

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	S25281
Bid Description	Emergency Medical Equipment, Supplies and Pharmaceuticals for Various Departments
Bid Abstract	This project is for the purchase, and delivery of emergency medical equipment, supplies and pharmaceuticals, in accordance with the specifications, terms and conditions specified in the solicitation.
Buyer Email	lauraa.guthrie@houstontx.gov
Post Date/Time	2/20/2015 10:00:00 AM
Close Date/Time	3/26/2015 10:30:00 AM

Bid Items

GROUP I - Discount Percent Proposed to Category Labeled "Infection Control" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term not to exceed an overall amount of \$4,400,100.00

Note: Sample items listed for bid evaluation purposes. GROUP ONE WILL BE AWARDED TO OVERALL LOW BIDDER FOR PRODUCT CATALOG

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	CONVENIENCE BAGS, white with hand protector, 650cc 12 per pack / 20 pack per case		292202H		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	BIOHOOP COLLECTION BAGS, no hook, 8" x 13" 12/pack - 40 packs/case		440100		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	RED BIOHAZARD BAGS, 4 gallon 17" x 17" , 1.5 mil 500 per case		5815804		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
4	MICROFLEX DIAMOND GRIP GLOVES, STANDARD EXAMINATIONS GLOVES, POWDER FREE, LENGTH 9.8" THICKNESS CUFF 5.1 MIL, PALM 6.3 MIL; FINGERTIPS 9.1 MIL 100/PER BOX - 10 BOX/ PER CASE		47541		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Airway & Oxygen Delivery" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	AMBU SPUR RESUSCITATOR, ADULT WITH MEDIUM ADULT MASK INDIVIDUALLY BOXED 12 PER CASE		520211		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	KING LTS-D, SIZE 3 YELLOW 10/PER CASE		477KLTSD403EA		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	KING LT-D, SIZE 2, GREEN, 10/PER CASE		477KLTD202EA		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Oxygen Equipment" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Description	Part No	U/M
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Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	CPAP COMBO KIT, O2-RESQ BITRAC ED MASK, ADULT MEDIUM WITH 3-SET VALVE, FLOW GENERATOR AND SMART CAPNOLINE PLUS 10/PER CASE	243026856			0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	O2-RESQ DISPOSABLE CPAP SYSTEM, O2 RESQ BITRAC ED MASK WITH HEAD STRAP, W/5.0 CM VALVE & FLOW GENERATOR, ADULT LARGE MASK 10/PER CASE	3137033EA			0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	WHISPERPAK CPAP KITS, SEALFLEX MULTI STRAP RIBBED MASK, MEDIUM, WHITE CLOTH H KIT, 7.5 CM CPAP VALVE, 22 MM, 80" TUBE, DISPOSABLE 10/PER CASE	202410006300EA			0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Suction" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.
Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	LAERDAL SUCTION UNIT LSU		L780020		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	COMPACT SUCTION UNIT 4		222151088		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	ULTRALITE II SUCTION UNIT		590320		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Wound Care" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.
Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	CURITY ABDOMINAL ABD PADS, 5" x 9" STERILE, 36 PER TR / 12 TR/CASE		121219604		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	CURITY MULTI-TRAUMA DRESSING, 10" X 30" 50 PER CASE		081967		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	CURITY WET DRESSINGS, 4" X 8" 2'S/WATER 2 PER PACK / 96 PER CASE		150304		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Trauma Kits and First Aid" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.
Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	SMALL FIRST AID KIT		68124SPS		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	ALCOHOL PREPS, 200 PER BOX 20 BOX PER CASE		606818		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	TONGUE DEPRESSORS NON STERILE, 500 PER BOX - 10 BOXES PER CASE		412075		0.00	0.00	1	Box	\$0.00

Manufacturer's Name, Product Name & Product Number:

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Patient Handling" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	LINEN PACKS, 25 PER CASE		3271982		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	DISPOSABLE PATIENT QUILT, 10 PER CASE		114020		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	UNDERPADS, 200 PER CASE		4420080		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Splinting & Immobilization" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	AMU HEAD WEDGE, 10 PER CASE		264030		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	AMBU PERFIT ACE, 30 PER CASE		260281		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	AMBU PERFIT, 50 PER CASE		264001		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Equipment Bags" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	RESCUE BAG		686504R		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	OXY SLEEVE		381300		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	RESPONDER KIT		382000B		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "IV Products & Blood Collection" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	LATEX TOURNIQUET, 10 PER BAG - 250 PER CASE		350118		0.00	0.00	1	Bag	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	PROTECTIV PLUS IV CATHETERS, 200 PER CASE		353068		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	NEEDLE FREE SYRINGES, 400 PER CASE		623404		0.00	0.00	1	Case	\$0.00

Manufacturer's Name, Product Name & Product Number:

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Pharmaceuticals" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	EPIPEN 2-PAK 0.3 MG AUTO INJECTOR, ADULT, 2 PER PACK		375002		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	DEXTROSE 10% 250ML		793002		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	ADENOCARD 12MG, 10 PER BOX / 5 BOX PER CASE		371255		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Diagnostics" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	BLOOD PRESSURE BULB		540200		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	3M LITTMANN SELECT STETHOSCOPE		172290		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	THERMOMETER SHEATHS, 100 PER BOX / 50 BOXES PER CASE		400018		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Monitoring & Defibrillation" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	DISPOSABLE CO2 SAMPLING LINES 100 PER BOX		174620		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	DISPOSABLE CO2 SAMPLING LINES ADULT INTERMEDIATE, 100 PER BOX		177653		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	DISPOSABLE CO2 SAMPLING LINES, PEDIATRIC, 25 PER BOX		177669		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: **\$0.00**

Discount Percent Proposed to Category Labeled "Instruments & Personal Items" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	HEMOSTATS, KELLY FORCEPS		400003		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	MAGILL FORCEPS		400008		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

3	MAGILL FORCEPS		400007		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Triage" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	BARRIER TAPE		136789		0.00	0.00	1	Roll	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	SPECIALTY VESTS		481004		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	SPECIALTY VESTS		4800031		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Tactical" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	AMBU PERFIT ACE, 30 PER CASE		260282		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	HEAD WEDGE, 10 PER CASE		264038		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	PERFIT ACE & HEAD WEDGE COMBO PACK 30 PER CASE		2640369		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Training & Simulation" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	CPR MASK 10 PER CASE		R5014		0.00	0.00	1	Case	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	ONE WAY VALVE		L820300		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	FILTER		L820600		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Reference & Reporting" in Bound Tree's Emergency Medical Product Catalog dated 2015 or online catalog OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	EMS FIELD GUIDE		480381		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	EMS FIELD GUIDE ALS		480378		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	EMERGENCY CRITICAL CARE POCKET GUIDE		480382		0.00	0.00	1	Each	\$0.00

Manufacturer's Name, Product Name & Product Number:								
2	PURELL HAND SANITIZER	65880		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:								
3	CAVICIDE METREX	04128		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:								

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "First Aid Kits" in Emergency Medical Products, Inc.'s Medical Equipment & Supply Catalog dated 2015 OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	2-SHELF INDUSTRIAL FIRST AID STATION		2450		0.00	0.00	1	Each	\$0.00
2	ALL PURPOSE FIRST AID KIT		FA0110		0.00	0.00	1	Each	\$0.00
3	CPR ONE-WAY FACESHIELD		A5113		0.00	0.00	1	Box	\$0.00

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Wound Care" in Emergency Medical Products, Inc.'s Medical Equipment & Supply Catalog dated 2015 OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	ELASTIC BANDAGE , 3 INCHES X 5 YARDS		87003		0.00	0.00	1	Box	\$0.00
2	MICROPORE PAPER TAPE, 3M 1 INCH BY 10 YARDS BOX OF 12		15301		0.00	0.00	1	Box	\$0.00
3	GAUZE SPONGES 3 X 3 NON-STERILE 20 BAGS PER CASE		3232		0.00	0.00	1	Bag	\$0.00

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "I.V. and Pharmaceuticals" in Emergency Medical Products, Inc.'s Medical Equipment & Supply Catalog dated 2015 OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	ANTISEPTIC TOWLETTES - HLT		22111		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	TOURNIQUETS, LATEX FREE 10/PACK		01126		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	MULTI SAMPLE NEEDLES		26504		0.00	0.00	1	Box	\$0.00
Manufacturer's Name, Product Name & Product Number:									
4	HYDROGEN PEROXIDE		98001		0.00	0.00	1	Bottle	\$0.00
Manufacturer's Name, Product Name & Product Number:									
5	ACETAMINOPHEN 325MG 250 2-PACKS		J416		0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Medical Education and Training" in Emergency Medical Products, Inc.'s Medical Equipment & Supply Catalog dated 2015 OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	PRACTIMAN, SINGLE		WLPMA1		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

2	PRACTIMAN, 4 PACK	WLPMA4	0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:							
3	LUNG BAG, 24 PACK	WLPMALB	0.00	0.00	1	Pack	\$0.00
Manufacturer's Name, Product Name & Product Number:							

Group Total: \$0.00

Discount Percent Proposed to Category Labeled "Fire and Rescue Equipment" in Emergency Medical Products, Inc.'s Medical Equipment & Supply Catalog dated 2015 OR AN APPROVED EQUAL CATALOG for a 60-month term.

Note: Sample items listed for bid evaluation purposes.

Percent change from catalog: 0

Item #	Description	Page No	Part No	Your Part No	Lowest Column Price	City Cost After %	Est. Qty	U/M	Line Total
1	RING CUTTER, STAINLESS STEEL		8220		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
2	REPLACEMENT BLADE		8221		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									
3	WINDOW PUNCH, PRESSURE SELECTABLE		71234		0.00	0.00	1	Each	\$0.00
Manufacturer's Name, Product Name & Product Number:									

Group Total: \$0.00

GROUP III, 340B FAMILY PLANNING

NOTE: DISTRIBUTORS MUST BE REGISTERED AND PARTNERED WITH THE 340B PRIME VENDOR PROGRAM (SEE SECTION B, TECHNICAL SPECIFICATIONS) GROUP THREE WILL BE AWARDED TO OVERALL LOW BIDDER

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	DRUG, EHTINYL ESTRADIOL PILL 35MG	NECON 0.5/35 NORETHINDRONE AND ETHINYL TABLETS, 6 / 28 CARTON NDC 52544024531	Each	3800	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
2	DRUG, NONOXYNOL 9 W/ APPLICATOR 49G	SPERMICIDAL, VAGINAL CONTRACEPTIVE FOAM 36/CASE 1 / 17 GM NDC#: 52925-0312-06	Each	500	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
3	CONDOM, LUBRICATED LIFE STYLES	1008 PER CASE A02-007 NDC 28373071000	Each	20016	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
4	DRUG, MEDROXYPROGES INJECTION 150ML	MEDROXYPROGESTERONE ACETATE INJECTION 150 MG/ML NDC 59762453702	Each	16300	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
5	RING, NUVA, VAGINAL CONTRACEPTIVE	NUVA RING INSERT EXTENDED RELEASE .015MG/D .12MG/D NDC 0052-0273-03	Each	1395	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
6	DRUG, NORGESTSREL/ETH ESTRADIOL, 0.3-0.	CRYSSELLE (NOGESTREL AND ETHINYL ESTRADIOL) TB 0.3/.03MG NDC 0555-9049-58	Carton	370	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
7	DRUG, ETHINYL ESTRADIOL, TRI-CYCLEN 35MG	ORTHO TRI CYCLEN 6 X 28 NDC 50458-191-15	Carton	4650	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
8	IMPLANT, SUBDERMAL, NEXPLANON, SINGLE	ETONOGESTREL IMPLANT 68MG/1 IUD, NEXPLANON NDC 0052-0274-01	Each	790	0.00	\$0.00
Manufacturer's Name, Product Name & Product Number:						
9	CONTRACEPTIVE, INTRAUTERINE COPPER		Each	790	0.00	\$0.00

MIRENA (LEVONORGESTREL) IUS DS - 5 YEAR DEVICE NDC 50419-421-01							
Manufacturer's Name, Product Name & Product Number:							
10	DRUG, TRI-CYCLEN LO 0.180MG	ORTHO TRI CYCLEN Lo TAB 6 X 28 NDC 50458-251-15	Carton	7160	0.00	\$0.00	
Manufacturer's Name, Product Name & Product Number:							
11	SUBDERMAL IMPLANT DEVICE	PARAGARD, INTRAUTERINE COPPER DEVICE, SPERMICIDAL T 380-A, IUD MFG. TEVA NDC 51285020401	Each	1470	0.00	\$0.00	

Group Total: \$0.00

GROUP IV, VACCINES

NOTE: DISTRIBUTORS MUST BE REGISTERED AND PARTNERED WITH THE 340B PRIME VENDOR PROGRAM (SEE SECTION B, TECHNICAL SPECIFICATIONS) GROUP FOUR WILL BE AWARDED TO OVERALL LOW BIDDER

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	VACCINE, ADULT HEPATITIS A	NDC 58160-826-52	Pack	600	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
2	VACCINE, YELLOW FEVER 5 SINGLE DOSE VIAL	NDC 49281-915-01	Each	1000	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
3	VACCINE, HEPATITIS B 20MCG/ML 10/1ML	NDC 58160-821-11	Each	600	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
4	VACCINE, M-M-RII MEASLES, MUMPS, RUBELLA	NDC 0006-4681-00	Each	250	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
5	VACCINE, VARICELLA VIRUS, SINGLE DOSE	NDC 0006-4827-00	Each	500	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
6	VACCINE, TYPHOID VI, SINGLE DOSE 5-VIALS	NDC 49281-790-51	Each	2000	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
7	VACCINE, MENINGITIS POLYSACCHARIDE DIPH.	NDC 49281-589-05	Each	100	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
8	INJECTION, VACCINE 0.5ML ADACEL TETANUS	NDC 49281-400-10	Each	5	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
9	VACCINE, HEPATITIS A/B TWINRIX	NDC 58160-815-52	Pack	800	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
10	DRUG, DIPHTH PERTUSS(ACELL) TET VAC, 10X	NDC 49281-400-10	Each	120	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
11	VACCINE, HEPATITIS B REC/HEPATIT 20MCG/ML	NDC 58160-821-52	Each	40	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						

12	VACCINE, HPV4	NDC 0006-4045-41	Each	200	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
13	VACCINE, IPV 10 DOSE VIAL	NDC 49281-860-10	Each	200	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
14	VACCINE, VARICELLA	NDC 0006-4827-00	Each	500	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
15	VACCINE, PNEUMOCOCCAL POLYSACCHARIDE 23	NDC 0006-4739-00	Each	100	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
16	VACCINE, ZOSTER	NDC 0006-4963-41	Each	100	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						
17	VACCINE, TETANUS & DIPHTHERIA (TD) TOXOI	NDC 49281-215-10	Each	2	0.00	\$0.00
DISTRIBUTION FEE						
Manufacturer's Name, Product Name & Product Number:						

Group Total: **\$0.00**

GROUP V, EMS BAGS

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	BAG, TRAUMA MODULE IRON	BAG, TRAUMA MODULE NO. 32499 IRON	Each	30	0.00	\$0.00
2	BAG, FIRST AID, CERVICAL COLLAR	BAG, FIRST AID, CERVICAL COLLAR	Each	30	0.00	\$0.00
3	BAG, EMS POP PACK CSE 19X12-1/2X8-1/2"	BAG, EMS POP PACK CASE 19 X12-1/2X8-1/2 IN	Each	30	0.00	\$0.00
4	CARRIER, OXYGEN PORTABLE SIZE CYLINDER	CARRIER, OXYGEN PORTABLE SIZE CYLINDER	Each	30	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
Affidavit of Ownership
Fair Campaign Ordinance
Statement of Residency
Conflict of Interest Questionnaire
Bidders Attachments Supply
Location of Bidders Inventory
Contractor Ownership Disclosure Ordinance

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

Drug Forms

<u>Certificate of Insurance</u>
<u>Formal Instructions for Price List Bidders</u>
<u>Formal Instructions for Bid Terms</u>
<u>EEOC</u>
<u>Criminal Justice Information Services Addendum (CJIS)</u>
<u>Early Payment Discount</u>

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 EMERGENCY MEDICAL EQUIPMENT, SUPPLIES AND PHARMACEUTICALS FOR VARIOUS DEPARTMENTS

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: lauraa.guthrie@houstontx.gov Bid Number: S25281