD NO 4800	Sharps Container - The Contractor shall change out each Sharps container as scheduled by the department and collect, transport and dispose of the contents.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Five (Option Year Two)- ALTERNATE WASTE/SHARPS DISPOSAL BID 1- ALL INCLUSIVE PRICING** (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) **CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, BIOHAZARD WASTE, LEAKPROOF	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	Sharps Container - ALL INCLUSIVE COST FOR REUSABLE SHARPS CONTAINERS- The Contractor Shall Provide Sharps Containers As Needed At The Locations Specified In Exhibit BB or as Mutually Agreed Upon And Remove Them From COH Locations For Washing And Sanitizing Before Sending Them Back To COH Locations For Reuse.	Each	4144	0.00	\$0.00

Group Total: \$0.00

**Year Five (Option Year Two)- ALTERNATE WASTE/SHARPS DISPOSAL BID 2- ALL INCLUSIVE PRICING** (The appropriate DOT approved container with lid, red bag liners for waste & sharps containers, travel, freight, trailer costs, labor, administrative or overhead costs, insurance, taxes, profit, and supplies; No fuel surcharges or record retention fees.) **CHOOSE ONE WASTE/SHARPS DISPOSAL BID GROUP IN ADDITION TO ONE INCINERATION BID GROUP.**

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CONTAINER, SHARPS BIOHAZRD NO 4800	Waste Container - The Contractor shall change out and replace each medical waste container as scheduled by the department and collect, transport and dispose of the contents	Each	4494	0.00	\$0.00
2	DISPOSAL CONTAINER, SHARPS NO. 8516-1H	MAIL BACK WASTE CONTAINER -ALL INCLUSIVE COST FOR SHARPS AND WASTE DISPOSAL COMBINED BY MAIL AS AN ALTERNATIVE TO PICK-UP SERVICES.	Each	4248	0.00	\$0.00

Group Total: \$0.00

**TOTAL BID: \$0.00**

**Additional Required Forms to be Included:**

In addition to the electronic Bid Form and the Official Signature Page, the Forms listed in Table 1 **must be completed and submitted to the Office of the City Secretary on or before the date and time the bid is due:**

Table 1
<a href="#">Affidavit of Ownership</a>
<a href="#">Fair Campaign Ordinance</a>
<a href="#">Statement of Residency</a>
<a href="#">Sub Contractor</a>
<a href="#">Conflict of Interest Questionnaire</a>
<a href="#">PoP1a Acknowledgment Form</a>
<a href="#">PoP2 Certificate of Agreement</a>

Table 2 may list other documents and/or forms that should be viewed/downloaded from the City's website, but are not required to be submitted with the bid. The City will specify which documents and/or forms be completed and submitted to the City by the successful bidder:

Table 2
<a href="#">Drug Forms</a>

MWBE
Sample Insurance Over \$50000
Formal Instructions for Bid Terms
EEOC
PoP6 Quarterly Update

If you elect not to participate in the aforementioned project, please submit the No Bid Sheet to the Buyer by the due date for the receipt of the solicitation.

**OFFICIAL BID FORM FOR MEDICAL WASTE REMOVAL & DISPOSAL SERVICES**

**OFFICIAL SIGNATURE PAGE**

The respondent warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees. For breach or violation of this warranty, the City shall have the right to annul this agreement without liability or, at its discretion, to deduct from the contract prices or consideration, or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

The undersigned hereby offers to furnish and deliver the goods and/or services as specified at the prices and terms herein stated and in accordance with the Invitation to Bid, Clarification Letters, and General Terms & Conditions, all of which are made a part of this offer.

All pages of the City of Houston's bid document including but not limited to the General Terms & Conditions and page 3 three of this invitation are incorporated by reference into for all purposes.

The undersigned, as bidder, certifies that the only person or parties interested in this proposal as principals are those named herein; that the bidder has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the award of this Contract.

**THIS BIDDER IS AND REPRESENTS THAT IT IS AN EQUAL OPPORTUNITY EMPLOYER.**

**NOTE: BID MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE BIDDER, WHICH MUST BE THE ACTUAL LEGAL ENTITY THAT WILL PERFORM THE CONTRACT IF AWARDED.**

**SUBMIT YOUR BID IN DUPLICATE  
BID MUST BE MANUALLY SIGNED IN INK  
(BLUE INK PREFERRED)**

Respectfully Submitted:

Bidder: \_\_\_\_\_  
(Print or type name of Bidder - Full Company Name)

Supplier Number: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Authorized Officer or Agent)

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Address (Street or P.O. Box)

\_\_\_\_\_  
City-State-Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

FAX Number: (\_\_\_\_) \_\_\_\_\_

Supplier: \_\_\_\_\_ Buyer: joyce.hays@houstontx.gov Bid Number: L23970