

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

Blue Sheet No. 20040488

1. REQUESTED MOTION:

ACTION REQUESTED: Approve award of Formal Quotation # Q-040206, for the annual purchase of I.V. Catheters, Needles, Solutions and Supplies, for the Division of Public Safety (EMS), to the overall low quoters per section meeting all specification requirements as follows: Section (A) Emergency Medical Products, Section (B & C) Physicians Sales and Service and Section (D) Boundtree Medical LLC. The initial term of this agreement is for three years. Request authority to renew this quotation for one additional two period if in the best interest of the County, at the expiration of the original term. Funding will come from the individual departments budget and they will be responsible for monitoring their own expenditures.

WHY ACTION IS NECESSARY: All purchases that exceed \$50,000 must be board approved.

WHAT ACTION ACCOMPLISHES: Establishes competitive pricing for the purchase of these medical supplies.

**2. DEPARTMENTAL CATEGORY:
COMMISSION DISTRICT #**

C7A

3. MEETING DATE:

05-18-2004

4. AGENDA:

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

**5. REQUIREMENT/PURPOSE:
(Specify)**

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

6. REQUESTOR OF INFORMATION:

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

BY: *John Wilson*
For

BACKGROUND: On February 24, 2004 Purchasing received nine quotations for the purchase of I.V. Catheters, Needles, Solutions and Supplies for the Division of Public Safety (EMS). After review of the quotes by Public Safety a recommendation was made to award to the low quoters per section meeting all specifications requirements as follow: Section A Emergency Medical Products, Section B & C Physicians Sales and Service and Section D Boundtree Medical LLC.

Please see attachments:

- (1) Tabulation sheets
- (2) Departments Recommendation
- (3) Specification
- (4) Awarded Vendors Quotations

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>AK</i>	<i>Janet Sheahan 4-27-04 4-27-04</i>			<i>W. R. Miller 4/29/04</i>	OA <i>4/29/04</i>	OM <i>4/29/04</i>	Risk <i>4/29/04</i>	GC <i>4/29/04</i>	<i>HS 4/29/04</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: *4/28/04*
Time: *3:30*
Forwarded To: *Budget*
4/29/04 8:45 AM

RECEIVED BY
COUNTY ADMIN
4/29/04
COUNTY ADMIN
FORWARDED TO: *PR*
4-29-04
3:20m

HS

FORMAL QUOTATION #0-040206
 OPENING DATE: FEB. 24, 2004
 BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET
 FOR
 I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS
 ALLIANCE MEDICAL INC
 AMERICAN LAFRANCE MEDICMASTER
 BOUND TREE MEDICAL SUPPLY LTD
 BEMEX MEDICAL PRODUCTS
 EMERGENCY MEDICAL CORP.
 MOORE MEDICAL
 PHYSICIANS SALES & SERVICE

(6) 400mg Dopamine HCL in 5% Dextrose Inj. 12/cs
 Abbott NDC # 0074-7809-22 no substitute

Cost/case \$180.00 N.B. \$15.63 N.B. \$140.16 N.B. \$198.16

Cost/case X 20=annual cost \$3,600.00 \$312.60 \$2,803.20 \$3,963.20

(7) Sodium Chloride 0.9% 100ml 48/cs
 Abbott # NDC 0074-7984-23 no substitute

Cost/case \$86.00 N.B. \$142.20 N.B. \$72.96 N.B. \$60.17

Cost/case X 30=annual cost \$2,580.00 \$4,266.00 \$2,188.80 \$1,805.10

(8) Glucagon 1mg each+A109
 Bedford Lab # NDC 55390-004-01 no substitute

Cost/each \$75.00 N.B. \$62.50 N.B. \$62.22 N.B. \$67.39

Cost/each X 500=annual cost \$37,500.00 \$31,250.00 \$31,110.00 \$33,695.00

SECTION A ANNUAL TOTAL COST \$63,153.50 N.B. \$52,637.60 N.B. \$52,955.60

SECTION B

(9) Insyte autoguard 16ga X 1.16 catheters 50/bx
 BD # 381554 no substitute

Cost/box \$106.98 N.B. \$105.50 *\$2.31 \$121.50 N.B. \$106.00

Cost/box X 120=annual cost \$12,837.60 \$12,660.00 *\$277.20 \$14,580.00 \$12,720.00

(10) Insyte autoguard 18ga X 1.16 catheters 50/bx
 BD # 381557 no substitute

Cost/box \$106.98 N.B. \$105.50 *\$2.31 \$118.00 N.B. \$106.00

Cost/box X 300=annual cost \$32,094.00 \$31,650.00 *\$693.00 \$35,400.00 \$31,800.00

(11) Insyte autoguard 20ga X 1.16 catheters 50/bx
 BD # 381534 no substitute

Cost/box \$106.98 N.B. \$105.50 *\$2.31 \$118.00 N.B. \$106.00

Cost/box X 200=annual cost \$21,396.00 \$21,100.00 *\$462.00 \$23,600.00 \$21,200.00

FORMAL QUOTATION #Q-040206

LEE COUNTY, FLORIDA FABRIATION

OPENING DATE: FEB. 24, 2004

FOR

BUYER: CHRIS JEFFCOAT

I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS	ALLIANCE	AMERICAN	BOUND	BELMEX	EMERGENCY	MOORE	PHYSICIANS
	MEDICAL	LAFRANCE	TREE	MEDICAL	MEDICAL	MEDICAL	SALES &
	INC	MEDICMASTER	MEDICAL LLC	SUPPLY LTD	PRODUCTS	CORP.	SERVICE
(12) Insyte autoguard 22ga X 1.00 catheters 50/bx							
BD # 381523 no substitute							
Cost/box	\$106.98	N.B.	\$105.50	*\$2.31	\$118.00	N.B.	\$106.00
Cost/box X 55=annual cost	\$5,883.90		\$5,802.50	*\$127.05	\$6,490.00		\$5,830.00
(13) Insyte autoguard 24ga X 0.75 catheters 50/bx							
BD # 381512 no substitute							
Cost/box	\$106.98	N.B.	N.B.	*\$2.31	\$121.50	N.B.	\$106.00
Cost/box X 50=annual cost	\$5,349.00			*\$115.50	\$6,075.00		\$5,300.00
(14) Insyte autoguard 14ga X 1.75 catheters 50/bx							
BD # 381467 no substitute							
Cost/box	\$106.98	N.B.	\$99.00	*\$2.31	\$97.50	N.B.	\$106.00
Cost/box X 40=annual cost	\$4,279.20		\$3,960.00	*\$92.40	\$3,900.00		\$4,240.00
(15) Lifeguard safety needle 20ga X 1 20/box							
Lifeguard P/N LG-20-100Y no substitute							
Cost/box	N.B.	N.B.	N.B.	\$1.58	N.B.	N.B.	\$178.83
Cost/box X 10=annual cost				\$15.80			\$1,788.30
(16) Lifeguard safety needle 22ga X 1 20/box							
Lifeguard P/N LG-22-100Y no substitute							
Cost/box	N.B.	N.B.	N.B.	\$1.58	N.B.	N.B.	\$178.83
Cost/box X 10=annual cost				\$15.80			\$1,788.30
(17) Sharps container Large each							
Kendall P/N 31143699 no substitute							
Cost/each	\$2.40	N.B.	\$2.13	\$3.53	\$2.07	N.B.	\$2.12
Cost/each X 1300=annual cost	\$3,120.00		\$2,769.00	\$4,589.00	\$2,691.00		\$2,756.00

FORMAT QUOTATION #Q-040206		LEE COUNTY, FLORIDA TABULATION SHEET							
OPENING DATE: FEB. 24, 2004		FOR							
BUYER: CHRIS JEFFCOAT		I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES							
VENDORS	ALLIANCE MEDICAL INC	AMERICAN LAFRANCE	BOUND TREE MEDICMASTER MEDICAL LLC	BELMEX MEDICAL SUPPLY LTD	EMERGENCY MEDICAL PRODUCTS	MOORE MEDICAL CORP.	PHYSICIANS SALES & SERVICE		
(18) Umbilical vessell catheter 3.5 ft. each Argyle P/N 8888-160358 no substitute									
Cost/each	\$1.53	N.B.	N.B.	\$13.20	\$11.17	N.B.	\$11.45		
Cost/each X 90=annual cost	\$137.70			\$1,190.70	\$1,005.30		\$1,030.50		
(19) Terumo catheter; 16ga X 2.50/box Surflo P/N SROX1651CA no substitute									
Cost/box	\$34.00	N.B.	\$55.50	\$46.20	\$36.00	N.B.	\$34.44		
Cost/box X 10=annual cost	\$340.00		\$555.00	\$462.00	\$360.00		\$344.40		
(20) Exel hypodermic needles 18ga X 1.5 100/box Exel P/N 26420 no substitute									
Cost/box	\$3.35	N.B.	\$314.00	\$2.62	\$3.06	N.B.	\$4.28		
Cost/box X 20=annual cost	\$67.00		\$6,280.00	\$53.00	\$61.20		\$85.60		
(21) Exel hypodermic needles 21ga X 1.5 100/box Exel P/N 26416 no substitute									
Cost/box	\$3.35	N.B.	\$314.00	\$2.65	\$3.06	N.B.	\$4.28		
Cost/box X 20=annual cost	\$67.00		\$6,280.00	\$53.00	\$61.20		\$85.60		
(22) Exel hypodermic needles 25ga X 5/8 100/box Exel P/N 26403 no substitute									
Cost/box	\$3.35	N.B.	\$314.00	\$2.65	\$3.06	N.B.	\$4.28		
Cost/box X 20=annual cost	\$67.00		\$6,280.00	\$53.00	\$61.20		\$85.60		
(23) Spinal needles/metal hub 18 X 3 1/2 25/box Sensi-Touch Monoject P/N 220019 no substitute									
Cost/box	\$44.48	N.B.	\$49.92	\$12.60	\$48.54	N.B.	\$46.25		
Cost/box X 5=annual cost	\$222.40		\$249.60	\$63.00	\$242.70		\$231.25		

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LEE COUNTY, FLORIDA TABULATION SHEET
 FOR
 I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS
 ALLIANCE MEDICAL INC
 AMERICAN LAFRANCE MEDICMASTER MEDICAL LLC
 BOUND TREE MEDICAL SUPPLY LTD
 BEMEX MEDICAL PRODUCTS
 EMERGENCY MEDICAL CORP
 MOORE MEDICAL SALES & SERVICE

(24) Exel multi-sample luer holder 100/bag
 Exel hubs P/N 26530 no substitute
 Cost/bag \$18.00 N.B. \$0.75 \$5.30 \$7.23 N.B. \$21.06
 Cost/bag X 200=annual cost \$3,600.00 \$150.00 \$1,060.00 \$1,446.00 \$4,212.00

(25) Exel 1cc syringe w/25ga X 5/8 needle 100/box
 Exel P/N 26044 no substitute
 Cost/box \$7.65 N.B. \$7.83 \$7.88 \$7.62 N.B. \$9.88
 Cost/box X 10=annual cost \$76.50 \$78.29 \$78.80 \$76.20 \$98.80

(26) Exel 10cc/ml luer/lock tip syringe 100/box
 Exel P/N 26265 no substitute
 Cost/box \$10.95 N.B. \$10.71 \$9.27 \$10.43 N.B. \$13.16
 Cost/box X 15=annual cost \$164.25 \$160.65 \$139.05 \$156.45 \$197.40

(27) Exel 20cc/ml luer/lock tip syringe 50/box
 Exel P/N 26280 no substitute
 Cost/box \$15.82 N.B. \$13.71 \$16.32 \$13.34 N.B. \$17.77
 Cost/box X 25=annual cost \$395.50 \$342.75 \$408.00 \$333.50 \$444.25

(28) Exel 50cc/ml luer/lock tip syringe 25/box
 Exel P/N 26300 no substitute
 Cost/box \$11.17 N.B. \$10.48 \$8.73 \$10.19 N.B. \$14.91
 Cost/box X 10=annual cost \$111.70 \$104.80 \$87.30 \$101.90 \$149.10

(29) Exel 50cc/ml catheter tip syringe 25/box
 Exel P/N 26302 no substitute
 Cost/box \$7.50 N.B. \$10.47 \$8.73 \$10.19 N.B. \$14.92
 Cost/box X 10=annual cost \$75.00 \$104.70 \$87.30 \$101.90 \$149.20

Item Description	Quantity	Unit Price	Total Price	Notes
(24) Exel multi-sample luer holder 100/bag				
Exel hubs P/N 26530 no substitute				
Cost/bag		\$18.00		N.B.
Cost/bag X 200=annual cost		\$3,600.00		
(25) Exel 1cc syringe w/25ga X 5/8 needle 100/box				
Exel P/N 26044 no substitute				
Cost/box		\$7.65		N.B.
Cost/box X 10=annual cost		\$76.50		
(26) Exel 10cc/ml luer/lock tip syringe 100/box				
Exel P/N 26265 no substitute				
Cost/box		\$10.95		N.B.
Cost/box X 15=annual cost		\$164.25		
(27) Exel 20cc/ml luer/lock tip syringe 50/box				
Exel P/N 26280 no substitute				
Cost/box		\$15.82		N.B.
Cost/box X 25=annual cost		\$395.50		
(28) Exel 50cc/ml luer/lock tip syringe 25/box				
Exel P/N 26300 no substitute				
Cost/box		\$11.17		N.B.
Cost/box X 10=annual cost		\$111.70		
(29) Exel 50cc/ml catheter tip syringe 25/box				
Exel P/N 26302 no substitute				
Cost/box		\$7.50		N.B.
Cost/box X 10=annual cost		\$75.00		

OPENING DATE: FEB. 24, 2004 FOR

BUYER: CHRIS JEFFCOAT I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS ALLIANCE AMERICAN BOUND BELMEX EMERGENCY MOORE PHYSICIANS
 MEDICAL LARRANCE TREE MEDICAL MEDICAL MEDICAL MEDICAL
 INC MEDICMASTER MEDICAL LLC SUPPLY LTD PRODUCTS CORP. SERVICE

(30) Exel multi ject juer adapter 100/box

Exel P/N 26537 no substitute

Cost/box \$11.85 N.B. \$10.29 \$8.82 \$10.00 N.B. \$12.50

Cost/box X 100=annual cost \$1,185.00 \$1,029.00 \$882.00 \$1,000.00 \$1,250.00

SECTION B ANNUAL TOTAL COST \$91,468.75 N.B. \$99,556.29 \$11,004.90 \$97,743.55 N.B. \$95,786.30

SECTION C

(31) Injection site, 200/case

Baxter # 2N3399 no substitute

Cost/case \$231.80 N.B. \$256.00 *\$2.26 \$222.00 N.B. \$234.99

Cost/case X 100=annual cost \$23,180.00 \$25,600.00 *\$226.00 \$22,200.00 \$23,499.00

(32) Lever cannula, 100/box

BD # 303370 no substitute

Cost/box \$51.00 N.B. \$42.00 \$51.70 \$42.50 N.B. \$42.02

Cost/box X 100=annual cost \$5,100.00 \$4,200.00 \$5,170.00 \$4,250.00 \$4,202.00

(33) Clock aneroid sphygmomanometer each

Mathis Legacy Model 09-165-011 P/N 165001

Cost/each no substitute \$90.20 N.B. \$60.00 \$5.25 \$53.28 N.B. \$65.77

Cost/each X 30=annual cost \$2,706.00 \$1,800.00 \$157.50 \$1,598.40 \$1,973.10

(34) Low sorbing set 20sets/case

Alaris Medical Systems Ref#28053 no substitute

Cost/case \$212.30 N.B. \$182.86 \$199.38 \$232.80 N.B. \$178.40

Cost/case X 300=annual cost \$63,690.00 \$54,858.00 \$59,814.00 \$69,840.00 \$53,520.00

FORMAL QUOTATION #Q-040206		LEE COUNTY, FLORIDA TABULATION SHEET							
OPENING DATE: FEB. 24, 2004		FOR							
BUYER: CHRIS JEFFCOAT		IV. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES							
VENDORS	ALLIANCE MEDICAL INC	AMERICAN LAFRANCE	BOUND TREE	BELMEX MEDICAL SUPPLY LTD	EMERGENCY MEDICAL PRODUCTS	MOORE MEDICAL CORP.	PHYSICIANS SALES & SERVICE		
(39) Gloves Micro-Flex Supremo EC Non-latex 50/bx Micro-Flex P/N SEC-375M (medium) no substitute									
Cost/box	\$5.27	\$4.80	\$4.64	\$6.58	\$6.50	\$4.71	\$5.22		
Cost/box X 1400=annual cost	\$7,378.00	\$6,720.00	\$6,496.00	\$9,212.00	\$9,100.00	\$6,594.00	\$7,308.00		
(40) Gloves Micro-Flex Supremo EC Non-latex 50/bx Micro-Flex P/N SEC-375L (large) no substitute									
Cost/box	\$5.27	\$4.80	\$4.64	\$6.58	\$6.50	\$4.71	\$5.22		
Cost/box X 1400=annual cost	\$7,378.00	\$6,720.00	\$6,496.00	\$9,212.00	\$9,100.00	\$6,594.00	\$7,308.00		
(41) Gloves Micro-Flex Supremo EC Non-latex 50/bx Micro-Flex P/N 375XL (extra large) no substitute									
Cost/box	\$5.27	\$4.80	\$4.64	\$6.58	\$6.50	\$4.71	\$5.22		
Cost/box X 2160=annual cost	\$11,383.20	\$10,368.00	\$5,702.40	\$14,212.80	\$14,040.00	\$10,173.60	\$11,275.20		
(42) Gloves Micro-Flex Supremo EC Non-latex 50/bx Micro-Flex P/N 375XXL (extra extra large) no sub.									
Cost/box	\$5.27	\$4.80	\$4.64	\$6.58	\$6.50	\$4.71	\$5.22		
Cost/box X 340=annual cost	\$1,791.80	\$1,632.00	\$1,577.60	\$2,237.20	\$2,210.00	\$,601.40	\$1,774.80		
SECTION D TOTAL ANNUAL COST	\$31,093.00	\$28,320.00	\$27,376.00	\$38,822.00	\$38,350.00	\$27,789.00	\$30,798.00		

FORMAL QUOTATION #Q-040206

OPENING DATE: FEB. 24, 2004

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET

FOR

IV. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS	ALLIANCE MEDICAL INC	AMERICAN LAFRANCE	BOUND TREE MEDICAL LLC	BELMEX MEDICAL SUPPLY LTD	EMERGENCY MEDICAL PRODUCTS	MOORE MEDICAL CORP.	PHYSICIANS SALES & SERVICE
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GRAND TOTAL FOR ALL SECTIONS	\$329,321.25	\$28,320.00	\$295,964.45	\$163,583.20	\$321,811.55	\$27,789.00	\$296,374.40
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NO BIDS

WILLIAM V. MCGILL & COMPANY

McKESSON MEDICAL-SURGICAL

POSTING TIME/DATE

FROM 2:00 PM

2/23/04

UNTIL 10:20 AM

2/16/04

BY:



FORMAL QUOTATION #Q-040206

OPENING DATE: FEB. 24, 2004

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET

FOR

IV CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

SOUTHEASTERN

EMERGENCY

EQUIPMENT

VENDORS

RX

EMS

(6) 400mg Dopamine HCL in 5% Dextrose Inj. 12/cs

Abbot NDC # 0074-7809-22 no substitute

Cost/case \$119.37 \$164.40

Cost/case X 20=annual cost \$2,387.40 \$3,288.00

(7) Sodium Chloride 0.9% 100ml 48/cs

Abbot # NDC 0074-7984-23 no substitute

Cost/case \$84.74 N.B.

Cost/case X 30=annual cost \$2,542.20

(8) Glucagon 1mg each+A109

Bedford Lab # NDC 55390-004-01 no substitute

Cost/each \$64.50 N.B.

Cost/each X 500=annual cost \$32,250.00

SECTION A ANNUAL TOTAL COST \$58,592.19 \$19,941.00

SECTION B

(9) Insyte autoguard 16ga X 1.16 catheters 50/box

BD # 381554 no substitute

Cost/box N.B. \$110.95

Cost/box X 120=annual cost \$13,314.00

(10) Insyte autoguard 18ga X 1.16 catheters 50/box

BD # 381557 no substitute

Cost/box N.B. N.B.

Cost/box X 300=annual cost

(11) Insyte autoguard 20ga X 1.16 catheters 50/box

BD # 381534 no substitute

Cost/box N.B. \$110.95

Cost/box X 200=annual cost \$22,190.00

FORMAL QUOTATION #Q-040206

LEE COUNTY, FLORIDA TABULATION SHEET

OPENING DATE: FEB. 24, 2004

FOR

BUYER: CHRIS JEFFCOAT

I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS

RX SOUTH-EASTERN
EMS EMERGENCY
EQUIPMENT

(12) Insyle autoguard 22ga X 1.00 catheters 50/bx

BD # 381523 no substitute

Cost/box

N.B.

\$110.95

Cost/box X .55=annual cost

\$6,102.25

(13) Insyle autoguard 24ga X 0.75 catheters 50/bx

BD # 381512 no substitute

Cost/box

N.B.

\$110.95

Cost/box X .50=annual cost

\$5,547.50

(14) Insyle autoguard 14ga X 1.75 catheters 50/box

BD # 381467 no substitute

Cost/box

N.B.

\$115.62

Cost/box X .40=annual cost

\$4,624.80

(15) Lifeguard safety needle 20ga X 1 20/box

Lifeguard P/N LG-20-100Y no substitute

Cost/box

N.B.

N.B.

Cost/box X 10=annual cost

(16) Lifeguard safety needle 22ga X 1 20/box

Lifeguard P/N LG-22-100Y no substitute

Cost/box

N.B.

N.B.

Cost/box X 10=annual cost

(17) Sharps container Large each

Kendall P/N 31143699 no substitute

Cost/each

N.B.

\$2.73

Cost/each X 1300=annual cost

\$3,549.00

FORMAL QUOTATION #Q-040206		LEE COUNTY, FLORIDA TABULATION SHEET	
OPENING DATE: FEB. 24, 2004		FOR	
BUYER: CHRIS JEFFCOAT		IV. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES	
VENDORS		RX	SOUTHEASTERN
		EMS	EMERGENCY
			EQUIPMENT
(18) Umbilical vessel catheter 3.5 fr. each			
Argyle P/N 8888-160358 no substitute			
Cost/each	N.B.	N.B.	
Cost/each X 90=annual cost			
(19) Terumo catheter, 16ga X 2.50/box			
Surflo P/N SROX1651CA no substitute			
Cost/box	N.B.	\$39.38	
Cost/box X 10=annual cost		\$393.80	
(20) Exel hypodermic needles 18ga X 1.5 100/box			
Exel P/N 26420 no substitute			
Cost/box	N.B.	\$3.56	
Cost/box X 20=annual cost		\$71.20	
(21) Exel hypodermic needles 21ga X 1.5 100/box			
Exel P/N 26416 no substitute			
Cost/box	N.B.	\$3.56	
Cost/box X 20=annual cost		\$71.20	
(22) Exel hypodermic needles 25ga X 5/8 100/box			
Exel P/N 26403 no substitute			
Cost/box	N.B.	\$3.56	
Cost/box X 20=annual cost		\$71.20	
(23) Spinal needles/metal hub 18 X 3 1/2 25/box			
Sensi-Touch Monoject P/N 220019 no substitute			
Cost/box	N.B.	N.B.	
Cost/box X 5=annual cost			

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LEE COUNTY, FLORIDA TABULATION SHEET
 FOR
 I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS

RX
 EMS
 SOUTHEASTERN
 EMERGENCY
 EQUIPMENT

(24) Exel multi-sample luer holder 100/bag

Exel hubs P/N 26530 no substitute

Cost/bag

N.B. N.B.

Cost/bag X 200=annual cost

(25) Exel 1cc syringe w/25ga X 5/8 needle 100/box

Exel P/N 26044 no substitute

Cost/box

N.B. \$8.63

Cost/box X 10=annual cost

\$86.30

(26) Exel 10cc/ml luer/lock tip syringe 100/box

Exel P/N 26265 no substitute

Cost/box

N.B. \$11.19

Cost/box X 15=annual cost

\$167.85

(27) Exel 20cc/ml luer/lock tip syringe 50/box

Exel P/N 26280 no substitute

Cost/box

N.B. \$15.75

Cost/box X 25=annual cost

\$393.75

(28) Exel 50cc/ml luer/lock tip syringe 25/box

Exel P/N 26300 no substitute

Cost/box

N.B. \$11.10

Cost/box X 10=annual cost

\$111.00

(29) Exel 50cc/ml catheter tip syringe 25/box

Exel P/N 26302 no substitute

Cost/box

N.B. \$11.10

Cost/box X 10=annual cost

\$111.00

FORMAL QUOTATION #Q-040206

OPENING DATE: FEB. 24, 2004

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET
FOR
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS

RX SOUTH EASTERN
EMS EMERGENCY
EQUIPMENT

(30) Exel multi jet luer adapter 100/box

Exel P/N 26537 no substitute

Cost/box

N.B.

N.B.

Cost/box X 100=annual cost

SECTION B ANNUAL TOTAL COST

N.B.

\$56,804.85

SECTION C

(31) Injection site, 200/case

Baxter # 2N3399 no substitute

Cost/case

N.B.

\$195.00

Cost/case X 100=annual cost

\$19,500.00

(32) Lever cannula, 100/box

BD # 303370 no substitute

Cost/box

N.B.

\$46.13

Cost/box X 100=annual cost

\$4,613.00

(33) Clock aneroid sphygmomanometer each

Mabis Legacy Model 09-165-011 P/N 165001

Cost/each no substitute

N.B.

N.B.

Cost/each X 30=annual cost

(34) Low sorbing set 20sets/case

Alaris Medical Systems Ref#28053 no substitute

Cost/case

N.B.

N.B.

Cost/case X 300=annual cost

FORMAL QUOTATION #Q-040206
 OPENING DATE: FEB. 24, 2004
 BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET
 FOR
 I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS

RX
 EMS
 SOUTHEASTERN
 EMERGENCY
 EQUIPMENT

(39) Gloves Micro-Flex Supremo EC Non-latex 50/bx

Micro-Flex P/N SEC-375M (medium) no substitute

Cost/box

N.B.

\$5.00

Cost/box X 1400=annual cost

(40) Gloves Micro-Flex Supremo EC Non-latex 50/bx

Micro-Flex P/N SEC-375L (large) no substitute

Cost/box

N.B.

\$5.00

Cost/box X 1400=annual cost

(41) Gloves Micro-Flex Supremo EC Non-latex 50/bx

Micro-Flex P/N 375XL (extra large) no substitute

Cost/box

N.B.

\$5.00

Cost/box X 2160=annual cost

(42) Gloves Micro-Flex Supremo EC Non-latex 50/bx

Micro-Flex P/N 375XXL (extra extra large) no sub.

Cost/box

N.B.

\$5.00

Cost/box X 340=annual cost

SECTION D TOTAL ANNUAL COST

N.B.

\$29,500.00

FORMAL QUOTATION #Q-040206

OPENING DATE: FEB. 24, 2004

BUYER: CHRIS JEFFCOAT

LEE COUNTY, FLORIDA TABULATION SHEET

FOR

I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

VENDORS

RX
EMS

SOUTHEASTERN
EMERGENCY
EQUIPMENT

GRAND TOTAL FOR ALL SECTIONS

\$58,592.19

\$189,893.05

NO BIDS

POSTING TIME/DATE

FROM: 2:00 PM 2/27/04

UNTIL: 10:00 AM 4/16/04

BY:



ATTACHMENT 2

From: John Norton
To: Wilson, John
Date: 3/30/04 8:51AM
Subject: Re: Fwd: Recommendation of Award for Quote Q-040206

Hi John,

Chris Jeffcoat has pursued the subject quote and made recommendations based on his review. We have conducted our own review and agree that the following should be done:

1. Award Section "A" to Emergency Medical Products
2. Award Sections "B" and "C" to Physician's Sales and Service
3. Award Section "D" to Boundtree Medical LLC

We have contacted Physician's Sales and Service to find out more about them because we have not done business with them before. They appear to be very aggressive in the industry and have long "pipelines" for equipping us, particularly with some of the Becton Dickinson products we have had trouble with in the past.

They have offered to set up an access for us to their website so we can process our orders. Many of our other suppliers have websites but none have offered that level of service.

EMP and Boundtree are one company now (under Boundtree) but still doing business under separate names. We are comfortable with the service we get from both of them.

Thanks, John.

Please advise how I may serve you today.

John V. Norton
Logistic Manager (North)
Public Safety/EMS
nortonjv@leegov.com
Phone 239-652-6020
Fax 239-652-6018

>>> John Wilson 03/29/04 10:47AM >>>
John

See attached.

Have you a recommendation on this one?

John

CC: Hansen, Chris; Kainrad, Dave; Molina, Phillip

From: John Norton
To: McBride, Cindy
Date: 3/31/04 2:17PM
Subject: Re: Fwd: Recommendation of Award for Quote Q-040206

Hi Cindy,

Please ask Mr. Wilson to add his signature to the attached e-mail and send it to Chris Jeffcoat.

Thanks, John.

Please advise how I may serve you today.

John V. Norton
Logistic Manager (North)
Public Safety/EMS
nortonjv@leegov.com
Phone 239-652-6020
Fax 239-652-6018

CC: Kainrad, Dave; Molina, Philip

From: John Wilson
To: Jeffcoat, Christopher
Date: 3/31/04 5:59PM
Subject: Re: Fwd: Recommendation of Award for Quote Q-040206

Chris,

I concur and approve the recommendation concerning the above named quote contained in the attached email

John D. Wilson, Director
Lee County Public Safety
Phone: 239-335-1600
Fax: 239-335-1638
Cell: 239-229-1117

Our Mission: To provide help to those needing it,
and the means by which to communicate that need.

CC: Hansen, Chris; Norton, John



LEE COUNTY
SOUTHWEST FLORIDA

PROJECT NO.: Q-040206

OPEN DATE: February 24, 2004

AND TIME: 2:30 P.M.

PRE-BID DATE: February 11, 2004

AND TIME: 2:00 P.M.

LOCATION: Lee County Division of Purchasing
1825 Hendry St 3rd Floor
FORT MYERS, FL 33901

REQUEST FOR QUOTATIONS

TITLE:

**I.V. CATHETERS, NEEDLES, SOLUTIONS AND
SUPPLIES**

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DIVISION OF PURCHASING

MAILING ADDRESS

P.O. BOX 398
FORT MYERS, FL 33902-0398

PHYSICAL ADDRESS

1825 Hendry St 3rd Floor
FORT MYERS, FL 33901

BUYER: CHRIS JEFFCOAT
PURCHASING AGENT
PHONE NO.: (239) 344-5458

GENERAL CONDITIONS

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

Any question regarding this solicitation should be directed to the Buyer listed on the cover page of this solicitation, or by calling the Division of Purchasing at (239) 344-5450.

1. **SUBMISSION OF QUOTE:**

- a. Quotations shall be sealed in an envelope, and the outside of the envelope should be marked with the following information:
 - 1. Marked with the words "Sealed Quote"
 - 2. Name of the firm submitting the quotation
 - 3. Title of the quotation
 - 4. Quotation number
- b. The Quotation shall be submitted in triplicate as follows:
 - 1. The original consisting of the Lee County quotes forms completed and signed.
 - 2. A copy of the original quote forms for the Purchasing Director.
 - 3. A second copy of the original quote forms for use by the requesting department.
- c. The following should be submitted along with the quotation in a separate envelope. This envelope should be marked as described above, but instead of marking the envelope as "Sealed Quote", please indicate the contents; i.e., literature, drawings, submittals, etc. This information should be submitted in duplicate.
 - 1. Any information (either required or in addition to that asked for by the specifications) necessary to analyze your quotation; i.e., required submittals, literature, technical data, financial statements.
 - 2. Warranties and guarantees against defective materials and workmanship.
- d. **ALTERNATE QUOTE:** If the vendor elects to submit more than one quote, then the quotes should be submitted in separate envelopes and marked as indicated above. The second, or alternate quote should be marked as "Alternate".
- e. **QUOTES RECEIVED LATE:** It is the quoter's responsibility to ensure that his quote is received by the Division of Purchasing prior to the opening date and time specified. Any quote received after the opening date and time will be promptly returned to the quoter unopened. Lee County will not be responsible for quotes received late because of delays by a third party delivery service; i.e., U.S. Mail, UPS, Federal Express, etc.
- f. **QUOTE CALCULATION ERRORS:** In the event there is a discrepancy between the total quoted amount or the extended amounts and the unit prices

quoted, the unit prices will prevail and the corrected sum will be considered the quoted price.

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

2. **ACCEPTANCE**

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

3. **SUBSTITUTIONS**

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

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

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

- a. Occupational License – Vendor shall submit within 10 calendar days after request.

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

5. **RECYCLED PRODUCTS**

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

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

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

7. **PRE-BID CONFERENCE**

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

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

8. **BIDDERS LIST MAINTENANCE**

A bidder should respond to “Request for Quotations” in order to be kept on the Bidder’s List. Failure to respond to three different “request for quotations” may result in the vendor being removed from the Bidder’s List. A bidder may do one of the following, in order to respond properly to the request:

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

9. **LEE COUNTY PAYMENT PROCEDURES**

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

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

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

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

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

10. **LEE COUNTY BID PROTEST PROCEDURE**

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

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

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

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

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

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

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

The Formal Written Protest shall contain the following:

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

Upon receipt of a timely filed "Notice of Intent to File a Protest", the Purchasing Director or Public Works Director (as appropriate) may abate the award of the formal bid/quote/proposal as appropriate, until the Protest is heard pursuant to the informal hearing process as further outlined below, except and unless the County Manager shall find and set forth in writing, particular facts and circumstances that would require an immediate award of the formal bid/quote/proposal for the purpose of avoiding a danger to the public health, safety, or welfare. Upon such written finding by the County Manager, the County Manager may authorize an expedited Protest hearing procedure. The expedited Protest hearing shall be held within ninety-six (96) hours of the action giving rise to the contractor/vendor/firm's Protest, or as soon as may be practicable for all parties. The "Notice of Intent to File a Protest" shall serve as the grounds for the affected party's presentation and the requirements for the submittal of a formal, written Protest under these procedures, to include the requirement for a bond, shall not apply.

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

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

Upon receiving the recommendation from the Dispute Committee, the Board of County Commissioners shall conduct a hearing on the matter at a regularly scheduled

meeting. Following presentations by the affected parties, the Board shall render its decision on the merits of the Protest.

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

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

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

11. **PUBLIC ENTITY CRIME**

Any person or affiliate as defined by statute who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or a contract to provide any goods or services to the County; may not submit a bid on a contract with the County for the construction or repair of a public building or a public work; may not submit bids or leases of real property to the County; may not be awarded or perform works as a contractor, supplier, subcontractor, or consultant under a contract with the County, and may not transact business with the County in excess of \$25,000.00 for a period of 36 months from the date of being placed on the convicted vendor list.

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

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

13. **MATERIAL SAFETY DATA SHEETS**

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

14. **MISCELLANEOUS**

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

15. **WAIVER OF CLAIMS**

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

16. **AUTHORITY TO PIGGYBACK**

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

17. **COUNTY RESERVES THE RIGHT**

a) **State Contract**

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

b) **Any Single Large Project**

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

c) **Disadvantaged Business Enterprises**

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

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

d) **Anti-Discrimination**

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

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

The vendor will not discriminate against any employee or applicant for employment because of race, religion, color, age, sex, national origin, handicap or marital status. The vendor will make affirmative efforts to insure that

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

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

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

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

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

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

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

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

18. **AUDITABLE RECORDS**

The awarded vendor shall maintain auditable records concerning the procurement adequate to account for all receipts and expenditures, and to document compliance with the specifications. These records shall be kept in accordance with generally accepted accounting methods, and Lee County reserves the right to determine the record-keeping method required in the event of non-conformity. These records shall be maintained for

two years after completion of the project and shall be readily available to County personnel with reasonable notice, and to other persons in accordance with the Florida Public Disclosure Statutes.

19. **DRUG FREE WORKPLACE**

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

20. **REQUIRED SUBMITTALS**

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

21. **TERMINATION**

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

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

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

22. **CONFIDENTIALITY**

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

23. **ANTI-LOBBYING CLAUSE**

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

those specifically scheduled by the County for negotiations. Any such lobbying activities may cause immediate disqualification for this project.

24. **INSURANCE (AS APPLICABLE)**

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

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES**

DATE SUBMITTED: _____

VENDOR NAME: _____

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES FROM ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A: \$ _____

TOTAL FROM ATTACHMENT A, SECTION B: \$ _____

TOTAL FROM ATTACHMENT A, SECTION C: \$ _____

TOTAL FROM ATTACHMENT A, SECTION D: \$ _____

GRAND TOTAL FOR ALL SECTIONS QUOTING \$ _____

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

Yes _____ No _____

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

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

YES _____ NO _____

TO BE DELIVERED WITHIN _____ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER. (Note: All orders must be delivered with 3-6 working days after a release has been made off an open purchase order.)

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

Are there any modifications to the quote or specifications:

Yes _____ No _____

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

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME

BY (Printed):

BY (Signature):

TITLE:

FEDERAL ID # OR
S.S.#

ADDRESS:

PHONE NO.:

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE
NUMBER: _____

E-MAIL ADDRESS: _____

REVISED: 7/28/00

**LEE COUNTY, FLORIDA
DETAILED SPECIFICATIONS
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES**

(Please read detailed specifications before attempting to quote)

SCOPE

The intent of this specification is to provide for the purchase of I.V. Catheters, Needles, Solutions and Supplies for the Lee County Division of Public Safety, Emergency Medical Services (EMS), on an annual basis. For any questions regarding this quote please contact the purchasing agent listed on the cover page.

REQUIRED PRODUCTS

The items required under this quote and their estimated annual usage are listed on Attachment A. Vendors must price the items per the quantity and unit of measure listed on Attachment A. If the case or box quantity you are quoting differs from those listed, please list the case or box quantity your firm is quoting. Vendors are required to multiply the case, box, each, etc. price by the estimated annual usage, to provide the estimated total annual cost per item. If you have any questions or doubts regarding this paragraph do not attempt to quote until you understand. Call the purchasing agent listed on the cover sheet for clarification

TERM OF QUOTE

This quote shall be in effect for three years, or until new quotes are taken and awarded. This quote, or any portion thereof, has the option of being renewed for one additional two year period, upon mutual agreement of both parties, under the same terms and conditions.

DELIVERY REQUIREMENTS

Items are to be delivered F.O.B. Destination, Freight Prepaid and Allowed. EMS may pick up items from vendors located in the metropolitan Fort Myers area, at its discretion. There shall be NO MINIMUM amount required for delivery. All orders of materials off this quotation must be made within 3-6 working after order has been placed. If the material is not available within the 3-6 working days Public Safety/EMS for Lee County reserves the right to obtain materials elsewhere.

BASIS OF AWARD

The basis of award for this quote will be low quoter meeting specifications per section, or overall low quoter meeting specifications, at Lee County's sole discretion. The award will be based on the extended cost of the estimated annual usage of the items. **In order to be considered for award of a section all items in the section must be quoted. Preference will be given to vendors quoting all sections. Substitutions will not be allowed on any items listed in this quote.**

Please double check all math on Attachment A (page 17) before transferring totals to the quote proposal form on page 12.

Lee County reserves the right, at the Purchasing Director's discretion, not to award certain items listed on the Proposal Quote Form.

DESIGNATED CONTACT

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

MAJOR BREAKDOWNS/NATURAL DISASTERS

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

BACKORDERS

Back orders will generally be allowed, subject to Lee County's approval. Backorders must be held to a minimum.

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Lee County must approve substitutes for any discontinued items. If an acceptable substitute cannot be supplied, Lee County shall have the right to purchase that item elsewhere.

PRICE INCREASES

If the awarded vendor experiences a major price increase from suppliers for items in this quotation, the vendor may submit a written request to increase pricing. All information necessary to review and analyze the request must be submitted to Lee County Purchasing. Lee County shall have the right to grant the price increase, or requote, at the County's sole discretion.

LOCAL BIDDER'S PREFERENCE

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

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

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

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

ATTACHMENT A

Section "A"

ITEM DESCRIPTION

-
- 1 LACTATED RINGERS, 1000 ML, 12/CASE DESIRED
 BAXTER #2B2324
 ESTIMATED ANNUAL USAGE: 400 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 400 = EST. ANNUAL COST \$ _____
-
- 2 SODIUM CHLORIDE 0.9%, 250 ML, 36/CASE DESIRED
 BAXTER #2B1322Q
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 150 = EST. ANNUAL COST \$ _____
-
- 3 SODIUM CHLORIDE 0.9%, 1000 ML, 12/CASE DESIRED
 BAXTER #2B1324
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 150 = EST. ANNUAL COST \$ _____
-
4. LIDOCAINE 250 ML, 24/CASE DESIRED
 BAXTER #2B0972
 ESTIMATED ANNUAL USAGE: 30CASES
 Do Not Substitute
 Cost/Case \$ _____ X 30 = EST. ANNUAL COST \$ _____
-
5. 5% DEXTROSE 100ML SINGLE PACKS, 48/CASE DESIRED
 ABBOTT NDC # 0074-7923-23
 ESTIMATED ANNUAL USAGE: 10 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 10 = EST. ANNUAL COST \$ _____
-

ITEM DESCRIPTION

6. 400 MG DOPAMINE HCL IN 5% DEXTROSE INJ., 12/CASE DESIRED
 ABBOTT NDC #0074-7809-22
 ESTIMATED ANNUAL USAGE: 20 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 20 = EST. ANNUAL COST \$ _____

7. SODIUM CHLORIDE 0.9% 100ml 48 PER CASE
 ABBOTT #NDC 0074-7984-23
 ESTIMATED ANNUAL USAGE: 30 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 30=EST ANNUAL COST \$ _____

8. GLUCAGEN 1 mg EACH
 BEDFORD LAB #NDC 55390-004-01
 ESTIMATED USAGE: 500 EACH
 Do Not Substitute
 COST/EACH \$ _____ X 500 = EST ANNUAL COST \$ _____

TOTAL SECTION "A" \$ _____

Section "B"

ITEM DESCRIPTION

9. INSYTE AUTOGUARD 16 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381554
 ESTIMATED ANNUAL USAGE: 120 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 120 = EST. ANNUAL COST \$ _____

10.INSYTE AUTOGUARD 18 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381557
 ESTIMATED ANNUAL USAGE: 300 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 300 = EST. ANNUAL COST \$ _____

11.INSYTE AUTOGUARD 20 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381534
 ESTIMATED ANNUAL USAGE: 200 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 200 = EST. ANNUAL COST \$ _____

ITEM DESCRIPTION

12. INSYTE AUTOGUARD 22 gauge x 1.00" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381523
 ESTIMATED ANNUAL USAGE: 55 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 55 = EST. ANNUAL COST \$ _____

13. INSYTE AUTOGUARD 24 gauge x 0.75" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381512
 ESTIMATED ANNUAL USAGE: 50 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 50 = EST. ANNUAL COST \$ _____

14. INSYTE AUTOGUARD 14 gauge x 1.75 CATHETERS 50/BOX DESIRED
 BECTON DICKINSON #381467
 ESTIMATED ANNUAL USAGE: 40 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 40=EST. ANNUAL COST \$ _____

15. LIFEGUARD SAFETY NEEDLE 20 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-20-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 10=EST ANNUAL COST \$ _____

16. LIFEGUARD SAFETY NEEDLE 22 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-22-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 10=EST ANNUAL COST \$ _____

17. SHARPS CONTAINER LARGE EACH
 KENDALL P/N 31143699
 ESTIMATED USAGE: 1300 EACH
 Do Not Substitute
 COST/EACH \$ _____ X 1300 = EST ANNUAL COST \$ _____

18. UMBILICAL VESSELL CATHETER 3.5 FR EACH
 ARGYLE P/N 8888-160358
 Do Not Substitute
 ESTIMATED USAGE: 90 EACH
 COST/EACH \$ _____ X 90 = EST ANNUAL COST \$ _____

ITEM DESCRIPTION

19.	TERUMO CATHETER, 16 gauge X 2" SURFLO P/N SROX1651CA ESTIMATED USAGE : 10 BOXES Do Not Substitute COST/BOX \$ _____ X 10=EST ANNUAL COST	50 PER BOX \$ _____
20.	EXEL HYPODERMIC NEEDLES 18 GA x 1.5 EXEL P/N 26420 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ _____ X 20=EST ANNUAL COST	100 PER BOX \$ _____
21.	EXEL HYPODERMIC NEEDLES 21 GA x 1.5 EXEL P/N 26416 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ _____ X 20=EST ANNUAL COST	100 PER BOX \$ _____
22.	EXEL HYPODERMIC NEEDLES 25 GA x 5/8" EXEL P/N 26403 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ _____ X 20=EST ANNUAL COST	100 PER BOX \$ _____
23.	SPINAL NEEDLES WITH METAL HUB 18 X 3 1/2" SENSI-TOUCH MONOJECT P/N 220019 ESTIMATED USAGE: 5 BOXES Do Not Substitute COST/BOX \$ _____ X 5=EST ANNUAL COST	25 PER BOX \$ _____
24.	EXEL MULTI - SAMPLE LUER HOLDER EXEL HUBS P/N 26530 ESTIMATED USAGE: 200 BAGS Do Not Substitute COST/BAG \$ _____ X 200 = EST ANNUAL COST	100 PER BAG \$ _____
25.	EXEL 1CC SYRINGE W/25 gauge 5/8" NEEDLE EXEL P/N 26044 ESTIMATED USAGE: 10 BOXES Do Not Substitute COST/BOX \$ _____ X 10=EST ANNUAL COST	100 PER BOX \$ _____

ITEM DESCRIPTION

26.	EXEL 10 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26265 ESTIMATED USAGE 15 BOXES Do Not Substitute COST/BOX \$ _____ X 15=EST ANNUAL COST	100 PER BOX \$ _____
27.	EXEL 20 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26280 ESTIMATED USAGE 25 BOXES Do Not Substitute COST/BOX \$ _____ X 25=EST ANNUAL COST	50 PER BOX \$ _____
28.	EXEL 50 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26300 ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ _____ X 10=EST ANNUAL COST	25 PER BOX \$ _____
29.	EXEL 50 CC/ML CATHETER TIP SYRINGE EXEL P/N 26302 ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ _____ X 10=EST ANNUAL COST	25 PER BOX \$ _____
30.	EXEL MULTIJECT LUER ADAPTER EXEL P/N 26537 ESTIMATED USAGE : 100 BOXES Do Not Substitute COST/BOX \$ _____ X 100=EST ANNUAL COST	100 PER BOX \$ _____
<u>TOTAL SECTION "B"</u>		\$ _____

Section "C"

ITEM DESCRIPTION

31.	INJECTION SITE, 200/CASE DESIRED BAXTER #2N3399 ESTIMATED ANNUAL USAGE: 100 CASES Do Not Substitute COST/CASE \$ _____ X 100 = EST. ANNUAL COST \$ _____
-----	--

ITEM DESCRIPTION

32. LEVER CANNULA, 100/BOX DESIRED
 BECTON/DICKINSON #303370
 ESTIMATED ANNUAL USAGE: 100 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 100 = EST. ANNUAL COST \$ _____

33. CLOCK ANEROID SPHYGMOMANOMETER EACH
 MABIS LEGACY MODEL 09-165-011 P/N 165001
 ESTIMATED ANNUAL USAGE: 30 EACH
 Do Not Substitute
 COST/EACH \$ _____ X 30=EST ANNUAL USAGE \$ _____

34. LOW SORBING SET 20SETS/CASE
 ALARIS MEDICAL SYSTEMS REF # 28053
 ESTIMATED ANNUAL USAGE: 300 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 300= EST ANNUAL COST \$ _____

35. 86" HALF SET W/VALVE PORT 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28117E
 ESTIMATED ANNUAL USAGE 60 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 60 =EST ANNUAL COST \$ _____

36. 20 DROP SET W/2 VALVE PORTS 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28034E VENTED/UNVENTED
 ESTIMATED ANNUAL USAGE 80 CASES
 Do Not Substitute
 COST/CASE \$ _____ X 80 =EST ANNUAL COST \$ _____

37. INTERLINK BLUNT CANNULA 100 PER BOX
 BECTON DICKINSON P/N 303345
 ESTIMATED USAGE: 60 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 60=EST ANNUAL COST \$ _____

TOTAL SECTION "C" \$ _____

Section "D"

ITEM DESCRIPTION

38. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (SMALL) 50 PER BOX
 MICRO-FLEX P/N SEC-375S
 ESTIMATED ANNUAL USAGE: 600BOX
 Do Not Substitute
 COST/BOX \$ _____ X 600=EST ANNUAL COST \$ _____

39. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (MEDIUM) 50 PER BOX
 MICRO-FLEX P/N SEC-375M
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ _____ X 1400=EST ANNUAL COST \$ _____

40. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375L
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ _____ X 1400=EST ANNUAL COST \$ _____

41. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (X-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XL
 ESTIMATED ANNUAL USAGE: 2160 BOX
 Do Not Substitute
 COST/BOX \$ _____ X 2160=EST ANNUAL COST \$ _____

42. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (XX-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XXL
 ESTIMATED ANNUAL USAGE: 340 BOX
 Do Not Substitute
 COST/BOX \$ _____ X 340 =EST ANNUAL COST \$ _____

TOTAL SECTION "D" \$ _____

GRAND TOTAL FOR ALL SECTIONS \$ _____

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

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

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

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

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

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

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

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

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

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

Yes _____ No _____

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

STANDARD CONTRACT - Contracts that will not exceed three hundred and sixty five (365) calendar days; or where costs will not exceed \$500,000; and/or there are no unusual hazards present.

1. **Insurance Requirements:** *These are minimum requirements, which are subject to modification in response to operations involving a higher level of loss exposure.*

a. **Workers' Compensation** - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Individual employees may be exempted per State Law. Employers' liability will have minimum limits of:

\$500,000 per accident
\$500,000 disease limit
\$500,000 disease limit per employee

b. **Commercial General Liability** - Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:

\$500,000 bodily injury per person (BI)
\$1,000,000 bodily injury per occurrence (BI)
\$500,000 property damage (PD) or
\$1,000,000 combined single limit (CSL) of BI and PD

c. **Business Auto Liability** - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 bodily injury per person (BI)
\$1,000,000 bodily injury per occurrence (BI)
\$100,000 property damage (PD) or
\$1,000,000 combined single limit (CSL) of BI and PD

****The required limit of liability shown in Standard Contract: 1.a; 1.b; 1.c; may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."***

2. Verification of Coverage:

a. Ten (10) days prior to the commencement of any work under this contract a certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:

1. ***“Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials” will be named as an “Additional Insured” on the General Liability policy.***
2. Lee County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Risk Manager (P.O. BOX 398 Ft. Myers, FL 33902).

3. Special Requirements:

- a. An appropriate “Indemnification” clause shall be made a provision of the contract.
- b. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements.

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES**

DATE SUBMITTED: 2/24/04

VENDOR NAME: EMERGENCY MEDICAL PRODUCTS, INC.

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES FROM ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A:	\$ <u>50,349.60</u>	✓
TOTAL FROM ATTACHMENT A, SECTION B:	\$ <u>97,743.55</u>	✓
TOTAL FROM ATTACHMENT A, SECTION C:	\$ <u>135,368.40</u>	✓
TOTAL FROM ATTACHMENT A, SECTION D:	\$ <u>38,350.00</u>	✓
GRAND TOTAL FOR ALL SECTIONS QUOTING	\$ <u>321,811.55</u>	✓

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No ✓

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

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?
YES _____ NO ✓

TO BE DELIVERED WITHIN 4-6 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER. (Note: All orders must be delivered with 3-6 working days after a release has been made off an open purchase order.)

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

Are there any modifications to the quote or specifications:

Yes _____ No

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

MODIFICATIONS:

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

**LEE COUNTY, FLORIDA
DETAILED SPECIFICATIONS
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES**

(Please read detailed specifications before attempting to quote)

SCOPE

The intent of this specification is to provide for the purchase of I.V. Catheters, Needles, Solutions and Supplies for the Lee County Division of Public Safety, Emergency Medical Services (EMS), on an annual basis. For any questions regarding this quote please contact the purchasing agent listed on the cover page.

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ATTACHMENT A

Section "A"

ITEM DESCRIPTION

1 LACTATED RINGERS, 1000 ML, 12/CASE DESIRED
 BAXTER #2B2324 *2B2324*
 ESTIMATED ANNUAL USAGE: 400 CASES
 Do Not Substitute
 COST/CASE \$ 12.60 X 400 = EST. ANNUAL COST \$ 5040.00 ✓

2 SODIUM CHLORIDE 0.9%, 250 ML, 36/CASE DESIRED
 BAXTER #2B1322Q *2B1322*
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 27.72 X 150 = EST. ANNUAL COST \$ 4158.00 ✓

3 SODIUM CHLORIDE 0.9%, 1000 ML, 12/CASE DESIRED
 BAXTER #2B1324 *2B1324*
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 10.32 X 150 = EST. ANNUAL COST \$ 1548.00 ✓

4 LIDOCAINE 250 ML, 24/CASE DESIRED
 BAXTER #2B0972 *2B0972*
 ESTIMATED ANNUAL USAGE: 30CASES
 Do Not Substitute
 Cost/Case \$ 91.44 X 30 = EST. ANNUAL COST \$ 2743.20 ✓

5. 5% DEXTROSE 100ML SINGLE PACKS, 48/CASE DESIRED
 ABBOTT NDC # 0074-7923-23 *7923-23*
 ESTIMATED ANNUAL USAGE: 10 CASES
 Do Not Substitute
 COST/CASE \$ 75.84 X 10 = EST. ANNUAL COST \$ 758.40 ✓

ITEM DESCRIPTION

6. 400 MG DOPAMINE HCL IN 5% DEXTROSE INJ., 12/CASE DESIRED
 ABBOTT NDC #0074-7809-22 *7809-22*
 ESTIMATED ANNUAL USAGE: 20 CASES
 Do Not Substitute
 COST/CASE \$ 140.16 X 20 = EST. ANNUAL COST \$ 2803.20 ✓

7. SODIUM CHLORIDE 0.9% 100ml 48 PER CASE
 ABBOTT #NDC 0074-7984-23 *7984-23*
 ESTIMATED ANNUAL USAGE: 30 CASES
 Do Not Substitute
 COST/CASE \$ 72.96 X 30 = EST ANNUAL COST \$ 2188.80 ✓

8. GLUCAGEN 1 mg EACH
 BEDFORD LAB #NDC 55390-004-01 *0004-01*
 ESTIMATED USAGE: 500 EACH
 Do Not Substitute
 COST/EACH \$ 62.22 X 500 = EST ANNUAL COST \$ 31,110.00 ✓

TOTAL SECTION "A" \$ 50,349.60 ✓

Section "B"

ITEM DESCRIPTION

9. INSYTE AUTOGUARD 16 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381554 *381554*
 ESTIMATED ANNUAL USAGE: 120 BOXES
 Do Not Substitute
 COST/ BOX \$ 121.50 X 120 = EST. ANNUAL COST \$ 14,580.00 ✓

10. INSYTE AUTOGUARD 18 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381557 *381544*
 ESTIMATED ANNUAL USAGE: 300 BOXES
 Do Not Substitute
 COST/ BOX \$ 118.00 X 300 = EST. ANNUAL COST \$ 35,400.00 ✓

11. INSYTE AUTOGUARD 20 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381534 *381534*
 ESTIMATED ANNUAL USAGE: 200 BOXES
 Do Not Substitute
 COST/ BOX \$ 118.00 X 200 = EST. ANNUAL COST \$ 23,600.00 ✓

* WE CONTACTED HMPVASCULAR DIRECTLY AND THEY
DECLINED TO SELL US THESE PRODUCTS TO US DUE
TO BEING A NATIONWIDE DISTRIBUTOR.

FORMAL QUOTATION Q-040206

ITEM DESCRIPTION

12. INSYTE AUTOGUARD 22 gauge x 1.00" CATHETERS 50 / BOX DESIRED
BECTON DICKINSON #381523 *381523*
ESTIMATED ANNUAL USAGE: 55 BOXES
Do Not Substitute
COST/ BOX \$ 118.00 X 55 = EST. ANNUAL COST \$ 6490.00 ✓

13. INSYTE AUTOGUARD 24 gauge x 0.75" CATHETERS 50 / BOX DESIRED
BECTON DICKINSON #381512 *381512*
ESTIMATED ANNUAL USAGE: 50 BOXES
Do Not Substitute
COST/ BOX \$ 121.50 X 50 = EST. ANNUAL COST \$ 6075.00 ✓

14. INSYTE AUTOGUARD 14 gauge x 1.75 CATHETERS 50/BOX DESIRED
BECTON DICKINSON #381467 *381467*
ESTIMATED ANNUAL USAGE: 40 BOXES
Do Not Substitute
COST/BOX \$ 97.50 X 40=EST. ANNUAL COST \$ 3900.00 ✓

* 15. LIFEGUARD SAFETY NEEDLE 20 GA X 1" 20 PER BOX
LIFEGUARD P/N LG-20-100Y
ESTIMATED USAGE: 10 BOXES
Do Not Substitute
COST/BOX \$ _____ X 10=EST ANNUAL COST \$ No Bid

* 16. LIFEGUARD SAFETY NEEDLE 22 GA X 1" 20 PER BOX
LIFEGUARD P/N LG-22-100Y
ESTIMATED USAGE: 10 BOXES
Do Not Substitute
COST/BOX \$ _____ X 10=EST ANNUAL COST \$ No Bid

17. SHARPS CONTAINER LARGE EACH
KENDALL P/N 31143699 *4801*
ESTIMATED USAGE: 1300 EACH
Do Not Substitute
COST/EACH \$ 2.07 X 1300 = EST ANNUAL COST \$ 2691.00 ✓

18. UMBILICAL VESSEL CATHETER 3.5 FR EACH
ARGYLE P/N 8888-160358 *8888-160358*
Do Not Substitute
ESTIMATED USAGE: 90 EACH
COST/EACH \$ 11.17 X 90 = EST ANNUAL COST \$ 1005.30 ✓

ITEM DESCRIPTION

19.	TERUMO CATHETER, 16 gauge X 2" SURFLO P/N SROX1651CA <i>1651</i> ESTIMATED USAGE: 10 BOXES Do Not Substitute COST/BOX \$ <u>36.00</u> X 10=EST ANNUAL COST	50 PER BOX \$ <u>360.00</u>
20.	EXEL HYPODERMIC NEEDLES 18 GA x 1.5 EXEL P/N 26420 <i>26420</i> ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ <u>3.06</u> X 20=EST ANNUAL COST	100 PER BOX \$ <u>61.20</u>
21.	EXEL HYPODERMIC NEEDLES 21 GA x 1.5 EXEL P/N 26416 <i>26416</i> ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ <u>3.06</u> X 20=EST ANNUAL COST	100 PER BOX \$ <u>61.20</u>
22.	EXEL HYPODERMIC NEEDLES 25 GA x 5/8" EXEL P/N 26403 <i>26403</i> ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ <u>3.06</u> X 20=EST ANNUAL COST	100 PER BOX \$ <u>61.20</u>
23.	SPINAL NEEDLES WITH METAL HUB 18 X 3 1/2" SENSI-TOUCH MONOJECT P/N 220019 <i>8881220019</i> ESTIMATED USAGE: 5 BOXES Do Not Substitute COST/BOX \$ <u>48.54</u> X 5=EST ANNUAL COST	25 PER BOX \$ <u>242.70</u>
24.	EXEL MULTI - SAMPLE LUER HOLDER EXEL HUBS P/N 26530 <i>26530</i> ESTIMATED USAGE: 200 BAGS Do Not Substitute COST/BAG \$ <u>7.23</u> X 200 = EST ANNUAL COST	100 PER BAG \$ <u>1446.00</u>
25.	EXEL 1CC SYRINGE W/25 gauge 5/8" NEEDLE EXEL P/N 26044 <i>26044</i> ESTIMATED USAGE: 10 BOXES Do Not Substitute COST/BOX \$ <u>7.62</u> X 10=EST ANNUAL COST	100 PER BOX \$ <u>76.20</u>

ITEM DESCRIPTION

26. EXEL 10 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26265 <i>26265</i> ESTIMATED USAGE 15 BOXES Do Not Substitute COST/BOX \$ <u>10.43</u> X 15=EST ANNUAL COST	100 PER BOX \$ <u>156.45</u> ✓
27. EXEL 20 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26280 <i>26280</i> ESTIMATED USAGE 25 BOXES Do Not Substitute COST/BOX \$ <u>13.34</u> X 25=EST ANNUAL COST	50 PER BOX \$ <u>333.50</u> ✓
28. EXEL 50 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26300 <i>26300</i> ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ <u>10.19</u> X 10=EST ANNUAL COST	25 PER BOX \$ <u>101.90</u> ✓
29. EXEL 50 CC/ML CATHETER TIP SYRINGE EXEL P/N 26302 <i>26302</i> ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ <u>10.19</u> X 10=EST ANNUAL COST	25 PER BOX \$ <u>101.90</u> ✓
30. EXEL MULTI JECT LUER ADAPTER EXEL P/N 26537 <i>26537</i> ESTIMATED USAGE : 100 BOXES Do Not Substitute COST/BOX \$ <u>10.00</u> X 100=EST ANNUAL COST	100 PER BOX \$ <u>1000.00</u> ✓
<u>TOTAL SECTION "B"</u>	
\$ <u>97,743.55</u> ✓	

Section "C"

ITEM DESCRIPTION

31. INJECTION SITE, 200/CASE DESIRED BAXTER #2N3399 <i>2N3399</i> ESTIMATED ANNUAL USAGE: 100 CASES Do Not Substitute COST/CASE \$ <u>222.00</u> X 100 = EST. ANNUAL COST \$	\$ <u>22,200.00</u> ✓
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ITEM DESCRIPTION

32. LEVER CANNULA, 100/BOX DESIRED
 BECTON/DICKINSON #303370 *303370*
 ESTIMATED ANNUAL USAGE: 100 BOXES
 Do Not Substitute
 COST/BOX \$ 42.50 X 100 = EST. ANNUAL COST \$ 4250.00 ✓

33. CLOCK ANEROID SPHYGMOMANOMETER EACH
 MABIS LEGACY MODEL 09-165-011 P/N 165001 *165001*
 ESTIMATED ANNUAL USAGE: 30 EACH
 Do Not Substitute
 COST/EACH \$ 53.28 X 30=EST ANNUAL USAGE \$ 1598.40 ✓

34. LOW SORBING SET 20SETS/CASE
 ALARIS MEDICAL SYSTEMS REF # 28053 *28053*
 ESTIMATED ANNUAL USAGE: 300 CASES
 Do Not Substitute
 COST/CASE \$ 232.80 X 300= EST ANNUAL COST \$ 69,840.00 ✓

35. 86" HALF SET W/VALVE PORT 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28117E *28117*
 ESTIMATED ANNUAL USAGE 60 CASES
 Do Not Substitute
 COST/CASE \$ 239.00 X 60 =EST ANNUAL COST \$ 14,340.00 ✓

36. 20 DROP SET W/2 VALVE PORTS 50SETS/CASE *28034*
 ALARIS MEDICAL SYSTEMS REF #28034E VENTED/UNVENTED
 ESTIMATED ANNUAL USAGE 80 CASES
 Do Not Substitute
 COST/CASE \$ 270.50 X 80 =EST ANNUAL COST \$ 21,640.00 ✓

37. INTERLINK BLUNT CANNULA 100 PER BOX
 BECTON DICKINSON P/N 303345 *303345*
 ESTIMATED USAGE: 60 BOXES
 Do Not Substitute
 COST/BOX \$ 25.00 X 60=EST ANNUAL COST \$ 1500.00 ✓

TOTAL SECTION "C" \$ 135,368.40 ✓

Section "D"

ITEM DESCRIPTION

38. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (SMALL) 50 PER BOX
 MICRO-FLEX P/N SEC-375S *SEC375S*
 ESTIMATED ANNUAL USAGE: 600BOX
 Do Not Substitute
 COST/BOX \$ 6.50 X 600=EST ANNUAL COST \$ 3900.00 ✓

39. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (MEDIUM) 50 PER BOX
 MICRO-FLEX P/N SEC-375M *SEC375M*
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ 6.50 X 1400=EST ANNUAL COST \$ 9100.00 ✓

40. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375L *SEC375L*
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ 6.50 X 1400=EST ANNUAL COST \$ 9100.00 ✓

41. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (X-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XL *SEC375XL*
 ESTIMATED ANNUAL USAGE: 2160 BOX
 Do Not Substitute
 COST/BOX \$ 6.50 X 2160=EST ANNUAL COST \$ 14,040.00 ✓

42. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (XX-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XXL *SEC375XXL*
 ESTIMATED ANNUAL USAGE: 340 BOX
 Do Not Substitute
 COST/BOX \$ 6.50 X 340 =EST ANNUAL COST \$ 2210.00 ✓

TOTAL SECTION "D" \$ 38,350.00 ✓

GRAND TOTAL FOR ALL SECTIONS

\$ 321,811.55 ✓

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

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

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

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

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

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

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

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

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

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

Yes _____ No _____

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

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

DATE SUBMITTED: Feb 23, 2004

VENDOR NAME: Physician Sales & Service

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

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

The undersigned acknowledges receipt of Addenda numbers:

Michael D. Smith

INSERT PRICES FROM ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A:

\$ 52,955.60 ^{52,955.60 M. Smith} ✓

TOTAL FROM ATTACHMENT A, SECTION B:

\$ 95,786.30 ✓

TOTAL FROM ATTACHMENT A, SECTION C:

\$ 116,834.50 ✓

TOTAL FROM ATTACHMENT A, SECTION D:

\$ 30,798.00 ✓

GRAND TOTAL FOR ALL SECTIONS QUOTING

\$ 296,374.40 ✓

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

Yes _____ No ✓

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

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

YES _____ NO ✓

TO BE DELIVERED WITHIN 3-5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER. (Note: All orders must be delivered with 3-6 working days after a release has been made off an open purchase order.)

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

Are there any modifications to the quote or specifications:

Yes _____ No _____

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

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME

Physician Sales & Service

BY (Printed):

Michael D. Barrett

BY (Signature):

Michael D. Barrett

TITLE:

Sales Consultant

FEDERAL ID # OR

S.S.# 59-2280364

ADDRESS:

11175 E 55th Ave #106

Denver, Co 80239

PHONE NO.:

303 375 7774 X.507

FAX NO.: 303 373 1607

CELLULAR PHONE/PAGER NO.: 720 987 4245

LEE COUNTY OCCUPATIONAL LICENSE
NUMBER: _____

E-MAIL ADDRESS: mbarrett@pssd.com

REVISED: 7/28/00

ATTACHMENT A**Section "A"****ITEM DESCRIPTION**

- 1 LACTATED RINGERS, 1000 ML, 12/CASE DESIRED
 BAXTER #2B2324
 ESTIMATED ANNUAL USAGE: 400 CASES
 Do Not Substitute
 COST/CASE \$ 12.35 X 400 = EST. ANNUAL COST \$ 4940.00 ✓
-
- 2 SODIUM CHLORIDE 0.9%, 250 ML, 36/CASE DESIRED
 BAXTER #2B1322Q
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 26.90 X 150 = EST. ANNUAL COST \$ 4035.00 ✓
-
- 3 SODIUM CHLORIDE 0.9%, 1000 ML, 12/CASE DESIRED
 BAXTER #2B1324
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 9.92 X 150 = EST. ANNUAL COST \$ 1488.00 ✓
-
- 4 LIDOCAINE 250 ML, 24/CASE DESIRED
 BAXTER #2B0972
 ESTIMATED ANNUAL USAGE: 30CASES
 Do Not Substitute
 Cost/Case \$ 80.92 X 30 = EST. ANNUAL COST \$ 2427.60 ✓
-
- 5 5% DEXTROSE 100ML SINGLE PACKS, 48/CASE DESIRED
 ABBOTT NDC # 0074-7923-23
 ESTIMATED ANNUAL USAGE: 10 CASES
 Do Not Substitute
 COST/CASE \$ 60.17 X 10 = EST. ANNUAL COST \$ 601.70 ✓
-

ITEM DESCRIPTION

6. 400 MG DOPAMINE HCL IN 5% DEXTROSE INJ., 12/CASE DESIRED
 ABBOTT NDC #0074-7809-22
 ESTIMATED ANNUAL USAGE: 20 CASES
 Do Not Substitute
 COST/CASE \$ 198.16 X 20 = EST. ANNUAL COST \$ 3,963.20 ✓

7. SODIUM CHLORIDE 0.9% 100ml 48 PER CASE
 ABBOTT #NDC 0074-7984-23
 ESTIMATED ANNUAL USAGE: 30 CASES
 Do Not Substitute
 COST/CASE \$ 60.17 X 30 = EST ANNUAL COST \$ 1,805.10 ✓

8. GLUCAGEN 1 mg EACH
 BEDFORD LAB #NDC 55390-004-01
 ESTIMATED USAGE: 500 EACH
 Do Not Substitute
 COST/EACH \$ 67.39 X 500 = EST ANNUAL COST \$ 3,3695.00 ✓

TOTAL SECTION "A" \$ 5,295.60 ✓

Section "B"

ITEM DESCRIPTION

9. INSYTE AUTOGUARD 16 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381554
 ESTIMATED ANNUAL USAGE: 120 BOXES
 Do Not Substitute
 COST/ BOX \$ 106.00 X 120 = EST. ANNUAL COST \$ 12,720.00 ✓

10. INSYTE AUTOGUARD 18 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381557
 ESTIMATED ANNUAL USAGE: 300 BOXES
 Do Not Substitute
 COST/ BOX \$ 106.00 X 300 = EST. ANNUAL COST \$ 31,800.00 ✓

11. INSYTE AUTOGUARD 20 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381534
 ESTIMATED ANNUAL USAGE: 200 BOXES
 Do Not Substitute
 COST/ BOX \$ 106.00 X 200 = EST. ANNUAL COST \$ 21,200.00 ✓

ITEM DESCRIPTION

- | | |
|--|----------------------------|
| <p>12. INSYTE AUTOGUARD 22 gauge x 1.00" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381523
 ESTIMATED ANNUAL USAGE: 55 BOXES
 Do Not Substitute
 COST/ BOX \$ <u>106.00</u> X 55 = EST. ANNUAL COST</p> | <p>\$ <u>5830.00</u> ✓</p> |
| <p>13. INSYTE AUTOGUARD 24 gauge x 0.75" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381512
 ESTIMATED ANNUAL USAGE: 50 BOXES
 Do Not Substitute
 COST/ BOX \$ <u>106.00</u> X 50 = EST. ANNUAL COST</p> | <p>\$ <u>5300.00</u> ✓</p> |
| <p>14. INSYTE AUTOGUARD 14 gauge x 1.75 CATHETERS 50/BOX DESIRED
 BECTON DICKINSON #381467
 ESTIMATED ANNUAL USAGE: 40 BOXES
 Do Not Substitute
 COST/BOX \$ <u>106.00</u> X 40=EST. ANNUAL COST</p> | <p>\$ <u>4240.00</u> ✓</p> |
| <p>15. LIFEGUARD SAFETY NEEDLE 20 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-20-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ <u>178.83</u> X 10=EST ANNUAL COST</p> | <p>\$ <u>1788.30</u> ✓</p> |
| <p>16. LIFEGUARD SAFETY NEEDLE 22 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-22-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ <u>178.83</u> X 10=EST ANNUAL COST</p> | <p>\$ <u>1788.30</u> ✓</p> |
| <p>17. SHARPS CONTAINER LARGE EACH
 KENDALL P/N 31143699
 ESTIMATED USAGE: 1300 EACH
 Do Not Substitute
 COST/EACH \$ <u>2.12</u> X 1300 = EST ANNUAL COST</p> | <p>\$ <u>2756.00</u> ✓</p> |
| <p>18. UMBILICAL VESSELL CATHETER 3.5 FR EACH
 ARGYLE P/N 8888-160358
 Do Not Substitute
 ESTIMATED USAGE: 90 EACH
 COST/EACH \$ <u>11.45</u> X 90 = EST ANNUAL COST</p> | <p>\$ <u>1030.50</u> ✓</p> |

ITEM DESCRIPTION

26. EXEL 10 CC/ML LUER/LOCK TIP SYRINGE 100 PER BOX
 EXEL P/N 26265
 ESTIMATED USAGE 15 BOXES
 Do Not Substitute
 COST/BOX \$ 13.16 X 15=EST ANNUAL COST \$ 197.40 ✓

27. EXEL 20 CC/ML LUER/LOCK TIP SYRINGE 50 PER BOX
 EXEL P/N 26280
 ESTIMATED USAGE 25 BOXES
 Do Not Substitute
 COST/BOX \$ 17.77 X 25=EST ANNUAL COST \$ 444.25 ✓

28. EXEL 50 CC/ML LUER/LOCK TIP SYRINGE 25 PER BOX
 EXEL P/N 26300
 ESTIMATED USAGE 10 BOXES
 Do Not Substitute
 COST/BOX \$ 14.91 X 10=EST ANNUAL COST \$ 149.10 ✓

29. EXEL 50 CC/ML CATHETER TIP SYRINGE 25 PER BOX
 EXEL P/N 26302
 ESTIMATED USAGE 10 BOXES
 Do Not Substitute
 COST/BOX \$ 14.92 X 10=EST ANNUAL COST \$ 149.20 ✓

30. EXEL MULTI JECT LUER ADAPTER 100 PER BOX
 EXEL P/N 26537
 ESTIMATED USAGE : 100 BOXES
 Do Not Substitute
 COST/BOX \$ 12.50 X 100=EST ANNUAL COST \$ 1250.00 ✓

TOTAL SECTION "B" \$ 9576.30 ✓

Section "C"

ITEM DESCRIPTION

31. INJECTION SITE, 200/CASE DESIRED
 BAXTER #2N3399
 ESTIMATED ANNUAL USAGE: 100 CASES
 Do Not Substitute
 COST/CASE \$ 234.99 X 100 = EST. ANNUAL COST \$ 23499.00 ✓

ITEM DESCRIPTION

32. LEVER CANNULA, 100/BOX DESIRED
 BECTON/DICKINSON #303370
 ESTIMATED ANNUAL USAGE: 100 BOXES
 Do Not Substitute
 COST/BOX \$ 42.02 X 100 = EST. ANNUAL COST \$ 4202.00 ✓
-
33. CLOCK ANEROID SPHYGMOMANOMETER EACH
 MABIS LEGACY MODEL 09-165-011 P/N 165001
 ESTIMATED ANNUAL USAGE: 30 EACH
 Do Not Substitute
 COST/EACH \$ 65.77 X 30=EST ANNUAL USAGE \$ 1973.10 ✓
-
34. LOW SORBING SET 20SETS/CASE
 ALARIS MEDICAL SYSTEMS REF # 28053
 ESTIMATED ANNUAL USAGE: 300 CASES
 Do Not Substitute
 COST/CASE \$ 178.40 X 300= EST ANNUAL COST \$ 53,520.00 ✓
-
35. 86" HALF SET W/VALVE PORT 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28117E
 ESTIMATED ANNUAL USAGE 60 CASES
 Do Not Substitute
 COST/CASE \$ 234.00 X 60 =EST ANNUAL COST \$ 14,040.00 ✓
-
36. 20 DROP SET W/2 VALVE PORTS 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28034E VENTED/UNVENTED
 ESTIMATED ANNUAL USAGE 80 CASES
 Do Not Substitute
 COST/CASE \$ 227.50 X 80 =EST ANNUAL COST \$ 18,200.00 ✓
-
37. INTERLINK BLUNT CANNULA 100 PER BOX
 BECTON DICKINSON P/N 303345
 ESTIMATED USAGE: 60 BOXES
 Do Not Substitute
 COST/BOX \$ 23.34 X 60=EST ANNUAL COST \$ 1400.40 ✓
-
- TOTAL SECTION "C"** \$ 116834.50 ✓

Section "D"

ITEM DESCRIPTION

38. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (SMALL) 50 PER BOX
 MICRO-FLEX P/N SEC-375S
 ESTIMATED ANNUAL USAGE: 600BOX
 Do Not Substitute
 COST/BOX \$ 5.22 X 600=EST ANNUAL COST \$ 3132.00 ✓

39. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (MEDIUM) 50 PER BOX
 MICRO-FLEX P/N SEC-375M
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ 5.22 X 1400=EST ANNUAL COST \$ 7308.00 ✓

40. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375L
 ESTIMATED ANNUAL USAGE: 1400BOX
 Do Not Substitute
 COST/BOX \$ 5.22 X 1400=EST ANNUAL COST \$ 7308.00 ✓

41. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (X-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XL
 ESTIMATED ANNUAL USAGE: 2160 BOX
 Do Not Substitute
 COST/BOX \$ 5.22 X 2160=EST ANNUAL COST \$ 11275.20 ✓

42. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (XX-LARGE) 50 PER BOX
 MICRO-FLEX P/N SEC-375XXL
 ESTIMATED ANNUAL USAGE: 340 BOX
 Do Not Substitute
 COST/BOX \$ 5.22 X 340 =EST ANNUAL COST \$ 1774.80 ✓

TOTAL SECTION "D" \$ 30,798. ✓

GRAND TOTAL FOR ALL SECTIONS \$ 296,374.40

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

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

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

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

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

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

1. How many employees are available to service this contract? 25

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

As a medical distribution company with 48 locations including Orlando and Jacksonville Fla we normally inventory these product types and will maintain adequate inventory of each of these products to support this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

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

Our inventory is demand driven. Upon award of this contract we will inventory all items herein included so as to be able to ship on your P.O. the required items. PSS is a \$1 Billion dollar company, we are able to supply your inventory needs.

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

Yes _____

No _____

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

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES

DATE SUBMITTED: 2-23 -04

VENDOR NAME: Bound Tree Medical LLC

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

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

The undersigned acknowledges receipt of Addenda numbers:
N/A

INSERT PRICES FROM ATTACHMENT A

TOTAL FROM ATTACHMENT A, SECTION A:	\$ <u>52,637.60</u>	✓
TOTAL FROM ATTACHMENT A, SECTION B:	\$ <u>99,727.05</u>	✓ \$99,556.29
TOTAL FROM ATTACHMENT A, SECTION C:	\$ <u>120,543.80</u>	✓
TOTAL FROM ATTACHMENT A, SECTION D:	\$ <u>23,056.00</u>	✓ \$27,376.00
GRAND TOTAL FOR ALL SECTIONS QUOTING	\$ <u>295,964.45</u>	✓ \$300,191.99

Is your firm interested in being considered for the Local Vendor Preference?
Yes _____ No ✓

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

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?
YES _____ NO ✓

TO BE DELIVERED WITHIN 3 - 5 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER. (Note: All orders must be delivered with 3-6 working days after a release has been made off an open purchase order.)

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

Are there any modifications to the quote or specifications:

Yes _____ No _____

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

MODIFICATIONS:

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

ANTI-COLLUSION STATEMENT

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

FIRM NAME

Bound Tree Medical LLC

BY (Printed):

Cathy A Taylor

BY (Signature):

Cathy A Taylor

TITLE:

Bid Specialist

FEDERAL ID # OR

S.S.# 31-1739487

ADDRESS:

6106 Bausch Rd

Galloway, OH 43119

PHONE NO.:

(800) 533-0523

FAX NO.: (800) 257-5713

CELLULAR PHONE/PAGER NO.: N/A

LEE COUNTY OCCUPATIONAL LICENSE

NUMBER: N/A

E-MAIL ADDRESS: CustomerServices@boundtree.com

REVISED: 7/28/00

**LEE COUNTY, FLORIDA
DETAILED SPECIFICATIONS
FOR THE PURCHASE OF
I.V. CATHETERS, NEEDLES, SOLUTIONS AND SUPPLIES**

(Please read detailed specifications before attempting to quote)

SCOPE

The intent of this specification is to provide for the purchase of I.V. Catheters, Needles, Solutions and Supplies for the Lee County Division of Public Safety, Emergency Medical Services (EMS), on an annual basis. For any questions regarding this quote please contact the purchasing agent listed on the cover page.

REQUIRED PRODUCTS

The items required under this quote and their estimated annual usage are listed on Attachment A. Vendors must price the items per the quantity and unit of measure listed on Attachment A. If the case or box quantity you are quoting differs from those listed, please list the case or box quantity your firm is quoting. Vendors are required to multiply the case, box, each, etc. price by the estimated annual usage, to provide the estimated total annual cost per item. If you have any questions or doubts regarding this paragraph do not attempt to quote until you understand. Call the purchasing agent listed on the cover sheet for clarification

TERM OF QUOTE

This quote shall be in effect for three years, or until new quotes are taken and awarded. This quote, or any portion thereof, has the option of being renewed for one additional two year period, upon mutual agreement of both parties, under the same terms and conditions.

DELIVERY REQUIREMENTS

* Items are to be delivered F.O.B. Destination, Freight Prepaid and Allowed. EMS may pick up items from vendors located in the metropolitan Fort Myers area, at its discretion. There shall be NO MINIMUM amount required for delivery. All orders of materials off this quotation must be made within 3-6 working after order has been placed. If the material is not available within the 3-6 working days Public Safety/EMS for Lee County reserves the right to obtain materials elsewhere.

BASIS OF AWARD

The basis of award for this quote will be low quoter meeting specifications per section, or overall low quoter meeting specifications, at Lee County's sole discretion. The award will be based on the extended cost of the estimated annual usage of the items. In order to be considered for award of a section all items in the section must be quoted. Preference will be given to vendors quoting all sections. Substitutions will not be allowed on any items listed in this quote.

Please double check all math on Attachment A (page 17) before transferring totals to the quote proposal form on page 12.

Lee County reserves the right, at the Purchasing Director's discretion, not to award certain items listed on the Proposal Quote Form.

DESIGNATED CONTACT

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

MAJOR BREAKDOWNS/NATURAL DISASTERS

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

BACKORDERS

Back orders will generally be allowed, subject to Lee County's approval. Backorders must be held to a minimum.

DISCONTINUED ITEMS

Lee County must approve substitutes for any discontinued items. If an acceptable substitute cannot be supplied, Lee County shall have the right to purchase that item elsewhere.

PRICE INCREASES

If the awarded vendor experiences a major price increase from suppliers for items in this quotation, the vendor may submit a written request to increase pricing. All information necessary to review and analyze the request must be submitted to Lee County Purchasing. Lee County shall have the right to grant the price increase, or requote, at the County's sole discretion.

LOCAL BIDDER'S PREFERENCE

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

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

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

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

ATTACHMENT A

Section "A"

ITEM DESCRIPTION

- 1 LACTATED RINGERS, 1000 ML, 12/CASE DESIRED
 BAXTER #2B2324 /602324
 ESTIMATED ANNUAL USAGE: 400 CASES
 Do Not Substitute
 COST/CASE \$ 16.92 X 400 = EST. ANNUAL COST \$ 6,768.00 ✓
Case

- 2 SODIUM CHLORIDE 0.9%, 250 ML, 36/CASE DESIRED
 BAXTER #2B1322Q /601322
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 29.52 X 150 = EST. ANNUAL COST \$ 4,428.00 ✓
Case

- 3 SODIUM CHLORIDE 0.9%, 1000 ML, 12/CASE DESIRED
 BAXTER #2B1324 /601324
 ESTIMATED ANNUAL USAGE: 150 CASES
 Do Not Substitute
 COST/CASE \$ 15.00 X 150 = EST. ANNUAL COST \$ 2,250.00 ✓
Case

- 4 LIDOCAINE 250 ML, 24/CASE DESIRED
 BAXTER #2B0972
 ESTIMATED ANNUAL USAGE: 30CASES
 Do Not Substitute
 Cost/Case \$ 91.25 X 30 = EST. ANNUAL COST \$ 2,737.50 ✓
Case

- 5 5% DEXTROSE 100ML SINGLE PACKS, ~~18~~³⁸/CASE DESIRED
 ABBOTT NDC # 0074-7923-23
 ESTIMATED ANNUAL USAGE: 10 CASES
 Do Not Substitute
 COST/CASE \$ 104.25 X 10 = EST. ANNUAL COST \$ 1,042.50 For 6 cases =
20/Case Case ✓
 480ml

ITEM DESCRIPTION

6. 400 MG DOPAMINE HCL IN 5% DEXTROSE INJ., 12/CASE DESIRED
 ABBOTT NDC #0074-7809-22
 ESTIMATED ANNUAL USAGE: 20 CASES
 Do Not Substitute
 COST/CASE $\$15.63 \times 20 =$ EST. ANNUAL COST $\$312.60$ ✓
12/case Case

7. SODIUM CHLORIDE 0.9% 100ml 48 PER CASE
 ABBOTT #NDC 0074-7984-23
 ESTIMATED ANNUAL USAGE: 30 CASES
 Do Not Substitute
 COST/CASE $\$142.20 \times 30 =$ EST ANNUAL COST $\$4,266.00$ ✓
Case

8. GLUCAGEN 1 mg EACH
 BEDFORD LAB #NDC 55390-004-01
 ESTIMATED USAGE: 500 EACH
 Do Not Substitute
 COST/EACH $\$62.50 \times 500 =$ EST ANNUAL COST $\$31,250.00$ ✓

TOTAL SECTION "A" $\$52,637.60$ ✓

Section "B"

ITEM DESCRIPTION

9. INSYTE AUTOGUARD 16 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381554
 ESTIMATED ANNUAL USAGE: 120 BOXES
 Do Not Substitute
 COST/ BOX $\$105.50 \times 120 =$ EST. ANNUAL COST $\$12,660.00$ ✓

10. INSYTE AUTOGUARD 18 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381557
 ESTIMATED ANNUAL USAGE: 300 BOXES
 Do Not Substitute
 COST/ BOX $\$105.50 \times 300 =$ EST. ANNUAL COST $\$31,650.00$ ✓
Box

11. INSYTE AUTOGUARD 20 gauge x 1.16" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381534
 ESTIMATED ANNUAL USAGE: 200 BOXES
 Do Not Substitute
 COST/ BOX $\$105.50 \times 200 =$ EST. ANNUAL COST $\$21,100.00$ ✓
Box

ITEM DESCRIPTION

12. INSYTE AUTOGUARD 22 gauge x 1.00" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381523
 ESTIMATED ANNUAL USAGE: 55 BOXES
 Do Not Substitute
 COST/ BOX \$~~105.50~~ X 55 = EST. ANNUAL COST \$5,802.50 ✓

13. INSYTE AUTOGUARD 24 gauge x 0.75" CATHETERS 50 / BOX DESIRED
 BECTON DICKINSON #381512
 ESTIMATED ANNUAL USAGE: 50 BOXES
 Do Not Substitute
 COST/ BOX \$ _____ X 50 = EST. ANNUAL COST \$ No Bid

14. INSYTE AUTOGUARD 14 gauge x 1.75 CATHETERS 50/BOX DESIRED
 BECTON DICKINSON #381467 / 355141
 ESTIMATED ANNUAL USAGE: 40 BOXES
 Do Not Substitute
 COST/BOX \$99.00 _{Box} X 40=EST. ANNUAL COST \$3,960.00 ✓

15. LIFEGUARD SAFETY NEEDLE 20 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-20-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 10=EST ANNUAL COST \$ No Bid

16. LIFEGUARD SAFETY NEEDLE 22 GA X 1" 20 PER BOX
 LIFEGUARD P/N LG-22-100Y
 ESTIMATED USAGE: 10 BOXES
 Do Not Substitute
 COST/BOX \$ _____ X 10=EST ANNUAL COST \$ No Bid

17. SHARPS CONTAINER LARGE EACH
 KENDALL P/N 31143699 / 294801
 ESTIMATED USAGE: 1300 EACH
 Do Not Substitute
 COST/EACH \$2.1300 X 1300 = EST ANNUAL COST \$2,769.00 ✓

18. UMBILICAL VESSELL CATHETER 3.5 FR EACH
 ARGYLE P/N 8888-160358
 Do Not Substitute
 ESTIMATED USAGE: 90 EACH
 COST/EACH \$ _____ X 90 = EST ANNUAL COST \$ No Bid

ITEM DESCRIPTION

19.	TERUMO CATHETER, 16 gauge X 2" SURFLO P/N SROX1651CA 601651T ESTIMATED USAGE: 10 BOXES Do Not Substitute COST/BOX \$ 55.50 Box X 10=EST ANNUAL COST	50 PER BOX \$555.00 ✓
20.	EXEL HYPODERMIC NEEDLES 18 GA x 1.5 EXEL P/N 26420 /620420 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ 314.00 Box X 20=EST ANNUAL COST	100 PER BOX \$6,280.00 ✓
21.	EXEL HYPODERMIC NEEDLES 21 GA x 1.5 EXEL P/N 26416 /620416 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ 314.00 Box X 20=EST ANNUAL COST	100 PER BOX \$6,280.00 ✓
22.	EXEL HYPODERMIC NEEDLES 25 GA x 5/8" EXEL P/N 26403 /620403 ESTIMATED USAGE: 20 BOXES Do Not Substitute COST/BOX \$ 314.00 Box X 20=EST ANNUAL COST	100 PER BOX \$6,280.00 ✓
23.	SPINAL NEEDLES WITH METAL HUB 18 X 3 1/2" SENSI-TOUCH MONOJECT P/N 220019 ESTIMATED USAGE: 5 BOXES Do Not Substitute 49.92 COST/BOX \$ 199.67 Case X 5=EST ANNUAL COST <i>case sold by case only 100/case</i>	25 PER BOX \$249.60 249.60 \$399.34 for 2 cases
24.	EXEL MULTI-SAMPLE LUER HOLDER EXEL HUBS P/N 26530 /601037 ESTIMATED USAGE: 200 BAGS Do Not Substitute COST/BAG \$.75 Bag X 200 = EST ANNUAL COST	100 PER BAG \$150.00 ✓
25.	EXEL 1CC SYRINGE W/25 gauge 5/8" NEEDLE EXEL P/N 26044 ESTIMATED USAGE: 10 BOXES Do Not Substitute 7.83 COST/BOX \$ 78.29 Case X 10=EST ANNUAL COST <i>Sold in case qty only 1000 ea /case</i>	100 PER BOX \$78.29 ✓

ITEM DESCRIPTION

26.	EXEL 10 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26265 / <u>620265</u> ESTIMATED USAGE 15 BOXES Do Not Substitute COST/BOX \$ <u>10.71</u> Box X 15=EST ANNUAL COST	100 PER BOX \$ <u>160.65</u> ✓
27.	EXEL 20 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26280 / <u>620280</u> ESTIMATED USAGE 25 BOXES Do Not Substitute COST/BOX \$ <u>13.71</u> Box X 25=EST ANNUAL COST	50 PER BOX \$ <u>342.75</u> ✓
28.	EXEL 50 CC/ML LUER/LOCK TIP SYRINGE EXEL P/N 26300 / <u>620300</u> ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ <u>10.48</u> Box X 10=EST ANNUAL COST	25 PER BOX \$ <u>104.80</u> ✓
29.	EXEL 50 CC/ML CATHETER TIP SYRINGE EXEL P/N 26302 ESTIMATED USAGE 10 BOXES Do Not Substitute COST/BOX \$ <u>62.86</u> X 10=EST ANNUAL COST <i>case Sold as Case only 25/Box 6 Boxes/case</i>	25 PER BOX <u>104.80</u> \$ <u>125.72</u> For 2 Cases
30.	EXEL MULTI JECT LUER ADAPTER EXEL P/N 26537 / <u>357290</u> ESTIMATED USAGE : 100 BOXES Do Not Substitute COST/BOX \$ <u>10.29</u> X 100=EST ANNUAL COST <i>Box</i>	100 PER BOX \$ <u>1,029.00</u> ✓

TOTAL SECTION "B" \$ 99,727.05

Section "C"

\$ 99,556.39

ITEM DESCRIPTION

31.	INJECTION SITE, 200/CASE DESIRED BAXTER #2N3399 / <u>353399</u> ESTIMATED ANNUAL USAGE: 100 CASES Do Not Substitute COST/CASE \$ <u>256.00</u> X 100 = EST. ANNUAL COST \$ <u>25,600.00</u> ✓ <i>Case</i>
-----	---

ITEM DESCRIPTION

32. LEVER CANNULA, 100/BOX DESIRED
 BECTON/DICKINSON #303370 / 353368
 ESTIMATED ANNUAL USAGE: 100 BOXES
 Do Not Substitute
 COST/BOX \$ 42.00 X 100 = EST. ANNUAL COST \$ 4,200.00 ✓
-
33. CLOCK ANEROID SPHYGMOMANOMETER EACH
 MABIS LEGACY MODEL 09-165-011 P/N 165001
 ESTIMATED ANNUAL USAGE: 30 EACH
 Do Not Substitute
 COST/EACH \$ 60.00 X 30=EST ANNUAL USAGE \$ 1,800.00 ✓
-
34. LOW SORBING SET 20SETS/CASE
 ALARIS MEDICAL SYSTEMS REF # 28053 / 60748
 ESTIMATED ANNUAL USAGE: 300 CASES
 Do Not Substitute 182.86
 COST/CASE \$ 182.86 X 300= EST ANNUAL COST \$ 54,858.00 ✓
-
35. 86" HALF SET W/VALVE PORT 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28117E / 352811
 ESTIMATED ANNUAL USAGE 60 CASES
 Do Not Substitute
 COST/CASE \$ 240.00 X 60 =EST ANNUAL COST \$ 14,400.00 ✓
-
36. 20 DROP SET W/2 VALVE PORTS 50SETS/CASE
 ALARIS MEDICAL SYSTEMS REF #28034E VENTED/UNVENTED 352803
 ESTIMATED ANNUAL USAGE 80 CASES
 Do Not Substitute
 COST/CASE \$ 228.50 X 80 =EST ANNUAL COST \$ 18,280.00 ✓
-
37. INTERLINK BLUNT CANNULA 100 PER BOX
 BECTON DICKINSON P/N 303345 / 353366
 ESTIMATED USAGE: 60 BOXES
 Do Not Substitute
 COST/BOX \$ 23.43 X 60=EST ANNUAL COST \$ 1,405.80 ✓
- TOTAL SECTION "C" \$ 120,543.80 ✓

Section "D"

ITEM DESCRIPTION

<p>38. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (SMALL) 50 PER BOX MICRO-FLEX P/N SEC-375S / 290325 ESTIMATED ANNUAL USAGE: 600BOX Do Not Substitute COST/BOX \$ 4.64 Box X 600=EST ANNUAL COST \$ <u>2,784.00</u> ✓</p>	
<hr/>	
<p>39. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (MEDIUM) 50 PER BOX MICRO-FLEX P/N SEC-375M / 290326 ESTIMATED ANNUAL USAGE: 1400BOX Do Not Substitute COST/BOX \$ 4.64 Box X 1400=EST ANNUAL COST \$ <u>6,496.00</u> ✓</p>	
<hr/>	
<p>40. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (LARGE) 50 PER BOX MICRO-FLEX P/N SEC-375L / 290327 ESTIMATED ANNUAL USAGE: 1400BOX Do Not Substitute COST/BOX \$ 4.64 Box X 1400=EST ANNUAL COST \$ <u>6,496.00</u> ✓</p>	
<hr/>	
<p>41. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (X-LARGE) 50 PER BOX MICRO-FLEX P/N SEC-375XL / 290328 ESTIMATED ANNUAL USAGE: 2160 BOX Do Not Substitute COST/BOX \$ 4.64 Box X 2160=EST ANNUAL COST \$ <u>5,702.40</u> 10,022.40</p>	
<hr/>	
<p>42. GLOVES MICRO-FLEX SUPRENO EC NON-LATEX (XX-LARGE) 50 PER BOX MICRO-FLEX P/N SEC-375XXL / R4388 ESTIMATED ANNUAL USAGE: 340 BOX Do Not Substitute COST/BOX \$ 4.64 Box X 340 =EST ANNUAL COST \$ <u>1,577.60</u> ✓</p>	
<hr/>	
<u>TOTAL SECTION "D"</u>	\$ <u>23,056.00</u> \$27,376.00
<hr/>	
GRAND TOTAL FOR ALL SECTIONS	\$ <u>295,964.45</u>

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

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

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

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

N/A

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

N/A

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

1. How many employees are available to service this contract? 150 total employees

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

Over 10,000 Stocked items + Customer Service
is available at our (800) 533-0523 number.

In addition we have a Company representative
for Florida for any assistance you may need. His name
is Frank Batsell and may also be reached through our
LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED 800 #.

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

Over 10,000 Stocked items + Customer Service is
available at our (800) 533-0523 number. In
addition we have a Company Representative for Florida
for any assistance you may need. His name is
Frank Hartsell and may also be contacted at our 800#.

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

Yes _____ No _____

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