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<p>Submit Bid to:</p> <p>CITY OF DELTONA</p> <p>2345 Providence Blvd. Deltona, Florida 32725 Attn: Purchasing</p> <p>CLEARLY MARK SEALED ENVELOPE WITH BID NAME AND NUMBER</p>	<p>INVITATION TO BID# 22032 FOR:</p> <p>MEDICAL SUPPLIES & PHARMACEUTICALS</p>
<p><u>Contact:</u></p> <p>Mary Perez BUYER Phone: (386) 878-8580 Fax: (386) 878-8571</p> <p>EMAIL QUESTIONS TO: E-Mail Address: meperez@deltonafl.gov</p>	<p>BIDDER NAME: <u>QuadMed, Inc.</u> <u>11210-1 Phillips Ind. Blvd. E.</u> <u>JACKSONVILLE, FL 32256</u></p>
<p><u>BID DUE DATE & TIME:</u> TUESDAY, MAY 3, 2022 AT 2:30PM AT CITY HALL, 1ST FLOOR CONFERENCE ROOM LOCATED AT 2345 PROVIDENCE BOULEVARD, DELTONA, FLORIDA</p>	<p>MAILING ADDRESS: <u>QuadMed, Inc.</u> <u>P.O. Box 550773</u> <u>JACKSONVILLE, FL 32255</u></p>
<p><u>Location of Public Opening:</u> City of Deltona, 1ST Floor Conference Room 2345 Providence Blvd., Deltona, FL 32725</p>	<p>Phone#: <u>904-880-2323</u></p> <p>Fax#: <u>904-880-2303</u></p>

**GENERAL CONDITIONS, INSTRUCTIONS AND INFORMATION FOR
BIDDERS**

These documents constitute the complete set of terms and conditions, specification requirements, and bid forms. All bid sheets and attachments must be executed and submitted in a sealed envelope. The face of the envelope shall contain Bidder's name, return address, the date and time of bid opening, the bid number and title. Bids not submitted on the enclosed Bid Form shall be rejected. Bidders shall submit three (3) complete sets (one [1] original and two [2] copies) of their bid, complete with all supporting documentation. **SUBMITTAL OF A BID IN RESPONSE TO THIS INVITATION TO BID CONSTITUTES AN OFFER BY THE BIDDER.** Bids which do not comply with these requirements may be rejected at the option of the City.

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CONTACT: All prospective bidders are hereby instructed not to contact any member of the City of Deltona Commission, City Manager, or City of Deltona Staff members other than the noted contact person OR another member of the City's Purchasing Division regarding this Invitation to Bid or their bid proposal at any time during the bid process. Any such contact shall be cause for rejection of your bid proposal. The Bid process is not over until an award is made.

DELAYS: The City, at its sole discretion, may delay the scheduled due dates indicated above if it is to the advantage of the City to do so. The City will notify bidders of all changes in scheduled due dates by written addendum.

EXECUTION OF BID: Bid must contain a manual signature, in ink, of an authorized representative, who has the legal ability to bind the Bidder in contractual obligations in the space provided on the Bid Response Form. Failure to properly sign the Bid shall invalidate same, and it shall not be considered for award. Bid must be typed or legibly printed in ink. Use of erasable ink is not permitted. All corrections made by Bidder to any part of the bid document must be initialed in ink. The original bid conditions and specifications cannot be changed or altered in any way. Altered bids will not be considered. Clarification of bids submitted shall be in letter form, signed by bidders and attached to the bid.

BIDDER INFORMATION: Bidder shall complete the "Corporate Authority", "Joint Venture", "Sole Proprietorship", or "Partnership" portion of the Bidder Information Sheet, whichever part applies, and include with their bid submittal.

JOINT VENTURES: Bids submitted by firms under "joint venture" arrangements or other multi-party agreements must submit a power of attorney delegating authority to one principal with authority to negotiate and execute any/all contract documents resulting from negotiations/award of this Invitation to Bid.

NO BID: If not submitting a bid, respond by returning only the Statement of No Bid, and give the reason in the space provided. Failure to respond three (3) times in succession without justification may be cause for removal of the Bidders name from the mailing list.

BID OPENING: Shall be public, at the above address, on the date and at the time specified above. The bid time shall be scrupulously observed. Under no circumstances shall bids delivered after the time specified be considered; such bids will be returned unopened. The City will not be responsible for late deliveries or delayed mail. The time/date stamp clock located in the Finance Department serve as the official authority to determine lateness of any bid. It is the Bidders sole responsibility to assure that his/her bid is complete and delivered at the proper time and place of the bid opening. Bids which for any reason are not so delivered will not be

considered. Offers by facsimile, telegram or telephone are **not** acceptable. A bid may **NOT** be altered by the Bidder after opening of the bids. Bid tabulations will be furnished upon written request which includes a self-addressed, stamped envelope.

Persons with disabilities needing assistance to participate in the Public Bid Opening should contact the City Clerk at least 48 hours in advance of the meeting at 386-561-2100.

TAXES: The City is exempt from Federal Excise and State Sales Taxes on direct purchases of tangible personal property. The City's exemption numbers are on the face of the purchase order. If requested, the Purchasing Manager will provide an exemption certificate to the awarded Bidder. Vendors/contractors doing business with the City shall **not** be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the City nor shall any Vendor/Contractor be authorized to use the City's Tax Exemption Number in securing such materials.

CERTIFICATES
The City reserves the right to require proof that the bidder is an established business and is abiding by the Ordinances, Regulations, and Laws of their Community and the State of Florida such as but not limited to: Occupational Licenses, Business Licenses, Florida Sales Tax Registration, Federal Employee Identification Number.

DISCOUNTS: Cash discounts for prompt payment shall **not** be considered in determining the lowest net cost for bid evaluation purposes.

MISTAKES: Bidders are expected to examine the terms and conditions, specifications, delivery schedule, bid prices, extensions and all instructions pertaining to supplies and services. **FAILURE TO DO SO WILL BE AT BIDDER'S RISK.** In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly. Written amounts shall take precedence over numerical amounts. In the event of addition errors(s), the unit price, and extension thereof, will prevail and the Bidder's total offer will be corrected accordingly. Bids having erasures or corrections must be initialed in ink by the Bidder.

AWARD TERM Contracts resulting from this Invitation for Bid will run for an initial period of three year (3) years, renewable for two additional one (1) year periods. Both the City and the vendor must mutually agree upon the renewals in writing. Rates quoted will be firm for the first year and will or will not be changed based on the guidelines outlined in the following paragraph "Price Redetermination.

PRICE REDETERMINATION The Contractor may petition the Purchasing Manager for price redetermination within forty-

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five (45) days of the expiration of each term of the contract. Any price redetermination will include all items awarded. If the City and the Contractor cannot agree on any price redetermination, then the contract will expire. (See other conditions under Special Terms and Conditions)

UNUSUAL CIRCUMSTANCES: If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party to the contract occur, and those circumstances significantly affect the Seller's cost in providing the required items or services, then the Seller may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Seller, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:

1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Seller with no penalty to the City or Seller. The Seller shall fill all City requirements submitted to the Seller until the termination date contained in the notice.
2. The City requires the Seller to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
3. If the City, in its interest and in its sole opinion, determines that the Seller in a capricious manner attempted to use this section of the contract to relieve themselves of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Seller in default and disqualifying him for receiving any business from the City for a state period of time.
4. If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Seller receives notice in writing signed by a person authorized to bind the City in such matters.

INVOICING AND PAYMENT: Payment for any and all invoice(s) that may arise as a result of a contract or purchase order issued pursuant to this bid specification shall minimally meet the following conditions to be considered as a valid payment request:

- a. A timely submission of a properly certified invoice(s), in strict accordance with the price(s) and delivery elements

as stipulated in the contract or purchase order document, and be submitted to the Finance Department at the address as stipulated on the Purchase Order.

- b. All invoices submitted shall consist of an original and one (1) copy; clearly reference the subject contract or purchase order number; provide a sufficient salient description to identify goods or service for which payment is requested; contain date of delivery; original or legible copy of signed delivery receipt including both manual signature and printed name of a designated City employee or authorized Agent; be clearly marked as "partial", "complete" or "final" invoice. The City will accept partial deliveries.
- c. The invoice shall contain the Bidder's Federal Employer Identification Number (F.E.I.N.).
- d. The City's terms are "Net 30 Days" after acceptance of goods or services and receipt of an acceptable invoice as described herein. Any discounts must be offered on the Bid Response Form.

GENERAL: The City of Deltona, having limited storage facilities, requires the service of private firms to provide materials, supplies and/or services on an as needed basis, as indicated herein, to support the City's needs.

ADDITIONAL TERMS AND CONDITIONS: Unless expressly accepted by the City, the following conditions shall apply: No additional terms and conditions included with the bid response shall be considered. Any and all such additional terms and conditions shall have no force and effect, and are inapplicable to this bid if submitted either purposely through intent or design, or inadvertently appearing separately in transmittal letters, specifications, literature, price lists or warranties. It is understood and agreed that the general and/or any special conditions in these Bid Documents are the only conditions applicable to this bid and the Bidder's authorized signature on the Bid Response Form attests to this. Exceptions to the terms and conditions will not be accepted.

INTERPRETATIONS: All Bidders shall carefully examine the Bid Documents. Any ambiguities or inconsistencies shall be brought to the attention of the City in writing prior to the opening of Bids; failure to do so, on the part of the Bidder, will constitute an acceptance by the Bidder of any subsequent decision. Any questions concerning the intent, meaning and interpretations of the Bid Documents shall be requested in writing (facsimile transmission acceptable (386) 789-7230, and received by the City at least seven (7) calendar days prior to the Bid Opening. Inquires shall be addressed to the attention of the Contact person as indicated on Page 1. No person is authorized to give oral interpretations of, or make oral changes to, the bid. Therefore, oral statements given before the bid opening will not be binding. Any interpretation of, or changes to, the bid will be made in the form of a written

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Addendum to the bid and will be furnished to all Bidders through DemandStar. Receipt of all addenda shall be acknowledged by the Bidders by signing and enclosing said addenda or addendum acknowledgement with their bid.

ADDENDUM: The City will record its responses to inquiries, any supplemental instructions, and/or necessary revisions to Bid Documents, in the form of a written addendum. Should revisions to the Bid Documents become necessary, the City will post a written addendum to the DemandStar website which will go out to all Bidders who received a bid package through DemandStar. All addendum are posted to the DemandStar website and current planholders are notified that an addendum has been issued. Bidders who obtain Bid Documents from other sources must officially register with the City's Purchasing Manager in order to be placed on the DemandStar website as a bid holder in order to receive any forthcoming addenda or other official communications. Failure to register as a prospective Bidder may cause your bid to be rejected as non-responsive if you have failed to submit a bid without an addendum acknowledgment for the most current addendum. It is the vendor's responsibility to check the DemandStar website at www.demandstar.com in order to be sure latest addendum and any prior addendum have been received.

PROTESTS: Any Bidder who disputes the bid selection or contract award recommendation shall file such protest according to the bid protest procedures. These procedures are available upon request from the City.

CONFLICT OF INTEREST: All Bidders must disclose with their bid the name of any officer, director, or Agent who is also an employee of the City. All Bidders must disclose the name of any City employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Bidder's firm or any of its branches.

LEGAL REQUIREMENTS: Bidders are required to comply with all provisions of Federal, State, City and local laws and ordinances, rules and regulations that are applicable to the items being bid. Lack of knowledge by the Bidder shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

DRUG-FREE WORKPLACE: Preference shall be given to business with Drug-Free Work Place (DFW) programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a bid received from a business that completes the attached DFW form certifying that it is a DFW shall be given preference in the award process.

POSTING OF BID AWARD: Recommendation for award will be posted for review by interested parties on DemandStar.

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Failure to file a protest to Purchasing within the time prescribed in the CITY's Purchasing Manual, shall constitute a waiver of proceedings.

AWARD: As the best interest of the City may require, the right is reserved to make award(s) by individual item, group of items, "All or None", or a combination thereof; with one or more suppliers; to reject any or all bids, or waive any minor irregularity or technicality in bids received, award or eliminate an portion of the bid, and may, at it's sole discretion, request a re-bid, or abandon the project in it's entirety. Bidders are cautioned to make no assumption until the City has entered into a contract or issued a purchase order.

EEO STATEMENT: The City is committed to assuring equal opportunity in the award of contracts, and, therefore complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age or sex.

CONTRACTUAL AGREEMENT: The contents of this Bid and all provisions of the successful bid proposal deemed pertinent by the City may be incorporated into a contract and become legally binding. A separate contract document, other than the purchase order, may or may not be issued. Any and all legal action necessary to enforce a contract or purchase order will be interpreted according to the laws of Florida. The venue shall be County of Volusia, Florida.

GOVERNMENTAL RESTRICTIONS: In the event that any governmental restrictions are imposed which would necessitate alteration of the material quality, workmanship or performance of the items offered on this bid prior to their delivery, it shall be the responsibility of the Bidder to notify Purchasing at once, indicating in his/her letter the specific regulation which required an alteration, including any price adjustments occasioned thereby. The City reserves the right to accept such alteration or to cancel the contract or purchase order at no further expense to the City.

PERMITS/LICENSES/FEES: Any permits, licenses, or fees required will be the responsibility of the Contractor, no separate or additional payment will be made.

Adherence to all applicable code regulations (Federal, State, City, City) are the responsibility of the Contractor.

INDEMNIFICATION: The Bidder, without exemption, shall indemnify and save harmless, the City, its employees and/or any of its Commissioners from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or item manufactured by the Bidder. Further, if such a claim is made, or is pending, the Bidder may, at its option and expense, procure for the City the right to use, replace or modify the item to render it non-infringing. If none of the alternatives are reasonably available, the City agrees to return the article on

request to the Bidder and receive reimbursement. If the Bidder used any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood, without exception, that the bid prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.

ADVERTISING: In submitting a bid, Bidder agrees not to use the results therefrom as a part of any commercial advertising, without the express written approval, by the appropriate level of authority within the City.

ASSIGNMENT: Any purchase order or contract issued pursuant to this Invitation to Bid and the monies which may become due hereunder are not assignable except with the prior written approval of the City, through the Finance Department.

COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH: Bidder certifies that all material, equipment, etc., contained in his/her bid meets all applicable O.S.H.A. requirements. Bidder further certifies that, if he/she is the successful Bidder, and the material, equipment, etc., delivered is subsequently found to be defective in any applicable O.S.H.A. requirement in effect on the date of delivery, all costs necessary to comply with the requirements shall be borne by the Bidder.

RESPONSIBILITY: A Bidder must have at the time of bid opening, a company in operation, (if applicable) or be a fully authorized Agent or representative of the product bid, and capable of producing or providing the items bid, and follow-up parts and service, including any warranty services as applicable, and so provide such certification upon request.

FACILITIES: The City reserves the right to inspect the Bidder's facilities at any reasonable time, during normal working hours, to determine that Bidder has a bona fide place of business, and is a responsible Bidder.

DISQUALIFICATION OF BIDDER: More than one bid from an individual, firm, partnership, corporation, or association under the same or different names will not be considered. Reasonable grounds for believing that a Bidder is involved in more than one bid submittal will be cause for rejection of all bids in which such Bidders are believed to be involved. Any or all bids will be rejected if there is reason to believe that collusion exists between Bidders. Bids in which the prices obviously are unbalanced will be subject to rejection.

ADJUSTMENTS / CHANGES / DEVIATIONS: No adjustments, changes or deviations shall be accepted on any item unless conditions or specifications of a bid expressly so provide. Any other adjustments, changes or deviations shall require prior written approval, and shall be binding **ONLY** if issued by the City's Finance Department. The Bidder shall

bear sole responsibility for any and all costs of claims arising from any adjustments, changes or deviations not properly executed as required herein.

PUBLIC RECORDS: Upon award recommendation or thirty (30) days after opening, whichever is earlier, bids become "public records" and shall be subject to public disclosure consistent with Chapter 119 Florida Statutes. Bidders must invoke the exemptions to disclosure provided by law in the response to the Bid, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary.

Bids may be reviewed at City Hall, 2345 Providence Blvd., Deltona, FL 32725.

BID PREPARATION COSTS: Neither the CITY nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this Invitation to Bid. Bidders should prepare their bids simply and economically, providing all information and prices as required.

ACCEPTANCE / REJECTION: The City of Deltona reserves the right to accept or reject any or all bids and to make the award to that Bidder, who in the opinion of the City will be in the best interest of and/or the most advantageous to the City. The City of Deltona also reserves the right to reject the bid of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who, in the City's opinion, is not in a position to perform properly under this award. The City of Deltona reserves the right to inspect all facilities of bidders in order to make a determination as to the foregoing. The City of Deltona reserves the right to waive any irregularities, informalities, and technicalities in offers received, and may, at its discretion, request a re-bid, or abandon the project/procurement in its entirety.

ANY AND ALL SPECIAL TERMS AND CONDITIONS, TECHNICAL REQUIREMENTS, SCOPE OF WORK OR SPECIFICATIONS ATTACHED HERETO WHICH VARY FROM THESE GENERAL CONDITIONS SHALL HAVE PRECEDENCE.

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SCOPE OF WORK

Bid No. 22032

For

MEDICAL SUPPLIES & PHARMACEUTICALS

SCOPE OF SERVICES

GENERAL

MEDICAL SUPPLIES & PHARMACEUTICALS FOR FIRE DEPARTMENT

Scope: The City of Deltona is requesting bids from medical supply companies to provide items listed at firm fixed prices on an as needed basis for five one-year periods. Both the City and the vendor must mutually agree upon renewals in writing. Rates quoted will be firm for the first year and may or may not be changed at renewal times based on the guidelines outlined in this bid (See section on Price Re-determination). Due to fluctuating PHARMACEUTICAL PRICING, the awarded company may petition the City of Deltona for a price increase if their supplier had been subjected to a price increase. Proof of the price increase (a letter from the manufacturer) must accompany the petition for a price increase for these items.

The City of Deltona reserves the right to split this bid and award on a per item(s) basis if it is in the City's best interest to do so. The City of Deltona understands that not all companies provide all items as listed. Mark item "no bid" if you do not sell it. Your bid will still be considered for items that your company does sell. Awarded companies will be issued a Blanket Purchase Order and orders will be made against the blanket purchase order on an as needed basis.

PLEASE USE ATTACHED BID FORM

INSURANCE REQUIREMENTS

WORKERS' COMPENSATION

Coverage is to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include Employers' Liability with a limit of \$1,000,000 each accident, \$200,000 each employee, \$500,000 policy limit for disease.

COMMERCIAL GENERAL LIABILITY – OCCURRENCE FORM REQUIRED

Contractor shall maintain commercial general liability (CGL) insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this location/project in the amount of \$1,000,000. Products and completed operations aggregate shall be \$1,000,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury.

COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

Contractor shall maintain automobile liability insurance with a limit of not less than \$500,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired and non-owned autos). The policy shall be endorsed to provide contractual liability coverage.

EVIDENCE OF INSURANCE

The Contractor shall furnish the City of Deltona with Certificates of Insurance. The Certificates are to be signed by a person authorized by that insurer to bind coverage on its behalf. The City of Deltona is to be specifically included as an additional insured on all policies except Workers' Compensation. In the event the insurance coverage expires prior to the completion of the project, a renewal certificate shall be issued 30-days prior to said expiration date. The policy shall provide a 30-day notification clause in the event of cancellation or modification to the policy. All certificates of insurance must be on file with and approved by the City of Deltona before the commencement of any work activities. Contractor shall have all applicable licenses and insurance required to perform this work.

The terms of the AGREEMENT shall be for a period of one (1) year from date of AGREEMENT. This AGREEMENT may, by mutual assent of all parties, be extended for three (3) additional one year periods; not to exceed 48 months in total. At the end of the first 12 month period, the contractor will be solicited for an extension with all terms, conditions and pricing remaining. If the contractor requests any changes in same, said changes may require City Manager approval or rejection. At such time, staff may be requested to either re-issue a new BID or accept the changes as requested if they are within reason and market value.

The City of Deltona reserves the right to cancel any agreement, or any part thereof without obligation if completion is not made within the time specified. Any work performed after cancellation of order(s) will at the contractor's expense.

Please be advised that the City of Deltona will not prepay for work. Invoices may be submitted upon completion and acceptance of deliverables and will be paid upon submission of a complete invoice to the Department of Finance and Internal Services, 2345 Providence Blvd., Deltona, FL 32725.

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Irrevocable Offer: Bidder warrants by virtue of bidding that the prices bid shall remain firm and be considered an irrevocable offer for a period of sixty (60) days, during which time one or more of the bids received may be accepted by the City of Deltona.

EXTRA WORK:

The City, without invalidating this **AGREEMENT**, may order changes in the operation within the general scope of this **AGREEMENT** consisting of additions, deletions, or other revisions, price and time may be adjusted accordingly. All such changes in the **AGREEMENT** may be authorized by a written Change Order to the **AGREEMENT** and may be executed under the applicable conditions of the **AGREEMENT**. If the contractor plans to make a claim for an increase in the price or any changes in Product, machinery, or service, he/she must submit said change request in writing. This **may be** forwarded to the City Manager, if necessary, for approval or rejection.

Cancel Agreement:

The City has the right to cancel this **AGREEMENT** for convenience in accordance with, but not limited to, the terms of default as specified herein. In any of the following events the City at any time hereafter shall have the right to immediately terminate the **AGREEMENT**.

In the event the contractor fails to keep and perform or shall violate any of the terms, covenants and conditions of the **AGREEMENT** on its part to be kept and performed, and the contractor shall not have cured or corrected such failure or violation within 10 days after written notice thereof shall have been given to the contractor; or immediately should the violation affect the health, safety and welfare of the contractor's employees, City employees or the public.

In the event the contractor shall, after 3-separate occasions during the term of this **AGREEMENT**, fail to keep and perform or shall violate any of the terms, covenants and conditions of this **AGREEMENT**, then the City has the right to terminate this **AGREEMENT with no penalties to the City**.

If the contractor shall make an assignment for the benefit of creditors, or shall file a petition in bankruptcy or shall be adjudged a bankrupt, or the interest of the contractor under this **AGREEMENT** shall be levied upon and sold upon execution or shall be operation of law become vested in another person, firm or corporation because of the insolvency of the contractor; or in the event that a receiver or trustee shall be appointed for the contractor or the interest of the contractor under this **AGREEMENT**.

In the event the contractor shall cease to operate the business awarded herein, or shall vacate or abandon said premises or not service and maintain lawn service, or if contractor allows his licenses or permits to expire without renewing as required, contract will be declared null and void.

Remedies:

The City may, if it so elects, pursue any other remedies provided by law for the breach of this **AGREEMENT** or any of its terms, covenants, conditions, or stipulations. No right or remedy herein conferred upon or reserved to the City or the contractor is intended to be exclusive of any other right or remedy, and each and every right and remedy given hereunder, or now or hereafter existing at law or at equity or by statute. The contractor is responsible for all damage or loss by fire, theft, vandalism or otherwise to their equipment, including their contents, materials, tools, equipment, and consumables, left on City property by the contractor, his/her employees, agents, subcontractors.

Compliance with Laws, Regulations, Codes, Etc.:

The contractor is required to comply with all present and future valid laws, ordinances, codes and regulations of the Federal Government, State of Florida, County of Volusia, City of Deltona and agencies thereof relating to the premises including, but not limited to, those applicable to health and sanitary conditions and safety and fire prevention. Any permits necessary will be the responsibility of the contractor to obtain from the proper agency, paying the fees directly to that agency.

Federal and State Taxes:

The City is exempt from payment of Florida State Sales and User Taxes. The City will sign an exemption certificate submitted by the contractor. The contractor shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the City, nor is the contractor authorized to use the City's Tax Exempt Number in securing such materials, or product.

The contractor shall be responsible for their portion of payment for its own employees FICA and Social Security benefits with respect to the resulting **AGREEMENT**.

Severability:

If any term or provision of the resulting **AGREEMENT**, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, to remainder of the **AGREEMENT** or the application of such terms or provisions, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of the **AGREEMENT** shall be deemed valid and enforceable to the extent permitted by law.

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:

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.
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; and,
3. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition.
5. Bidder agrees that supplies/services furnished regarding this offer, if awarded, shall be covered by the most favorable commercial warranties the Bidder gives to any customer for such supplies services and that rights and remedies provided herein are in addition to and do not limit any rights offered to the City by any other provision of the bid award.

PURCHASING AGREEMENTS WITH OTHER GOVERNMENT AGENCIES

All Bidders submitting a response to this Invitation to Bid agree that such response also constitutes a bid to all governmental agencies, under the same conditions, for the same contract price, and for the same effective period as this bid, should the Bidder feel it is in their best interest to do so.

Each governmental agency desiring to accept these bids, and makes an award thereof, shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials and/or services ordered and received by it, and no agency assumes any liability by virtue of this bid. This agreement in no way restricts or interferes with the right of any governmental agency to rebid any or all items.

REFERENCES

Bidder must submit with the bid, three (3) references (form attached) for projects of similar scope to include: Point of contact and telephone number. Failure to provide this information with the bid may result in bid being declared non-responsive.

Submittals:

All submittals are REQUIRED and must be submitted with the bid package at the time of the bid opening to be considered a responsive bidder.

Bidders shall submit a detailed statement of explanation for each item where the quoted product deviates from the Scope of Services requested in this bid. Failure to comply may be cause for rejection

TIE ON UNIT PRICE OR BID: Should there be a tie on either the unit price (if awarded on a per item basis) the deadlock will be decided upon using the following order:

- a. Companies who certify they are a drug-free workplace.
- b. Companies located in Volusia County, Florida.
- c. Companies located in Florida.
- d. All else being equal, both companies will be asked to submit a final bid in a sealed envelope.

The City of Deltona further reserves the right to be the final judge of what is considered equal and hold the bid open for a 90-day period if award is not made on the date specified.

Fireworks Bid Evaluation and Award: **The City of Deltona, at its sole discretion reserves the right to waive all technicalities or irregularities to reject any and all bids and/or accept the bid which is in the best interest of the City.**

The Award, if made, may be based upon considerations including but not limited to: **Quantity of fireworks offered, quality of product, variety of effects, experience and/or qualifications of the bidder. Good references from prior customers with similar budgets to that of the City or any other quality that may be deemed desirable and beneficial to the City.**

QuedMed, Inc.

CONTACT: All prospective proposers are hereby instructed not to contact any member of the City of Deltona Commission, City Manager, or City of Deltona Staff members other than the noted contact person OR a member of the Purchasing staff regarding this Request for Proposals or their response at any time during the BID process. Any such contact shall be cause for rejection of your submittal.

ml

HOLD HARMLESS AND INDEMNITY AGREEMENT

Quadmed, Melinda Langorgen agrees through the signing of this document by an authorized party or agent that it shall defend, indemnify and hold harmless the City of Deltona, and its agents, employees, and public officials from and against all suits, losses, claims, demands, judgments of every name and description arising out of or incidental to the performance of this contract or work performed thereunder, whether or not due to or caused by the negligence of the City of Deltona, its agents, employees, and public officials excluding only the sole negligence of the City of Deltona, its agents, employees, and Public Officials.

This provision shall also pertain to any claims brought against the City of Deltona, its agents, employees, and public officials by an employee of the named Contractor, any Sub-contractor, or anyone directly or indirectly employed by any of them.

The Contractor's obligation to indemnify the City of Deltona, its agents, employees and public officials under this provision shall be limited to \$1,000,000 per occurrence which the parties agree bears a reasonable commercial relationship to the contract.

The Contractor agrees to accept, and acknowledges as adequate remunerations, the consideration of \$10, which is part of the agreed bid price, the promises contained herein, and other good and valuable consideration, the receipt of which is hereby acknowledged, for agreement to enter into this Hold Harmless and Indemnity Agreement.

M Langorgen
CONTRACTOR
Quadmed, Inc. Melinda Langorgen

5/2/2022
DATE

This Form Must Be Completed and Returned with your Submittal.

**CITY OF DELTONA
BIDDER INFORMATION FORM**

The information below is required to complete your bid packet. Type or print only.

Company Name: Quadmed, Inc.

Address: 11210-1 Phillips Industrial Blvd. East, Suite 1

City: Jacksonville,

State: FL

Zip Code: 32256

Phone Number: 904-880-2323

Fax Number: 904-880-2303

Project Contact: Melinda Langorgen

e-mail address: bids@quadmed.com

Remittance (Payment) Mailing Information

Address: P.O. Box 550713

City: Jacksonville State: FL Zip Code: 32255

Phone Number: 904-880-2323

Fax Number: 904-880-2303

Project Contact: Melinda Langorgen / billing Accts Payable

e-mail address: AR@quadmed.com

Federal Tax ID No.: 59-3184908

Tax ID Type: Federal Tax ID Social Security Number

This Form Must Be Completed and Returned with your Submittal.

Bid #22032 – MEDICAL SUPPLIES & PHARMACEUTICALS



DRUG-FREE WORK PLACE FORM

The undersigned Bidder in accordance with Florida Statute 287.087, hereby certifies that

Quadmed, Inc. does:
(Name of Business)

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

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

X M. Langorgen
Quadmed Bidder's Signature Melinda Langorgen
5/2/2022
Date

This Form Must Be Completed and Returned with your Submittal, if applicable

Bid #22032 – MEDICAL SUPPLIES & PHARMACEUTICALS

Quadmed

N/A

Statement of No Bid
Bid No. 22032
MEDICAL SUUPLIES & PHARMACEUTICALS

If your company does not intend to bid on this Procurement, please complete and return this form prior to the date shown for receipt of bids to: CITY OF DELTONA, Purchasing Manager, 2345 Providence Blvd., Deltona, FL 32725.

We, the undersigned, have declined to bid on the above referenced Invitation to Bid for the following reason(s) :

- Specifications are too "restrictive." (please explain below)
- Unable to meet specifications
- Specifications were unclear. (please explain below)
- Insufficient time to respond
- We do not offer this type of product or equivalent
- Our production schedule would not permit us to perform
- Unable to meet bond requirements
- Other (please explain below)

REMARKS:

Company Name	Telephone
X	Fax
Signature	Typed or Printed Name
Title	State
Address	City
Address	Zip

Bid #22032 – MEDICAL SUPPLIES & PHARMACEUTICALS



E-VERIFY FORM

Project Name:	<i>Medical Supplies & Pharmaceuticals</i>
Project No.:	<i>22032</i>

A C K N O W L E D G E M E N T	<p>Definitions:</p> <p>"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.</p> <p>"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.</p> <p>Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:</p> <ul style="list-style-type: none"> a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Coconut Creek; and c) Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.
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Company Name:	<i>Quadmed, Inc.</i>
Authorized Signature:	<i>M. Kengoren</i>
Print Name:	<i>Melinda Kengoren</i>
Title	<i>Bid Contracts Mgr.</i>
Date:	<i>5/2/2022</i>
Phone:	<i>904-880-2323</i>
Email:	<i>bids@quadmed, Inc</i>
Website:	<i>www.Quadmed.com</i>

Bid #22032 – MEDICAL SUPPLIES & PHARMACEUTICALS

PART DESCRIPTION	MANUFACTURER	NDC #	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	Mfg Info	QM UOM
Adenocard (Adenosine), 12mg/4ml vial			8		\$	\$	No Bid		
Albuterol, 3 ml ampule 2.5 mg			15		\$	\$	No Bid		
Amiodarone, 150 mg, 3 ml vial			10		\$	\$	No Bid		
Atropine, 1mg/10ml Lifeshield PFS			12		\$	\$	No Bid		
Atrovent (Ipratropium Bromide) inhalent 0.02% ampule			11		\$	\$	No Bid		
Aspirin, 81 mg, low dose, chewable			25 bottles		1.22	30.50	EFA-4612	Medline / OTC091136	36/btl
Benadryl (Diphenhydramine), 1 ml dosette vials, 50 mg/ml			3		\$	\$	No Bid		
Calcium Chloride, 1g/10ml, 100mg/ml, PFS			6		\$	\$	No Bid		
Cardizem, 25mg/5ml vial, refrigerated			12		\$	\$	No Bid		
Cyanokit, Includes 5gm Hydroxocobalamin, Contains 1 IV Admin set and 1 Transfer Spike			3 kits		\$	\$	No Bid		
Dextrose, 25% infant injection, 2.5g/10ml, 250 mg/ml			1		\$	\$	No Bid		
Dextrose, 10%, 250 ml bag			125 bags		\$	\$	No Bid		
Epinephrine, 1:10,000, 1 mg, 0.1 mg/ml, PFS			25		\$	\$	No Bid		
Epinephrine, 1:1,000 1 ml ampule, 1mg/ml			25		\$	\$	No Bid		
Glucose Gel			45 each		\$	\$	EFA-400202-S		
I.V. Solution D5W injection, 250 ml bag			25 bags		\$	\$	No Bid		
I.V. Solution NAACL 100 ml bag			25 bags		\$	\$	No Bid		
IV solution, NAACL injection, 1000 ml bag			145 bags		\$	\$	No Bid		
I.V. Solution, NAACL injection 250 ml bag			100 bags		\$	\$	No Bid		
IV solution, NAACL injection, 50 ml bag			75 bags		\$	\$	No Bid		
IV solution, NAACL injection, 500 ml bag			900 bags		\$	\$	No Bid		
Lidocaine 2%, 100mg, 5ml, 20 mg/ml, PFS			3		\$	\$	No Bid		
Lidocaine, IV pre-mix 2 g, 500 ml bag			30 bags		\$	\$	No Bid		
Magnesium sulfate 50%, 5gm/10ml PFS			2		\$	\$	No Bid		
Naloxone 2mg/2ml, PFS			20		\$	\$	No Bid		
Nitro spray, 400 mcg per spray, 200 metered sprays			10 bottles		\$	\$	No Bid		
Nitro-BID Paste ointment, 1 gm packet			100 packets		\$	\$	No Bid		
Nitrostat Tablets, .4 mg 25/pack			35 bottles		\$	\$	No Bid		
Norepinephrine 4mg, 4 ml, amp			1		\$	\$	No Bid		
Ondansetron (Zofran) 4 mg, 2 ml vial			22		\$	\$	No Bid		
Ondansetron 4 mg tablets			6		\$	\$	No Bid		
Saline, Sodium Chloride irrigation, 500 ml bottle			130 bottles		\$	\$	No Bid		
Sodium Bicarbonate, 50 mEq per 50ml, 8.4% PFS			7		\$	\$	No Bid		
Sodium Chloride prefilled syringe, 0.9%, 10 ml			55		92.30	5076.50	EDI-346002	Amsino / IVF1210	180/cs
Solu Medrol, 125 mg, 2 ml Act O Vial			190 bottles		\$	\$	No Bid		
Tetracaine, .5%, 15 ml drops			25 bottles		\$	\$	No Bid		
Toradol, 1 ml 30mg/ml vial			5		\$	\$	No Bid		
Tranexamic Acid, 100 mg/ml, 10 ml vial			1		\$	\$	No Bid		
*TOTAL UNITS IS BOXES/CASES UNLESS OTHERWISE INDICATED						GRAND TOTAL	5107.37		

QuadMed, Inc.
COMPANY NAME

Melinda Langorgen
COMPANY REPRESENTATIVE

5/2/2022

DATE



PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QMI Part #	QMI Desc	Mfg. Info	QMI UOM
Accu Vent Sensor for Zoll X-Series Advanced monitor	Zoll	8000-001128	40	**	\$		No Bid			
ACR Child Restraint System			2		124.74	249.49	EBB-191103	ACR Replacement Strap Set	Quantum EMS / Q-Strap	ea
Alcohol Preps Pad (box)			70 boxes		1.59	110.98	EFA-4150	Alcohol Prep Sterile, Medium, 200/Bx (1113)	Dynarex / 1113	bx
Ambu Colormetric CO2 detector			5		7.87	39.33	EAW-2330	Westmed CO2 Easy (562134)	Summed / 562134	ea
Ambu Disposable Canister Kit			5	**	\$		No Bid			
Ambu Rescue Pump			5	**	\$		No Bid			
Ambulance blanket, twin size, acrylic/polyester			275		5.90	1622.50	EFA-1174	Grey Blanket, 100% Polyester, 60" x 80"	Dynarex / 3540	ea
Antibiotic ointment 1 oz tube			10		2.18	21.75	EFA-4182	Triple Antibiotic 1 Oz. Tube (1185)	Dynarex / 1185	ea
Antibiotic ointment single dose .9 gram			10 boxes		9.24	92.44	EFA-4176	Triple Antibiotic Pk 144/Bx	Medline / CUR001209	bx
Asherman Chest Seal			10		8.92	89.16	EFA-1067	Asherman Chest Seal	Asherman/ 849100	ea
Autopulse cable ties	Zoll	8700-0711-01	5 packs	**	\$		No Bid			
Autopulse Case	Zoll	8700-000850-04	1	**	\$		No Bid			
Autopulse Grip strips kit	Zoll	8700-0708-01	5 packs	**	\$		No Bid			
Autopulse head immobilizer	Zoll	8700-0710-01	5	**	\$		No Bid			
Autopulse LifeBand	Zoll	8700-0706-01								
Autopulse Shoulder restraint	Zoll	8700-0709-01	45	**	498.73	22442.88	EDI-708508	ZOLL LifeBand Chest Compression Band Single Use 3/pk (8700-0706-01)	Zoll / 8700-0706-01	pk
Autopulse Soft Stretcher	Zoll	8700-0712-01	5	**	\$		No Bid			
B.V.M. Adult SPUR II			2	**	\$		No Bid			
			215		10.46	2248.43	EAW-2715	Adult SPUR II Bag Mask Resuscitator, Mid Bag Reservoir, Adult Mask (520211000)	Ambu / 520211000	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
B.V.M. Child SPUR			10		13.86	138.55	EAW-271503	Pediatric SPUR II Bag Mask Resuscitator, Bag Reservoir, Pop-off Valve, Toddler Mask (530213000)	Ambu / 530213000	ea
B.V.M. Infant			10		14.28	142.77	EAW-271710	Pediatric SPUR II Bag Mask Resuscitator, Bag Reservoir, Pop-off Valve, Neonate / Infant / Toddler Masks (530214000)	Ambu / 530214000	ea
Baby bunting, foil			10		2.20	21.95	EFA-5359	Baby Bunting, Foil (3538)	Dynarex / 3538	ea
Backboard	Ferno NAJO	RediHold								
Backboard restraint straps, 5' 2 pc, side release buckle w/metal speed clips			5		323.57	1617.86	EBB-4504-OR	Najo RediHold, Orange (275101108)	Ferno / 275101108	ea
Backboard straps, disposable, 5' 2 pc side release buckle, plastic speed clips			100		4.07	407.32	EST-1360-GR	5' 2pc Strap, Sc, Pl Bkl, Green	QuadMed / EST-1360-GR	ea
Bacteria filter, latex free			530		4.48	2372.07	EST-139401-NG	Polypro Strap, Plastic Side Release, Plastic Swivel Speed Clip Ends, 5', 2-Piece, Neon Green (47552)	DMS / 47552	ea
Bag, O2, Iron Duck Breathsaver Plus, Red			2		2.11	4.22	EAW-2062	Bacterial Viral Filters (2862)	Smiths / 2862	ea
Band-Aid (adult) box 100			2		363.04	726.07	ECC-1674-RD	Ultra Breathsaver D-Size (34018D)	Ironduck / 34018D	ea
Band-Aid (butterfly)			10 boxes		1.87	18.72	EFA-1102	Fabric Adhesive Bandage, 1" X 3", 100/box	Dynarex / 3612	bx
Band-Aid (pedi) character preferred			2 boxes		1.60	3.21	EFA-109901	Butterfly Bdge. Med.100/Box (3615)	Dynarex / 3615	bx
Battery charger, ZOLL Autopulse	Zoll	8700-0753-01	5		1.06	5.32	EFA-1107	Kids Band-Aid 3/8"X1.5" 100/Bx (NON25509/3608)	Dynarex / NON25509/3608	bx
			1	**	\$		No Bid			

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS* NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Battery Lifepak 1000 AED			5	54.88	274.39	EDI-7060	LP10 & Scott II Battery (PP5-FPCS)	Various / PP5-FPCS	ea
Battery, Laerdal LSU suction unit	Laerdal	780800	5	901.46	4507.32	EAW-2268	Laerdal Suction Unit (LSU) (78002001)	Laerdal / 78002001	ea
Battery, Zoll Autopulse	Zoll	8700-0752-01	5	1147.44	5737.18	EDI-707002	ZOLL AutoPulse Li-Ion Battery (8700-0752-01)	Zoll / ZOL8700-0752-01	ea
Bio Hazard bags, 23"x23"			220	0.13	28.82	EIC-5448-S	Sure-Seal Infectious Waste Bag, 24" x 24", 1.2 mil (47-50)	Various / MAI 47-50	ea
Bio Hazard Board Bags, 24"x86"			10	60.69	606.88	EIC-5451	Infectious Waste Bag, 33" x 40" Red, 1.2mil, 250/cs (104M)	Various / MAI 104M	cs
Bio Hazard Boot covers, Tyvek 14" disposable, pair							Halyard HI GUARD* Regular Full Coverage Boot, Universal Size, 50/bx (69571)	Halyard Health Inc. / 69571	bx
Bio Hazard Bouffant Caps, Tyvek 21", disposable			1 case	8.21	8.21	EIC-5110	Nurse Cap, 21", 100/box	EPPP / BW2100	pk
Bio Hazard Gaunlets, Tyvek, disposable pair			1 case	128.21	128.21	EIC-5113	Disposable Arm Sleeve, 500/cs (2137)	Dynarex / 2137	cs
Bio Hazard Gowns, impervious, universal size, disposable			150	2.50	375.00	EIC-510108	Isolation Gown, Blue, Thumbloops	Various / EIC-510108	ea
Bite Stick			2	4.34	8.68	EAW-2790	Bite Stick Plastic, 10/pk (4010T)	ADC / 4010T	pk
Blanket, disposable			250	1.81	452.60	EFA-117304	Graham Economy Emergency Blanket, Tissue / Poly, Yellow / White, 56" x 90" (77700)	Graham / 77700	ea
Blood Pressure kit w/gauge, Aneroid Adult manual			5	30.49	152.44	EDI-732501-BL	Multi-Cuff Blood Pressure Kit 5, Blue	Unitedmed USA / UM-1211302	ea
Blood Pressure kit w/gauge, Aneroid infant manual			2	9.15	18.29	EDI-730103	Sphygmomanometer w/ Nylon Carrying Case, Infant, Latex Free (7104)	Dynarex / 7104	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Blood Pressure kit w/gauge, Aneroid lg adult manual			2		8.54	17.07	EDI-730104	Sphygmomanometer w/ Nylon Carrying Case, Adult Large, Latex Free (7108)	Dynarex / 7108	ea
Blood Pressure kit w/gauge, Aneroid pedi manual			2		7.96	15.93	EDI-730000	Blood Pressure Unit, Adult, Nylon Cuff, w/ Carrying Case	Medsource / MS-BP100	ea
Blood Pressure kit w/gauge, Aneroid thigh manual			2		8.75	17.50	EDI-730106	Sphygmomanometer w/ Nylon Carrying Case, X-Large Thigh, Latex Free (7109)	Dynarex / 7109	ea
Bougie introducer ET Tube, Adult 15 fr			20		1.21	24.17	EAW-234001-S	ET Stylet, 14FR, Adult	Medsource / MS-ETS400	ea
Bougie introducer ET Tube, Pedi 10 fr			15		1.21	18.13	EAW-234101-S	ET Stylet, 10FR, Child	Medsource / MS-ETS200	ea
Broselow Tape			10		21.95	219.51	EBB-480116	Dose By Growth EMS	Mila Medical / EMS	ea
Bulb Syringe, latex free			5		0.49	2.44	EFA-5401	Bulb Syringe 2 Ounce (Blue)	Medline / DYND70280	ea
Burn Sheet, sterile, 60"x90"			10		1.71	17.11	EFA-1171	Burn Sheet, Sterile, 60" x 90"	Medsource / MS-BS0033	ea
Capnolines Smart Plus O2 (Adult/Intermediate)			2150		0.00	0.00	EDI-712605	VentFlo Ad ETCO2/O2 Oral/Nasal Cannula 10' Length (5710F-SE)	Summed / 5710F-SE	ea
Capnolines Smart Plus (Pediatric)			60		5.77	346.15	EDI-712705	NomLine-O LH Pedi Nasal/Oral CO2 Cannula with O2, 2m (4460)	Masimo / 4460	ea
CAT Tourniquet Gen 7 Orange	North American Rescue		5	**	23.61	118.07	EFA-351520-OR	Combat Application Tourniquet (C-A-T), GEN 7, Rescue Orange (30-0023)	North American Rescue, LLC / 30-0023	ea
Cervical Collar (Adult-Adjustable), Perfit ACE		281000	250	**	5.65	1412.65	ECO-3801	Perfit ACE Adj Extrication Collar (000281000)	Ambu / 281000	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	Q/M Part #	Q/M Desc	Mfg Info	Q/M UOM
Cervical Collar (Infant-Adjustable), Mini Perfit Ace	AMBU	281106	30	**	5.72	171.59	ECO-3803	Mini Perfit ACE Adj Extrication Collar (000281106)	Ambu / 281106	ea
Clipboard, Aluminum, 8 1/2"x14", legal size, Redi-Rite	Sauders	11019	10	**	28.25	282.50	EMI-851401	Clipboard 8.5"x14"x 1-1/2"	Kroll / 11019	ea
Coban 2" cohesive bandage			240		18.98	4554.15	EFA-107802	Cohesive Bandage, 2" x 5yds, Tan, Non-Sterile, 36/bx	Dukal / 8025T	bx
Combine Dressings, 5"x9"			350		3.13	1096.39	EFA-1060	St Dressing 5 X 9, 20/Bx (3501)	Dynarex / 3501	bx
CPR face shields, Resusci, individually packaged			50		1.10	54.88	EAW-2753	CPR Shield w/One Way Valve (4921)	Dynarex / 4921	ea
CPAP, Flow-Safe II EZ	Mercury Medical	1057319						Flow-Safe II EZ, Sm Adult Deluxe Mask w/ Ports, EZflow MAX Neb (1057319)	Mercury Medical / 1057319	ea
Cricothyrotomy catheter kit, The Quick Kit	Emergency Medical Consultants		115	**	59.77	6873.35	EAW-296841	QuickFix Cric Kit	Emergency Medical Consultants / QUICKFIX ADULT	ea
Cricothyrotomy catheter kit, The Quick Kit, pedi	Emergency Medical Consultants		5	**	40.32	201.59	EAW-245135	The Quick Fix Jr. (Pediatric)	Emergency Medical Consultants / QUICKFIXJR	ea
E.T. Tube Holder (Adult)	Laerdal	600-10000	2	**	12.70	25.40	EAW-245136	Thomas Endotracheal Tube Holder, Adult (600-10000)	Laerdal / 600-10000	ea
E.T. Tube Holder (Child)	Laerdal	600-20000	85	**	3.01	256.02	EAW-2338	Thomas Endotracheal Tube Holder, Pediatric (600-20000)	Laerdal / 600-20000	ea
EKG Paper for Zoll X-Series Advanced monitor			320		1.87	597.59	EDI-312301	X-Series Paper 80mm Roll (9173555)	Printmedia / 9173555	ea
Electrodes Adult, Ambu Blue Sensor SP, 50/pkg	Ambu	SP-00-S/50	950	**	13.25	12590.56	EDI-313950	BlueSensor SP Mid Wet-Gel 50/pkg (SP-00-S/50)	Ambu / SP-00-S/50	pk

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QIM Part #	QIM Desc	Mfg Info	QIM UOM
Electrodes PEDI, Huggables, 30/bx	Conmed	1620-003	10	**	4.84	48.43	EDI-310403	Huggables Pediatric Electrodes 3/pk 10/bx (1620-003)	Conmed / 1620-003	bx
Emesis bags			120		0.44	52.68	EIC-700020	Emesis/Convenience Bag Each	Medline / NON70600	ea
Endotracheal Tube 2.5, uncuffed			50		1.33	66.27	EAW-230001-S	Endotracheal Tube, Uncuffed, 2.5mm	Sunmed / 1-7330-25	ea
Endotracheal Tube 3.0, uncuffed			30		1.14	34.34	EAW-230101-S	Smiths AIRCARE Uncuffed Endotracheal Tube, 3.0mm (100/101/030)	Smiths / 100/101/030	ea
Endotracheal Tube 3.5, uncuffed			10		0.78	7.83	EAW-230201-S	Endotracheal Tube, Uncuffed, 3.5mm	Smiths / 100/101/035	ea
Endotracheal Tube 4.0, uncuffed			45		0.82	36.87	EAW-230301-S	Smiths AIRCARE Uncuffed Endotracheal Tube, 4.0mm (100/101/040)	Smiths / 100/101/040	ea
Endotracheal Tube 4.5, flexiset			10		3.66	36.59	EAW-2374-S	Rusch Flexi-Set Uncuffed ET, Size 4.5, 10/bx (506545)	Teleflex / 506545	ea
Endotracheal Tube 5.0, flexiset			10		3.66	36.59	EAW-2375-S	Rusch Flexi-Set Uncuffed ET, Size 5.0, 10/bx (506550)	Teleflex / 506550	ea
Endotracheal Tube 5.5, flexiset			10		3.29	32.93	EAW-2376-S	Rusch Flexi-Set Cuffed ET, Size 5.5 (504555)	Teleflex / 504555	ea
Endotracheal Tube 6.0, flexiset			20		5.05	100.98	EAW-2377-S	Rusch Flexi-Set Cuffed ET, Size 6.0 (504560)	Teleflex / 504560	ea
Endotracheal Tube 6.5, flexiset			10		3.54	35.37	EAW-2378-S	Rusch Flexi-Set Cuffed ET, Size 6.5 (504565)	MSSI / 504565	ea
Endotracheal Tube 7.0, flexiset			70		5.05	353.41	EAW-2379-S	Rusch Flexi-Set Cuffed ET, Size 7.0 (504570)	Teleflex / 504570	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QMI Part #	QMI Desc	Mfg. info	QM UOM
Endotracheal Tube 7.5, flexiset			40		3.41	136.34	EAW-2380-S	Rusch Flexi-Set Cuffed ET Tube, Size 7.5 (504575)	Teleflex / 504575	ea
Endotracheal Tube 8.0, flexiset			30		3.29	98.78	EAW-2381-S	Rusch Flexi-Set Cuffed ET, Size 8.0 (504580)	Teleflex / 504580	ea
Endotracheal Tube 8.5, flexiset			10		4.21	42.07	EAW-2382-S	Rusch Flexi-Set Cuffed ET, Size 8.5 (504585)	Teleflex / 504585	ea
Endotracheal Tube 9.0, flexiset			10		3.29	32.93	EAW-2383-S	Rusch Flexi-Set Cuffed ET, Size 9.0 (504590)	Teleflex / 504590	ea
Extension Set, Saline locks, 8" Roberts slide clamp, priming volume 2.0 mL	Amsino	AE3108	39 boxes	**	0.96	37.59	EDI-3244	Amsino IV Extension Set, 8", Removable Sure-Lok Needle-Free Connector, Pinch Clamp, Rotating Male Luer Lock (AE3108)	Amsino / AE3108	ea
Eye cups			15		0.94	14.06	EFA-1117	Eye Cup 6/pk (3380)	Various 3380	pk
Face Mask (Adult)								Procedure Mask, Earloops, 50/pk (91019P3)	DMS / 91019P3	pk
Face Mask (Child)								Protective Face Mask, Child, 50/bx (EIC-5147)	DMS / EIC-5147	bx
Face Mask (Infant)								No Bid		
Filter Line Set EtCO2, H set (Adult/Pedi)								NomLine-O LH Ad/Pedi Airway Adapter Set 4m (4630)	Masimo / 4630	ea
Filter Straw, 1 3/4", 5 particulate filter			130		31.85	4140.50	EDI-3429	Filter Straws 18G.X 1-1/2" 100/bx (11811022F)	Cardinal / 11811022F	bx
Forceps, magill adult			2		3.79	7.58	EAW-2360	Magill Forceps Adult	Zulco / MAGILL ADULT	ea
Forceps, magill, pedi			2		3.79	7.58	EAW-2361	Magill Forceps - Ped 8"	Zulco / MAGILL 8"	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Forehead Thermometers, Accu-Bar temperature indicator			6 boxes		24.33	145.98	EDI-744308	microdot Infrared Forehead Thermometer (1100-01)	Cambridge / 1100-01	ea
Gauze, conforming, non-sterile, 2", 12/pk			30 packs		0.87	26.02	EFA-1000	Conforming Stretch Gauze, Basic Care, 2", Non-Sterile, 12/bag	Dukal / 8517	bx
Gauze, conforming, non-sterile, 4", 12/pk			60 packs		1.65	99.04	EFA-1002	Conforming Stretch Gauze, Basic Care, 4", Non-Sterile, 12/bag	Dukal / 8519	bx
Gauze, non-Sterile 4x4" 200/pk			135 packs		2.59	349.70	EFA-1021	Gauze Sponge, Basic Care, 4" x 4", 8-Ply, Non-Sterile, 200/bag	Dukal / 8509	pk
Gauze Sterile 4x4			200		1.89	378.31	EFA-1032	Gauze Sponge, Basic Care, 4" x 4", 12-Ply, Sterile, 2/pk, 25pk/bx	Dukal / 8503	bx
Goves, Nitrile, large	Microflex Supreno	SEC-375-L	755 boxes	**	102.56	77435.90	EGL-528603	Supreno EC Lg 50/bx 10/cs (SEC-375-L)	Microflex / SEC-375-L	cs
Gloves, Nitrile, medium	Microflex Supreno	SEC-375-M	560 boxes	**	102.56	57435.90	EGL-528602	Supreno EC Md 50/bx 10/cs (SEC-375-M)	Microflex / SEC-375-M	cs
Gloves, Nitrile, small	Microflex Supreno	SEC-375-S	190 boxes	**	102.56	19487.18	EGL-528601	Supreno EC Sm 50/bx 10/cs (SEC-375-S)	Microflex / SEC-375-S	cs
Gloves, Nitrile, X-Large	Microflex Supreno	SEC-375-XL	380 boxes	**	102.56	38974.36	EGL-528604	Supreno EC XL 50/bx 10/cs (SEC-375-XL)	Microflex / SEC-375-XL	cs
Glucometer			15				No Bid			
Glucose Test Strips (box of 25)			150				No Bid			
Head Blok (c-spine immob. Aid), Sta-Block	Laerdal	700-0001	175	**	3.98	695.78	EHI-975	Sta-Block Head Immobilizer (700-00001)	Laerdal / 700-00001	ea
I.V. Catheter, ViaValve 14 ga. 1 1/4"	Smiths Medical	3268	1 box	**	88.86	88.86	EDI-3000-V	ViaValve Safety IV Cath, Radiopaque, 14G x 1.25", Polyurethane, Orange, 50/bx (3268)	Smiths / 3268	bx

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
I.V. Catheter Via Valve 16 ga. 1 1/4"	Smiths Medical	3262						Via Valve Safety IV Cath, Radiopaque, 16G x 1.25", Polyurethane, Gray, 50/bx (3262)	Smiths / 3262	bx
I.V. Catheter Via Valve, 18 ga, 1 1/4"	Smiths Medical	3265	5 boxes	**	88.86	444.28	EDI-3001-V	Via Valve Safety IV Cath, Radiopaque, 18G x 1.25", Polyurethane, Green, 50/bx (3265)	Smiths / 3265	bx
I.V. Catheter, Via Valve, 20 ga. 1 1/4"	Smiths Medical	3266	24 boxes	**	88.86	2132.53	EDI-3002-V	Via Valve Safety IV Cath, Radiopaque, 20G x 1.25", Polyurethane, Pink, 50/bx (3266)	Smiths / 3266	bx
I.V. Catheter, Via Valve, 22 ga, 1"	Smiths Medical	3260	75 boxes	**	88.86	6664.16	EDI-3003-V	Via Valve Safety IV Cath, Radiopaque, 22G x 1", Polyurethane, Blue, 50/bx (3260)	Smiths / 3260	bx
I.V. Catheter Via Valve, 24 ga, 3/4"	Smiths Medical	3263	16 boxes	**	88.86	1421.69	EDI-3004-V	Via Valve Safety IV Cath, Radiopaque, 24G x 0.625", Polyurethane, Yellow, 50/bx (3263)	Smiths / 3263	bx
I.V. Drip set 10 ggt/ml, 83" long, latex free, one luer lock injection site, one pre-slit injection site, spin lock connector, priming volume 16ml								Amsino 10 Dr Needless 83" (108306)	Amsino / 108306	ea
I.V. Drip set 60 ggt/ml, 83" long, latex free, one luer lock injection site, one pre-slit injection site, spin lock connector, priming volume 16ml			1050		1.13	1189.16	EDI-3240	Amsino 60 Drop Micndll 83" (608306)	Amsino / 608306	ea
Ice Packs			50		1.30	65.06	EDI-3241	Instant Cold Pack, 6.25" x 8.5", 24/cs (59688)	Hayward Health inc. / 59688	cs
			8 boxes		10.50	84.00	EFA-4202			

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
IV Arm Board large, 3"x17"			10		3.65	36.54	ESP-1818	Padded Board Splints 18" (60018)	DMS / 60018	ea
IV Arm Board small, 3"x9"			10		0.43	4.25	ESP-1009-S	IV Armboard - 3"x9"	Medline / NON24293	ea
Jaw Spreader			10		\$		No Bid			
Kendrick Extrication Device			2		55.32	110.63	EBB-4661-GR	MedSource Extrication Device, Green (MS-ED2253)	Medsource / MS- ED2253	ea
Kendrick Extrication Device head immobilizer			5		12.82	64.10	EBB-4664	Kend/Kode1 Replacement Pillow (EP-718)	EPandR / EP-718	ea
Kendrick Extrication Device replacement head/chin straps			5		8.97	44.87	EBB-4662	KED Head & Chin Straps	EPandR / EP-700	ea
King Tube Airway 3 yellow			40		37.95	1518.07	EAW-23230199	King LTS-D Disp Laryngeal Tube Kit, #3, 4-5ft, Yellow (KLTSD433)	Ambu / KLTSD433	ea
King Tube Airway 4 Red			55		37.95	2087.35	EAW-23240199	King LTS-D Disp Laryngeal Tube Kit, #4, 5-6ft, Red (KLTSD434)	Ambu / KLTSD434	ea
King Tube Airway 5 Purple			40		37.95	1518.07	EAW-23250199	King LTS-D Disp Laryngeal Tube Kit, #5, > 6ft, Purple (KLTSD435)	Ambu / KLTSD435	ea
Lancets, Haemolance, box/50			50		17.65	882.53	EDI-327702-GR	Haemolance+ 21G x 1.8mm 100/box (LSALZ1)	Gemco / LSALZ1	bx
Laryngoscope handle, fiber optic, medium			5		24.39	121.95	EAW-2510	Laryngoscope Handle, Fiber Optic, Green System, Adult	Medsource / MS- 46003	ea
Laryngoscope handle, fiber optic, small			2		24.39	48.78	EAW-2511	Laryngoscope Handle, Fiber Optic, Green System, Small	Medsource / MS- 46004	ea
Laryngoscope Blade Mac 2, fiber optic			15		1.83	27.44	EAW-250201	Green System Laryngoscope Blade, MAC 2, Plastic, Disposable	MACO / 3062	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QI Part #	QI Desc	Mfg info	QI UOM
Laryngoscope Blade Mac 3, fiber optic			35		1.83	64.02	EAW-250301	Green System Laryngoscope Blade, MAC 3, Plastic, Disposable	MACO / 3063	ea
Laryngoscope Blade Mac. 4, fiber optic			15		1.83	27.44	EAW-250401	Green System Laryngoscope Blade, MAC 4, Plastic, Disposable	MACO / 3064	ea
Laryngoscope Blade Miller 0, fiber optic			5		1.83	9.15	EAW-250501	Green System Laryngoscope Blade, MIL 0, Plastic, Disposable	MACO / 4060	ea
Laryngoscope Blade Miller 1, fiber optic			10		1.83	18.29	EAW-250601	Green System Laryngoscope Blade, MIL 1, Plastic, Disposable	MACO / 4061	ea
Laryngoscope Blade Miller 2, fiber optic			20		1.83	36.59	EAW-250701	Green System Laryngoscope Blade, MIL 2, Plastic, Disposable	MACO / 4062	ea
Laryngoscope Blade Miller 3, fiber optic			20		1.83	36.59	EAW-250801	Green System Laryngoscope Blade, MIL 3, Plastic, Disposable	MACO / 4063	ea
Laryngoscope Blade Miller 4, fiber optic			5		4.67	23.35	EAW-250900	Green System Laryngoscope Blade, MIL 4, Stainless, Disposable (6064)	MACO / 6064	ea
Laryngoscope blade for ClearVue, Mac 1	Infinium Medical	306.300.0008	15	**	7.23	108.43	EAW-235854	Clearvue Disp. Blade, Size 1 (306.300.0008)	Infinium / VL3D SIZE 1	ea
Laryngoscope blade for ClearVue, Mac 2	Infinium Medical	306.300.0009	15	**	7.23	108.43	EAW-235851	Clearvue Disp. Blade, Size 2 (306.300.0009)	Infinium / VL3D SIZE 2	ea
Laryngoscope blade for ClearVue, Mac 3	Infinium Medical	306.300.0010	45	**	7.23	325.30	EAW-235852	Clearvue Disp. Blade, Size 3 (306.300.0010)	Infinium / VL3D SIZE 3	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Laryngoscope blade for ClearVue, Mac 4	Infinium Medical	306.300.0011								
Littmann stethoscope repair parts for Lightweight II S.E.	Littman	40020	20	**	7.23	144.58	EAW-235853	Infinium Clearvue Disp. Std. Blade, Size 4 (306.300.0011)	Infinium / VL3D SIZE 4	ea
Lubricating jelly foil packets, 3 gram			6		46.88	281.25	EDI-7386-BK	Littmann Lightweight Black	Prestige / 2450 Black	ea
			2 boxes		5.90	11.80	EFA-417310	Lubricating Jelly 3Gm 144/Bx (877)	Dukal / 877	bx
Masimo LNCS pediatric SpO2 adhesive sensor for Zoll X-Series Advanced monitor			165		13.41	2213.41	EDI-704301-S	Masimo Spo2 LNCS Pedi Disp Sensor (1860)	Masimo / 1860	ea
Mask, disposable patient			3300		1.54	5070.73	EAW-2724	Anesthetic Face Mask, Economy, Size 4, Medium Adult (1515000)	Intersurgical / 1515000	ea
Mega Mover, up to 1,000 lbs										
Merconium Aspirator			220		16.03	3525.64	EBB-496802	MedSource Advanced Patient Mover, 1800lb Capacity, 14 Handles (MS-95202)	Medsource / MS-95202	ea
Monitor 12-lead ECG cable with 4 wire leads for Zoll X-Series Advanced monitor			2		5.25	10.50	EAW-2225	Meconium Aspirator (49-30-000)	VBM / 49-30-000	ea
Monitor 12-lead ECG cable with 6 wire leads for Zoll X-Series Advanced monitor			5				No Bid			
Monitor rear pouch, for Zoll X-Series Advanced monitor			5				No Bid			
Monitor Carry case for Zoll X-Series Advanced monitor			2		\$		No Bid			
Monitor Lithium ION battery SurePower II for Zoll X-Series Advanced monitor			2		\$		No Bid			
			2		477.50	955.00	EDI-707003	ZOLL X Series SurePower II Rechargeable Lithium Ion Battery (8000-0580-01)	Zoll / 8000-0580-01	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QI Part #	QI Desc.	Mfg. Info	QI UOM
Monitor LNC patient cable 4 ft for Zoll X-Series Advanced monitor			20		93.75	1875.00	EDI-705211	Masimo Rainbow RC-04 20-pin Patient Cable 4' (2406)	Masimo / 2406	ea
Monitor LNCS reusable SpO2 sensor adult for Zoll X-Series Advanced monitor			10		201.22	2012.20	EDI-705040	Masimo LNCS DBI Ad Reuse Sensor (2653)	Masimo / 2653	ea
Monitor Pacer Pad Connector for Zoll X-Series Advanced monitor			5				No Bid			
Monitor Rainbow reusable sensor SpO2, SpCO for Zoll X-Series Advanced monitor			2		180.72	361.45	EDI-705030	Masimo M-LNCS DCI Ad Reuse Sensor (2501)	Masimo / 2501	ea
Monitor shoulder strap for Zoll X-series Advanced monitor			2		\$		No Bid			
Multi Trauma Dressing, 12"x30"			55		0.85	46.92	EFA-1175	Multi-Trauma Dressing, Sterile, 12" x 30"	Medsource / MS-GZM00150	ea
N.P. 12 ft.			2		2.17	4.34	EAW-2412-S	Rusch PVC Nasal Airway, 12Fr x 60mm (123312)	Teleflex / 123312	ea
N.P. 14 ft.			10		2.17	21.69	EAW-2414-S	Rusch PVC Nasal Airway, 14Fr x 72mm (123314)	Teleflex / 123314	ea
N.P. 16 ft.			5		2.17	10.84	EAW-2416-S	Rusch PVC Nasal Airway, 16Fr x 85mm (123316)	Teleflex / 123316	ea
N.P. 18 ft.			15		2.17	32.53	EAW-2418-S	Rusch PVC Nasal Airway, 18Fr x 105mm (123318)	Teleflex / 123318	ea
N.P. 20 ft.			10		2.23	22.29	EAW-242001-S	Nasopharyngeal Airway, 20FR (4591)	Dynarex / 4591	ea
N.P. 22 ft.			30		2.23	66.87	EAW-242201-S	Nasopharyngeal Airway, 22FR (4592)	Dynarex / 4592 / 36276	ea
N.P. 24 ft.			20		2.23	44.58	EAW-242401-S	Nasopharyngeal Airway, 24FR (4593)	Dynarex / 36277	ea
N.P. 26 ft.			15		2.23	33.43	EAW-242601-S	Nasopharyngeal Airway, 26FR (4594)	Dynarex / 36278	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QMI Part #	QMI Desc	Mfg Info	QMI UOM
N.P. 28 fr.			15		2.23	33.43	EAW-242801-S	Nasopharyngeal Airway, 28Fr (4595)	Dynarex / 4595	ea
N.P. 30 fr.			15		2.23	33.43	EAW-243001-S	Nasopharyngeal Airway, 30Fr (4596)	Dynarex / 36280	ea
Nasogastric Tube 5fr			5		7.23	36.13	EAW-2487	Salem Sump Tube 6Fr (8888268060)	Cardinal / 8888268060	ea
Nasogastric Tube 8fr			10		6.96	69.63	EAW-2488	Salem Sump Tube 8Fr (8888268086)	Cardinal / 8888268086	ea
Nasogastric Tube 10 fr			20		2.03	40.50	EAW-2489	Salem Sump Tube 10Fr (8888264911)	Cardinal / 8888264911	ea
Nasogastric Tube 12 fr			5		2.00	10.00	EAW-2490	Salem Sump Tube 12Fr (8888264929)	Cardinal / 8888264929	ea
Nasogastric Tube 14 fr			5		2.03	10.13	EAW-2491	Salem Sump Tube 14Fr (8888264945)	Cardinal / 8888264945	ea
Nasogastric Tube 16 fr			5		2.00	10.00	EAW-2492	Salem Sump Tube 16Fr (8888264960)	Cardinal / 8888264960	ea
Nasogastric Tube 18 fr			5		0.00	0.00	EAW-2493	Salem Sump Tube 18Fr (8888264986)	Cardinal / 8888264986	ea
Needle Angiocath (14 ga x 3.25 in.)			5		46.25	231.25	EDI-2998-A	IV Catheter 14G X3.25" Angio 10/bx (382268)	BD / 382268	bx
Needle Angiocath (14 ga x 5.25 in.)			5		81.25	406.25	EDI-2997-A	IV Cath 14G X 5.25" Angio 10/bx (382269)	BD / 382269	bx
Needle IO Jamshedi pedi			10		18.90	189.02	EDI-3421-S	Sternal / Iliac Bone Marrow Aspiration Needle, 18G, Adjustable Length 14-48mm (DIN1518X)	Various / DIN1518	ea
Needle, Pneumofix 14ga			20		9.09	181.71	EAW-2453	ARS Decompression Needle, 14GA x 3.25" (ZZ-0056)	North American Rescue, LLC / ZZ-0056	ea
Needle, SafetyGlide, 18ga x 1 1/2"			2 boxes		3.66	7.32	EDI-339121	Hypo Needle 18G X 1-1/2" 100/bx (6961)	Dynarex / 6961	bx

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Needle, SafetyGlide, 21ga x 1 1/2"			1 box		3.66	3.66	EDI-339127	Hypo Needle 21G X 1-1/2" 100/bx (6967)	Dynarex / 6967	bx
Needle, SafetyGlide, 23ga x 1"			2 boxes		4.55	9.10	EDI-339130	Hypo Needle 23G X 1" 100/bx (6970)	Exel / EXE 26408	bx
Needle, SafetyGlide, 25ga x 5/8"			2 boxes		3.66	7.32	EDI-339131	Hypo Needle 25G X 5/8" 100/bx (6972)	Dynarex / 6972	bx
Needle Winged infusion set 19 ga			1 box		13.09	13.09	EDI-300901	Butterfly Winged Scalp Vein Set 19G x 3/4" 50/bx (26702)	Various / 26702	bx
Needle Winged infusion set 21 ga			1 box		15.06	15.06	EDI-301101	Butterfly Winged Scalp Vein Set 21G x 3/4" 50/bx (26704)	Various / 26704	bx
Needle Winged infusion set 23 ga			1 box		13.09	13.09	EDI-301301	Butterfly Winged Scalp Vein Set 23G x 3/4" 50/bx (26706)	Various / 26706	bx
Needle Winged infusion set 25 ga			1 box		13.09	13.09	EDI-301501	Butterfly Winged Scalp Vein Set 25G x 3/4" 50/bx (26708)	Various / 26708	bx
NIBP adult reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-11-2MQ						ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Adult (REUSE-11-2MQ)	Zoll / REUSE-11-2MQ	ea
NIBP dual lumen tubing assembly 10' for Zoll X-Series Advanced monitor	Zoll	8300-0002-01	15		25.16	377.38	EDI-732760	ZOLL X Series NIBP Air Hose, Dual Lumen, 10' Length (8300-0002-01)	Zoll / 8300-0002-01	ea
NIBP infant reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-07-2MQ			117.14	585.69	EDI-733610	ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Infant (REUSE-07-2MQ)	Welch Allyn / WEL REUSE-07-2MQ	ea
NIBP lg adult reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-12-2MQ			21.94	109.69	EDI-732763	ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Large Adult (REUSE-12-2MQ)	Welch Allyn / WEL REUSE-12-2MQ	ea
NIBP pedi reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-09-2MQ			22.16	110.79	EDI-732762	ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Child (REUSE-09-2MQ)	Welch Allyn / WEL REUSE-09-2MQ	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
NIBP sm adult reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-10-2MQ	5		24.44	122.19	EDI-732771	ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Small Adult (REUSE-10-2MQ)	Weich Allyn / WEL REUSE-10-2MQ	ea
NIBP Thigh reusable cuff for Zoll X-Series Advanced monitor, double tube w/Twist-Lock connector	Zoll	REUSE-13-2MQ	5		43.22	216.09	edi-732775	ZOLL X Series NIBP Cuff, Reusable, Locking Connector, 2-Tube, Large Adult Long (REUSE-12L-2MQ)	Weich Allyn / Thigh	ea
O.P. 43 mm / #1			5		0.33	1.65	EAW-240001	Berman Airway 40mm, Neonatal, Pink	Teleflex / 121801	ea
O.P. 60 mm / #2			5		0.33	1.65	EAW-240201	Oral Airway, Berman Type, 60mm, Child	Teleflex / 121802	ea
O.P. 80 mm / #3			10		0.33	3.30	EAW-240301	Oral Airway, Berman Type, 80mm, Small Adult (4735)	Teleflex / 121803	ea
O.P. 90 mm / #4			30		0.33	9.90	EAW-240401	Oral Airway, Berman Type, 90mm, Medium Adult	Teleflex / 121804	ea
O.P. 100 mm / #5			35		0.33	11.55	EAW-240501	Oral Airway, Berman Type, 100mm, Large Adult (4755)	Teleflex / 121805	ea
O.P. 110 mm / #6			20		0.33	6.60	EAW-241001	Oral Airway, Berman Type, 110mm, X-Large Adult (4765)	Teleflex / 121806	ea
OB Kit			10		5.13	51.25	EFA-54000099	O.B. Kit Bag	QuadMed / EFA-54000099	ea
Oxygen cylinder, composite D size			5		66.47	332.37	EAW-2813	Oxygen Cylinder, 'D' Size, Aluminum, w/ CGA 870 Toggle	Mada / #1502E	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS* NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Oxygen cylinder gaskets, nylon			30	0.56	16.92	EAW-2853	Reg. Yoke Seal #302-9 (AREG-100WB50)	Cramer / AREG-100WB50	ea
Oxygen Nasal Cannula, Adult			65	0.34	21.93	EAW-2000	Nasal Cannula, Adult, Standard Tips, 7' Tubing	Medsource / MS-24003	ea
Oxygen nasal cannula, pedi			5	0.61	3.05	EAW-2001	Nasal Cannula, 7' Tubing, Pediatric	Dynarex / 5202 / 33122	ea
Oxygen Nebulizer w/mask			250	1.10	274.39	EAW-2022	Nebulizer Kit, Adult, Aerosol Mask, 7' O2 Tubing (5604)	Medline / HCS4485	ea
Oxygen nebulizer, pedi w/dragon or puppy mask			25	1.42	35.58	EAW-2025	Vixone Super Spike Mask, Pediatric	Various	ea
Oxygen NRB Mask (Adult)			270	0.85	230.31	EAW-2011	Complete Non-Rebreather Mask, Adult, 7' Tubing	Medsource / MS-25060	ea
Oxygen NRB Mask (Child)			25	1.15	28.66	EAW-2009	Non-Rebreather Mask, Pediatric, Elongated, 7' Tubing	Medsource / MS-25058	ea
Oxygen NRB Mask (infant), high concentration			10	1.13	11.25	EAW-2010	Non-Rebreather Mask, Infant, 7' Tubing	Medsource / MS-25055-U	ea
Oxygen regulator w/liter flow, 1 DISS port			5	38.41	192.07	EAW-2806	All Brass Reg. 0-25 W/2 Diss (286MB-25LY2)	Genstar / 286MB-25LY2	ea
Oxygen supply tubing, 7'			5	0.36	1.79	EAW-2030	Oxygen Tubing, 5mm, 7' Tubing Transparent	Medline / HCS4507	ea
Oxygen wrench large metal			5	2.04	10.19	EAW-2819	Oxygen Wrench, Metal (MCW-2B)	Cramer / MCW-2B	ea
Oxygen Wrench small metal			5	0.32	1.60	EAW-2818	Cylinder Wrench Plastic Black	Hyperkinetics / 033-191	ea
Pacer Pads Adult for Zoll X-Series Advanced monitor, CPR Stat-Padz	Zoll	8900-0402	130	40.81	5304.94	EDI-316310	ZOLL Stat-Padz HVP Multi-Function Electrodes (8900-4004)	Medplususa / ZOL 8900-4003	pk

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QMI UOM
Pacer Pads Adult for Zoll X-Series Advanced monitor, OneStep CPR Complete	Zoll	8900-0224-01	130				No Bid			
Pacer Pads Pedi for Zoll X-Series Advanced monitor, OneStep CPR	Zoll	8900-000219-01	25				No Bid			
Pedi Immobilizer, blue			2		179.15	358.31	EBB-175099	Pedi-Immobilizer	QuadMed / EBB-175099	ea
Pedi Immobilizer head & chin strap								1 Head Strap & 1 Chin Strap (Pair) for Pedi-Immobilizer	StatForce / 35091-BK	ea
Pedi Immobilizer head pads			2		12.72	25.44	EBB-175101	Head Pad Pedi-Immobilizer	Kemp / 10-006-BLU-QD	ea
Pedi Immobilizer shoulder pads			2		22.18	44.36	EBB-175102	Immobilizer	Kemp / 10-007-287-QD	ea
Penlight w/pupil gauge			2		7.69	15.38	EBB-175104	Shoulder Pad Pedi	Kemp / 10-007-287-QD	ea
Pillow case, disposable			25		6.09	152.24	EMI-7120	Disposable Pen Lites, 6/pack	Dynarex / 4781	pk
Pillows, disposable			45		35.00	1575.00	EIC-2030	Pillow Cases, 21X30 100/Cs (8161)	Dynarex / 8161	cs
Povidone Pad (box)			40		4.62	184.62	EIC-5099	Medium-Weight Disposable Pillow, 16" x 22"	Medline / NON24391	ea
Pressure Infuser, 500 ml, Infusurg			5 boxes		20.53	102.63	EFA-4166	Tincture Of Benzoin Swabs 50/Bx	Medline / APLS11062	bx
Razor, disposable			15		8.72	130.79	EDI-3254	Pressure Infusion Bag, 500 ml. w/ Stopcock (VC405)	Summed / VC405	ea
Restraints, double strap limb holder			85		20.50	1742.50	EMI-921305	Razor, Gallant Prep 50/Bx (4251)	Dynarex / 4251	bx
Ring Cutter Blade			25		3.93	98.17	EST-1114	Restraints, Deluxe W/Double D Ring (501110M)	DMS / 501110M	ea
Ring cutter saw			2		1.28	2.56	EMI-7108	Ring Cutter Blade	Zulco / RING CUTTER BLADE ONLY	ea
Sam Splint, 3"x36" flat			2		4.87	9.74	EMI-7107	Ring Cutter	Zulco / EMI-7107	ea
			40		3.21	128.21	ESP-633600-OR	Padded Aluminum Splint, 36" x 4.25", Rolled, Orange	StatForce / 230564R	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Scoop Stretcher, plastic, x-ray translucent			2		310.69	621.38	EBB-490005	Aluminum Scoop Stretcher (4AB)	Mobi Medical / 4AB	ea
Sharps Container, large, 2 gallon			30		3.25	97.50	EIC-3519	Kendall, 2 Gallon #K31142222	Cardinal / 31142222	ea
Sharps Container, small, 1/2 qt			140		3.55	497.00	EIC-3516	Sharps Cont. 1/2 Quart, 1855	Various / MAI 1855s	ea
Sharps Shuttle								Sharps Dart Transportable Sharps Container (MS-64250)	Medsource / MS-64250	ea
Shears, Lister bandage, 5 1/2"			5		1.32	6.60	EIC-3511	Lister Bandage Scissors 5 1/2"	Zulco / EMI-7265	ea
Shears, Trauma/Rescue, 7"			2		0.92	1.85	EMI-7265	EMT Shears 7 1/4" Black	Unitedmed USA / UM-0141101	ea
Sheets, disposable			15		0.74	11.06	EMI-7260-BK			ea
Sheets, G-Force Snuggfit			370		52.86	19557.14	EIC-187010	Dyn Prem Flat Sheets 40"x85" 50/cs (3517)	Dynarex / 3517	cs
Sheets, G-Force Snuggfit			4000		97.29	389142.86	EIC-1873	Taylor G-Force Fitted Sheet, Blue, Fluid Resistant, 36" x 90", 30/case (90-GFRC3690)	Taylorhealthcare / 90-GFRC3690	cs
Splint, cardboard with foam, 24"			25		1.89	47.31	ESP-1540	24" Cardboard Splint, Cf (61024MCF)	DMS / 61024MCF	ea
Splint, cardboard with foam, 18"								Cardboard Splint, 18", Center Foam (61018MCF)		ea
Splint, cardboard with foam, 12"			30		1.57	47.08	ESP-1530		DMS / 61018MCF	ea
Splint, wire ladder			20		1.21	24.29	ESP-1504	12" Cardboard Splint, Cf (61012MCF)	DMS / 61012MCF	ea
Stethoscope, Littmann Lightweight II S.E.			20		8.21	164.29	ESP-6310	Wire Ladder Splint (1211300)	Faretec / 1211300	ea
Stethoscope, pediatric			10		45.73	457.32	EDI-7386-BK	Littmann Lightweight Black	Prestige / 2450 Black	ea
Stopcock 3 valve			2		5.18	10.37	EDI-7373-LB	Ped Steth, Lt Blue (675LB)	ADC / 675LB	ea
			20		0.74	14.88	EDI-305615	3 Way Stopcock W/Swiv Male LL (MX5311L)	Smiths / MX5311L	ea

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Suction Canisters w/tubing			45		4.24	190.98	EAW-2220	Suction Canister 1200cc Green (484410)	Bemis / 484410	ea
Suction Cath #6 fr.			2		0.33	0.66	EAW-2201	Suction Cath, Whistle Tip, Thumb Control, 6FR	Amsino / AS361C	ea
Suction Cath # 8 fr.			5		0.33	1.65	EAW-2202	Suction Cath, Whistle Tip, Thumb Control, 8FR	Medsource / MS- SC08	ea
Suction Cath # 10 fr			2		0.33	0.66	EAW-2203	Suction Cath, Whistle Tip, Thumb Control, 10FR	Dynarex / 32002	ea
Suction Cath #12 fr.			20		0.33	6.60	EAW-2204	Suction Cath, Whistle Tip, Thumb Control, 12FR	Dynarex / 4812	ea
Suction Cath #14 fr			10		0.33	3.30	EAW-2205	Suction Cath, Whistle Tip, Thumb Control, 14FR	Amsino / AS365C	ea
Suction Cath # 16 fr.			10		0.33	3.30	EAW-2206	Suction Cath, Whistle Tip, Thumb Control, 16FR	Amsino / AS366C	ea
Suction Handle, Yankauer, "The Big Stick"			50		2.18	108.75	EAW-2213	SSCOR HI-D The "Big Stick" Suction Tip (44241C)	SSCOR / 44241C	ea
Suction Tubing, 6 foot with straw connector			50		0.98	48.78	EAW-2214	Suction Tubing 9/32 X 6" (34300)	Commed / 34300	ea
Suction unit 12 volt plug	Laerdal	780200	2	**	84.62	169.23	EAW-226813	Laerdal Suction Unit (LSU) DC 12V Cord (780200)	Laerdal / 780200	ea
Suction unit A/C wall plug	Laerdal	780210	2	**	28.85	57.69	EAW-226812	Laerdal Suction Unit (LSU) AC Cord (780210)	Laerdal / 780210	ea
Suction Unit, Laerdal LSU	Laerdal		2	**	901.46	1802.93	EAW-2268	Laerdal Suction Unit (LSU) (78002001)	Laerdal / 78002001	ea
Surgical Clippers, Wet/Dry	Medline	DYND70800	2	**		0.00	No Bid			
Surgical clippers attachment blade, coarse blade	Medline	DYND70885	60	**		0.00	No Bid			

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg. Info	QM UOM
Syringe, 1cc w/ detachable needle			30		14.83	444.88	EDI-340000	Syringe Only, 1mL, Luer Lock, 100/bx (25050)	Various / 26050	bx
Syringe, 3 cc			75		8.29	621.95	EDI-340121	3ML Syringe Luer Lock Tip 100/bx (6988)	Dynarex / 6988	bx
Syringe, 3cc w/vial access cannula			660		8.29	5473.17	EDI-340121	3ML Syringe Luer Lock Tip 100/bx (6988)	Dynarex / 6988	bx
Syringe, 5 cc			30		8.41	252.44	EDI-340003	5ML Syringe, Luer Lock, 100/bx (6989)	Dynarex / 6989	bx
Syringe, 5 cc w/vial access cannula			250		8.41	2103.66	EDI-340003	5ML Syringe, Luer Lock, 100/bx (6989)	Dynarex / 6989	bx
Syringe, 10cc			1150		14.63	16829.27	EDI-34000501	10mL Syringe, Luer Lock 100/bx (SY10WN)	HMG / SY10WN	bx
Syringe, 20cc			25		10.37	259.15	EDI-340007	20ML Syringe, Luer Lock, 50/bx (6991)	Dynarex / 6991	bx
Syringe, 30 cc			40		15.25	610.00	EDI-340011	30ML Syringe Luer Lock, 50/bx (6992)	Dynarex / 6992	bx
Syringe, 60 cc			70		15.95	1116.50	EDI-340139	60ML Syringe Luer Lock Tip 30/bx (1186000777T)	Cardinal / 1.186000777T	bx
Syringe, Toomey								60ML Sy ringe Toomey Tip 20/bx (8881560265)	Cardinal / 8881560265	bx
Tape, adhesive 1"x10 yards, cloth, hypo- allergenic			10		31.66	316.63	EDI-3411	Cloth Tape 1" 12/Bx (3562)	Dynarex / 3562	bx
Tape, adhesive 2"x10 yards, cloth, hypo- allergenic			90		8.89	800.12	EFA-115001	Cloth Surgical Tape, 2" x 10yds, 6/bx (3563)	Dynarex / 3563	bx
Tape, Water Proof, 2"x10 yards			50		8.74	437.20	EFA-115002	Waterproof Tape 2"x10yds 6/Bx (3267C)	Cardinal / 3267C	bx
Thermometer, Braun, lens filters,	Braun		36		19.99	719.78	EFA-1145	Thermoscan Pro 6000 Probe Covers, 200/bx (06000-005)	Braun / 06000-005	bx
			80	**	17.20	1376.00	EDI-7455			bx

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS#	NO SUB	UNIT PRICE	TOTAL	QM Part #	QM Desc	Mfg Info	QM UOM
Thermometer, Braun, ThermoScan ear	Braun							Braun ThermoScan PRO 6000 and Small/One-Box Cradle (06000-200)	Braun / 06000-200	ea
Thermometer Probe covers, SureTemp 690, bx/25	Weich Allyn	05031	2	**	290.67	581.34	EDI-745400	SureTemp Disposable Thermometer Probe Covers, 1 Sleeve of 250 Covers (05031-750)	Weich Allyn / WEL 05031-750	bx
Thermometer, SureTemp Plus 690	Weich Allyn		50 boxes	**	11.64	581.88	EDI-7456	SureTemp Plus Model 690 Electronic Thermometer, One Per Room, 9 ft Oral Probe (01690-300)	Weich Allyn / WEL 01690-300	ea
Tourniquet, latex free, 250/pk, textured			4300		20.04	86157.32	EFA-350140	Tourn, Blue, Lf, 250/pk (P209)	Elastomer / P209	pk
Traction Splint adult/child combination			2		295.12	590.24	ESP-3102	Faretec Qd-3/Qd-4 Combo Kit (1126716)	Faretec / 1126716	ea
Traction splint replacement aluminum ratchet			2		71.79	143.59	ESP-310013	Faretec Qd-4 Aluminum Ratchet (1124500)	Faretec / 1124500	ea
Traction Splint replacement ankle hitch			2		19.57	39.15	ESP-3131	Hare Ankle Hitch, Adult/Pedi (600200)	DMS / 600200	ea
Triangular Bandage, 40" x40" x56"			85		3.63	308.13	EFA-1090	Triangular Bandage, Woven Cotton Muslin, 40" x 40" x 56", Non-Sterile, 12/pack	ADI / 23040	pk
Vacuum connector for LSU suction unit	Laerdal	780422	2		20.87	41.74	EAW-227118	Laerdal Suction Unit (LSU) Angled Connectors, 10/pack (781006)	Laerdal / 781006	pk
Vaseline Gauze, 3" x9"			25		5.42	135.54	EFA-1051	Petro Gauze 3 X 9, 12/Bx (3040)	Dynarex / 3040	bx

PART DESCRIPTION	MANUFACTURER	PART NUMBER	TOTAL UNITS*	NO SUB	UNIT PRICE	TOTAL	QMI Part #	QMI Desc	Mfg Info	QMI UOM	
Veni-Gard IV catheter dressing			36 boxes		20.15	725.27	EFA-350503	MedSource IV Guard IV Dressing, 100/bx (MS-11101)	Medsource / MS-11101	bx	
Veni-Gard Junior, IV catheter dressing			5 boxes		48.78	243.90	EFA-3506	Veni-Gard JR IV Stabilization Dressing, 100/bx (730-4432)	Conmed / 730-4432	bx	
Ventilator patient circuit for PneuPac VR1			2		22.70	45.40	EAW-298301	paraPAC/ventiPAC Circuit Kit w/Exhaust Collector & PEEP (122002)	Smiths / 122002	ea	
Vial Access Cannula	BD	303367						BD Vial Access Cannula For Interlink System 100/bx (303367)	BD / 303367	bx	
Video Laryngoscope Clear Vue	Infinium Medical		100	**	42.18	4218.29	EDI-3270	ClearVue Kit w/ Disp. Blades & Case	Infinium / VL3D	ea	
Vionex towlettes, 50/box			8 boxes		1325.30	2650.60	EAW-235850	No Bid			
					\$	\$					
					\$	\$					
					GRAND TOTAL	867,657.91					

* TOTAL UNITS IS EACH UNLESS OTHERWISE INDICATED

QuadMed, Inc. _____
 COMPANY NAME
 Melinda Langorgen
 COMPANY REPRESENTATIVE


5/2/2022

DATE

AGENT AUTHORIZATION FORM

I/We, (Print Proposer name) QuadMed, Inc., Marley Price Vice President, Do hereby authorize (print agent's name), Melinda Langorgen, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (RFP NUMBER AND TITLE) _____; and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

Marley Price
Signature of Proposer Marley Price, VP

12/9/19
Date

STATE OF FL :
COUNTY OF Sevier :

I certify that the foregoing instrument was acknowledged before me this 9 day of December, 2019 by Marley Price. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 9 day of December, in the year 2019.



Deborah Anne Clemmer
My Commission # GG11875
Expires October 6, 2020

(Notary Seal)

Deborah Anne Clemmer
Signature of Notary Public
Notary Public for the State of FL
My Commission Expires: 10-6-2020

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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. QuadMed, Inc.	
2 Business name/disregarded entity name, if different from above	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 11210 Phillips Industrial Blvd. E., Suite 1	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, FL 32256	
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									
5	9	-	3	1	8	4	9	0	8

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶	Date ▶ 1/19/21
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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.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/09/2021

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

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

PRODUCER Phone: (904) 730-0600 Fax: (904) 731-7072

DONOVAN & ABERCROMBIE INS

P O BOX 24960

JACKSONVILLE FL 32241-4960

CONTACT NAME: **Donovan & Abercrombie Ins**PHONE (A/C, No, Ext): **(904) 730-0600**FAX (A/C, No): **(904) 731-7072**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **Southern Owners Insurance Co****10190**INSURER B : **Southern Owners Insurance Co****10190**

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

QUADMED INC

P O BOX 550773

JACKSONVILLE FL 32255

Agency Lic#: L044912

COVERAGES

CERTIFICATE NUMBER: 97027

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			78655632	07/23/21	07/23/22	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED. EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ EXCLUDED
							CSL	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED							\$
	<input type="checkbox"/> RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			78022571	07/23/21	07/23/22	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE-POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR BIDDING PURPOSES
QUADMED INC
P O BOX 550773
JACKSONVILLE FL 32255

Attention:

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

AUTHORIZED REPRESENTATIVE

Brian P. Donovan

References

Quadmed, Inc.

CUSTOMER NAME	CONTACT PERSON	TELEPHONE AND FAX NUMBER	SCOPE OF SERVICES PROVIDED/JOB NAME
City of Tampa	Michelle Esterez	(813) 274-8351 (813) 274-8355	EMS medical Supplies
Alachua Co FL	Mark Shelton	(352) 283-9888 (352) 334-0832	EMS medical Supplies.
City of Jacksonville	Scott Miller	(904) 255-3570 (904) 255-3571	EMS medical Supplies

Does Bidder have any similar work in progress at time of Bid Opening? Yes No

If "Yes", explain:

Other similar Medical Supplies Bids in progress, pending award.

References who are located in foreign countries are not acceptable.

This Form Must Be Completed and Returned with your Submittal.



City of Tampa
Jane Castor, Mayor

Purchasing Department
Gregory K. Spearman, CPPO, Director

306 E. Jackson Street, 2E
Tampa, Florida 33602

Office (813) 274-8351
Fax: (813) 274-8355

To Whom It May Concern,

QuadMed has been an Awardee for our Medical and First Aid Supplies contract for over three years and is in good standing with the City of Tampa.

Thank you.

Michelle Estevez, Procurement Specialist

Michelle.Estevez@tampagov.net



Alachua County Fire Rescue

Harold Theus, Chief

To whom it may concern,

Alachua County has been a client of the vendor Quadmed since 2013. They have set a high standard of customer service that is hard to match by their competitors. Quadmed carries a large variety of products at fair prices. Delivery of product is prompt and any issues are addressed quickly/fairly. Quadmed has proven themselves to be a quality company that I would highly recommend to any new company or municipality.

Mark Shelton
Program Manager

Alachua County Fire Rescue
913 SE 5th Street
Gainesville, Florida 32601
352-955-2463



OFFICE OF LOGISTICAL SUPPORT

April 14, 2021

TO: QuadMed, Inc.

FROM: Scott C. Miller, Captain/Logistical Support Manager

RE: Reference Letter for Solicitation "Medical Supplies and Related Items"

QuadMed, Inc. has been a supplier to our department for at least the past 10 years. They hold several of our current contracts in addition to consistently winning additional bids on non-contracted items. QuadMed has been and continues to be extremely accommodating with regards to PO changes, special needs and emergency shipping when requested. I would highly recommend accepting solicitation submissions and considering awarding contracts to this vendor. Please feel free to contact me with additional questions or concerns.

Thank you.

ONE CITY. ONE JACKSONVILLE

355 South Ellis Road | Jacksonville, FL 32254 | Phone: 904.255.3570 | scottcm@coj.net