

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

Blue Sheet No. 20050096

1. REQUESTED MOTION:

ACTION REQUESTED: Approve award of Quote # Q-050089, the purchase of Medical Products-Laerdal for Emergency Medical Services, for the Division of Public Safety (EMS), to the low quoters Laerdal Medical Corp., NASCO, Tri-Anim Health Services, Inc. and Southeastern Emergency Equipment per item as indicated on the attached tab sheet meeting all specification requirements. The initial term of this agreement is for one year. Request authority to renew this quotation for four additional one-year periods if in the best interest of the County, at the expiration of the original term. Estimated annual expenditures for these materials will be \$92,000. Funding will come from the individual divisions 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 materials. Estimated annual savings would be \$16,000.

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

C7A

3. MEETING DATE:

02-15-2005

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 *JW*

BACKGROUND: On December 28, 2004 Purchasing received eight (8) responses of which four were "No Bids" and four were quotes for the purchase of Medical Products-Laerdal for Emergency Medical Services. After thorough review of the quotes by Public Safety a recommendation was made to award per line item to the lowest quoter as indicated on the attached tab sheet.

Please see attachments:

- (1) Tabulation Sheet
- (2) Departments Recommendation
- (3) Specification
- (4) 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>JW</i>	<i>1-35-05</i> <i>1/28/05</i>	<i>N/A</i>		<i>1/28/05</i>	<i>1/28/05</i> <i>1/28/05</i>	<i>1/28/05</i>

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty
Date: *1/28/05*
Time: *2:00*
Forwarded To:
1/28/05 3:25pm

RECEIVED BY
COUNTY ADMIN:
3:40 PM SGT
1/28/05
COUNTY ADMIN
FORWARDED TO: *PM*
1/28/05
S. SUAN

FORMAL QUOTATION #Q-050089	LEE COUNTY, FLORIDA TABULATION SHEET				
OPENING DATE: December 28, 2004	FOR				
BUYER: Chris Jeffcoat	Medical Products-Laerdal for E.M.S.				
VENDORS	LAERDAL	NASCO	TRI-ANIM	SOUTHEASTERN	
	MEDICAL		HEALTH	EMERGENCY	
	CORP.		SERVICES, INC.	EQUIPMENT	
(1) Neck Pad Central Line					
Laerdal 092001 No Substitute					
Cost/Each	\$183.00	N.B.	\$202.05	\$180.00	
Cost/Each X 9=Annual Cost	\$1,647.00		\$1,818.45	\$1,620.00	
(2) IV Forearm Pads					
Laerdal 092101 No Substitute					
Cost/Each	\$68.00	N.B.	\$75.00	\$67.00	
Cost/Each X 10=Annual Cost	\$680.00		\$750.00	\$670.00	
(3) Hand Replacement Pads					
Laerdal 092102 No Substitute					
Cost/Each	\$68.00	N.B.	\$75.00	\$67.00	
Cost/Each X 10=Annual Cost	\$680.00		\$750.00	\$670.00	
(4) IO Leg Replacement Pads					
Laerdal 82305 No Substitute					
Cost/Each	\$108.00	N.B.	\$28.05	\$125.00	
Cost/Each X 10=Annual Cost	\$1,080.00		\$280.50	\$1,250.00	
(5) Cricthyroid Membrane Tape					
Laerdal 200-00250 No Substitute					
Cost/Each	\$14.00	N.B.	\$15.00	\$13.20	
Cost/Each X 6=Annual Cost	\$84.00		\$90.00	\$79.20	
(6) ALS Face Skin					
Laerdal 083310 No Substitute					
Cost/Each	\$53.00	N.B.	\$54.70	\$49.00	
Cost/Each X 5=Annual Cost	\$265.00		\$273.50	\$245.00	

ATTACHED

FORMAL QUOTATION #Q-050089	LEE COUNTY, FLORIDA TABULATION SHEET			
OPENING DATE: December 28, 2004	FOR			
BUYER: Chris Jeffcoat	Medical Products-Laerdal for E.M.S.			
VENDORS				
(7) Replacement Neck Skin				
Laerdal 261-01350 No Substitute				
Cost/Each	\$11.00	N.B.	\$11.47	\$10.20
Cost/Each X 17=Annual Cost	\$187.00		\$194.99	\$173.40
(8) Adapter				
Laerdal 945006 No Substitute				
Cost/Each	\$26.00	N.B.	\$27.52	\$25.99
Cost/Each X 9=Annual Cost	\$234.00		\$547.68	\$233.91
(9) Cable				
Laerdal 945006				
Cost/Each	\$66.00	N.B.	*\$27.52	\$59.90
Cost/Each X 9=Annual Cost	\$594.00		\$247.68	\$539.10
(10) Neck Skins				
Laerdal 381105 No Substitute				
Cost/Each	\$84.00	N.B.	\$15.44	\$96.99
Cost/Each X 20=Annual Cost	\$1,680.00		\$308.80	\$1,939.80
(11) ALS Baby 200				
Laerdal 080031 No Substitute				
Cost/Each	\$1,660.00	N.B.	\$1,660.00	\$1,640.00
Cost/Each X 4=Annual Cost	\$6,640.00		\$6,640.00	\$6,560.00

FORMAL QUOTATION #Q-050089	LEE COUNTY, FLORIDA TABULATION SHEET			
OPENING DATE: December 28, 2004	FOR			
BUYER: Chris Jeffcoat	Medical Products-Laerdal for E.M.S.			
VENDORS				
(12) MagaCode Kelly VitalSim Advanced				
Laerdal 200-0001 No Substitute				
Cost/Each	\$5,996.00	\$6,558.13	\$5,996.00	\$5,989.90
Cost/Each X 4=Annual Cost	\$23,984.00	\$26,232.52	\$23,984.00	\$23,959.60
(13) Trauma Module Set				
Laerdal 381500 No Substitute				
Cost/Each	\$1,156.00	N.B.	\$1,200.00	\$1,072.00
Cost/Each X 4=Annual Cost	\$4,624.00		\$4,800.00	\$4,288.00
(14) MegaCode Kid VitalSim				
Laerdal 231-0001 No Substitute				
Cost/Each	\$4,556.00	\$4,945.63	\$4,556.00	\$4,370.00
Cost/Each X 4=Annual Cost	\$18,224.00	\$19,782.52	\$18,224.00	\$17,480.00
(15) Pediatric Trauma Modules				
Laerdal 277-00001 No Substitute				
Cost/Each	\$723.00	\$743.75	\$750.00	\$671.00
Cost/Each X 4=Annual Cost	\$2,892.00	\$2,975.00	\$3,000.00	\$2,684.00
(16) Simulated NBC Modules				
Laerdal 276-15001 No Substitute				
Cost/Each	\$765.00	N.B.	\$794.11	\$764.00
Cost/Each X 6=Annual Cost	\$4,590.00		\$4,764.66	\$4,584.00

FORMAL QUOTATION #Q-050089	LEE COUNTY, FLORIDA TABULATION SHEET				
OPENING DATE: December 28, 2004	FOR				
BUYER: Chris Jeffcoat	Medical Products-Laerdal for E.M.S.				
VENDORS					
(17) External Jugular Modules					
Laerdal 275-00250 No Substitute					
Cost/Each	\$58.00	N.B.	\$57.35	\$52.00	
Cost/Each X 6=Annual Cost	\$348.00		\$344.10	\$312.00	
(18) 12 Lead Simulator					
Laerdal 9851-003 No Substitute					
Cost/Each	\$637.00	\$481.25	\$729.52	\$634.50	
Cost/Each X 6=Annual Cost	\$3,822.00	\$2,887.50	\$4,377.12	\$3,807.00	
(19) 2 Year Extended Warranty-Kelly					
Laerdal 200-00001X No Substitute					
Cost/Each	\$2,200.00	N.B.	\$2,941.20	N.B.	
Cost/Each X 6=Annual Cost	\$13,200.00		\$17,647.20		
(20) 2 Year Extended Warranty-Kid					
Laerdal 231-00001X No Substitute					
Cost/Each	\$1,518.00	N.B.	\$2,941.20	N.B.	
Cost/Each X 6=Annual Cost	\$9,108.00		\$17,647.20		
*Annual shipping and handling (Laerdal Only)	\$528.00				
GRAND TOTAL	\$95,091.00	\$51,877.54	\$106,389.88	\$71,095.01	
*Vendor quoted wrong item (item # 9)					
Option A:					
Laerdal Catalog Discount-List Less %	0	N/A	0	0	

**Lee County EMS
Training Division**

Memo

To: Chris Jeffcoat, Purchasing
From: Lt. Todd Bardell
CC: Deputy Chief Pcolar; Deputy Director EMS H. Chris Hansen
Date: 1/12/2005
Re: Laerdal Product Open Bid

Chris,

Please consider this notice that we shall proceed with the bid on a line item basis.

The cost savings of \$5,000.00+ is the in the best interest of all involved.

Please advise as what is to happen next.

R. Todd Bardell

Lt. Todd Bardell
Field Training Supervisor

From: Chris Hansen
To: CJeffcoat@leegov.com
Date: 1/12/05 9:39AM
Subject: Re: Laerdal Product Bid

Chris:

I concur with Richard's recommendation in the Laerdal matter.

Sincerely,

Chris Hansen, Deputy Director
Lee County Division of Public Safety
239-344-5404
chrish@leegov.com

>>> Richard Bardell 01/11/05 16:32 PM >>>
Chris,
Please see attached.

Todd

Lieutenant R. Todd Bardell
EMS Field Training Supervisor
1825 Hendry Street, Third Floor
Fort Myers, FL 33901
Phone: 239-344-5416
Fax: 239-344-5419
Rbardell@leegov.com

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CC: MIKEP@leegov.com,rbardell

ATTACHMENT 3



PROJECT NO.: Q-050089

OPEN DATE: December 28, 2004

AND TIME: 2:30 P.M.

PRE-BID DATE: December 16, 2004

AND TIME: 8:30 A.M.

LOCATION: LEE CO. DIVISION OF PURCHASING
1825 HENDRY ST.
FT. MYERS, FL. 33901

REQUEST FOR QUOTATIONS

TITLE:
**MEDICAL PRODUCTS-LAERDAL
FOR EMERGENCY MEDICAL SERVICES**

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, statutes, 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 MEDICAL PRODUCTS-LAERDAL
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: _____

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

GRAND TOTAL (For items 1-20) \$ _____

OPTION A:

LAERDAL CATALOG DISCOUNT- LIST LESS _____%

TO BE DELIVERED WITHIN _____ CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO _____

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.

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
MEDICAL PRODUCTS-LAERDAL FOR E.M.S.**

(Please read detailed specifications before attempting to quote)

SCOPE

The intent of this specification is to provide for the purchase of Laerdal Medical Supplies and warranties 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

For example: Currently we get this item 12 each per box. We want you to quote per each times 900 to give us the annual cost. Don't quote it per box, case etc. Quote it per our indication, the way we want you to quote it. We have chosen in most cases the smallest common unit of measurement to avoid the old problem of what is a case and what is a box.

If for some reason your packaging is different than 12 each per box you can indicate that on the line that states "Specify Package Details".

Elastic Bandage 4"

Dynarex 3654

Estimated Annual Usage: 900 EACH **No Substitute**

COST EACH \$ _____ X 900 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 12/BOX _____

Specify Package Details

TERM OF QUOTE

This quote shall be in effect for one year, or until new quotes are taken and awarded. This quote, or any portion thereof, has the option of being renewed for four additional one year periods, 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 days 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 per line item 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. **Substitutions will not be allowed on any items listed in this quote.**

Please double check all math on Attachment A (page 18) 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

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Neck Pad Central Line **Laerdal 092001**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ _____ X 9 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

2 IV Forearm Pads **Laerdal 092101**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

3 Hand Replacement Pads **Laerdal 092102**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

4 IO Leg Replacement Pads **Laerdal 82305**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 5/PKG _____

Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

5 Cricthyroid Membrane Tape **Laerdal 200-00250**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ _____ X 6 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____

Specify Package Details

6 ALS Face Skin **Laerdal 083310**

Estimated Annual Usage: 5 EACH **No Substitute**

COST EACH \$ _____ X 5 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH. _____

Specify Package Details

7 Replacement Neck Skin **Laerdal 261-01350**

Estimated Annual Usage: 17 EACH **No Substitute**

COST EACH \$ _____ X 17 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

8 Adapter **Laerdal 945006**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ _____ X 9 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

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.

**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 PURCHASING - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- 1. The Quote has been signed.
- 2. The Quote prices offered have been reviewed.
- 3. The price extensions and totals have been checked.
- 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- 6. All modifications have been acknowledged in the space provided.
- 7. All addendums issued, if any, have been acknowledged in the space provided.
- 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- 10. Any Delivery information required is included.

11. The mailing envelope has been addressed to:

MAILING ADDRESS

Lee County Purchasing
P.O. Box 398 or
Ft. Myers, FL 33902-0398

PHYSICAL ADDRESS

Lee County Purchasing
1825 Hendry St 3rd Floor
Ft. Myers, FL 33901

- 12. The mailing envelope **MUST** be sealed and marked with:
Quote Number
Opening Date and/or Receiving Date
- 13. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- 14. If submitting a "NO BID" please write quote number here _____
and check one of the following:
 Do not offer this product Insufficient time to respond.
 Unable to meet specifications (why)
 Unable to meet bond or insurance requirement.
Other: _____
Company Name and Address:

4

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL PRODUCTS-LAERDAL
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES**

DATE SUBMITTED: 12/17/04

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

GRAND TOTAL (For items 1-20) \$ 95,091.00 ✓

OPTION A:

LAERDAL CATALOG DISCOUNT- LIST LESS 0 %

TO BE DELIVERED WITHIN 3-6 *From N.Y.* CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER. *am*

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

YES _____ NO ✓ N.Y.

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

Yes _____ No ✓ N.Y.

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.

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 Laeroyal Medical Corp.
BY (Printed): Catherine G. Masten
BY (Signature): Catherine G. Masten
TITLE: Contract Specialist
FEDERAL ID # OR S.S.# 13-2587752
ADDRESS: 167 Myers Corners Rd.
Wappingers Falls, NY 12590
PHONE NO.: 845-297-7770 x3692
FAX NO.: 800-266-4359

CELLULAR PHONE/PAGER NO.: —

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: —

E-MAIL ADDRESS: Catherine.masten@laeroyal.com

REVISED: 7/28/00

ATTACHMENT A

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Neck Pad Central Line **Laerdal 092001**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ 183.00 X 9 = EST. ANNUAL COST \$ 1647.00 ✓

PACKAGED APPROX. EACH each

Specify Package Details

2 IV Forearm Pads **Laerdal 092101**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ 68.00 X 10 = EST. ANNUAL COST \$ 680.00 ✓

PACKAGED APPROX. EACH each

Specify Package Details

3 Hand Replacement Pads **Laerdal 092102**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ 68.00 X 10 = EST. ANNUAL COST \$ 680.00 ✓

PACKAGED APPROX. EACH each.

Specify Package Details

4 IO Leg Replacement Pads **Laerdal 82305**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ 108.00 X 10 = EST. ANNUAL COST \$ 1080.00 ✓

PACKAGED APPROX. 5/PKG _____

Specify Package Details

pkg/5

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

5 Cricthyroid Membrane Tape **Laerdal 200-00250**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 14.00 X 6 = EST. ANNUAL COST \$ 84.00 ✓

DESIRED PACKAGING: EACH pack.
Specify Package Details

6 ALS Face Skin **Laerdal 083310**

Estimated Annual Usage: 5 EACH **No Substitute**

COST EACH \$ 53.00 X 5 = EST. ANNUAL COST \$ 265.00 ✓

PACKAGED APPROX. EACH. pack
Specify Package Details

7 Replacement Neck Skin **Laerdal 261-01350**

Estimated Annual Usage: 17 EACH **No Substitute**

COST EACH \$ 11.00 X 17 = EST. ANNUAL COST \$ 187.00 ✓

PACKAGED APPROX. EACH pack
Specify Package Details

8 Adapter **Laerdal 945006**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ 26.00 X 9 = EST. ANNUAL COST \$ 234.00 ✓

PACKAGED APPROX. EACH pa.
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

9 Cable **Laerdal 945006**
 Estimated Annual Usage: 9 EACH **No Substitute**
 COST EACH \$ 66.00 X 9 = EST. ANNUAL COST \$ 594.00 ✓
 DESIRED PACKAGING: EACH each
 Specify Package Details

10 Neck Skins **Laerdal 381105**
 Estimated Annual Usage: 20 EACH **No Substitute**
 COST EACH \$ 84.00 X 20 = EST. ANNUAL COST \$ 1680.00 ✓
 PACKAGED APPROX. 6/PKG 6 pkg.
 Specify Package Details

11 ALS Baby 200 **Laerdal 080031**
 Estimated Annual Usage: 4 EACH **No Substitute**
 COST EACH \$ 1660.00 X 4 = EST. ANNUAL COST \$ 6640.00 ✓
 PACKAGED APPROX. EACH each
 Specify Package Details

12 MagaCode Kelly VitalSim Advanced **Laerdal 200-00001**
 Estimated Annual Usage: 4 EACH **No Substitute**
 COST EACH \$ 5996.00 X 4 = EST. ANNUAL COST \$ 23,984.00 ✓
 PACKAGED APPROX. EACH each
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

13 Trauma Module Set **Laerdal 381500**
 Estimated Annual Usage: 4 EACH **No Substitute**
 COST EACH \$ 1,156.00 X 4 = EST. ANNUAL COST \$ 4,624.00 ^{cm} ✓
 DESIRED PACKAGING: EACH each
 Specify Package Details

14 MegaCode Kid VitalSim **Laerdal 231-00001**
 Estimated Annual Usage: 4 EACH **No Substitute**
 COST EACH \$ 4,556.00 X 4 = EST. ANNUAL COST \$ 18,224.00 ✓
 PACKAGED APPROX. EACH each
 Specify Package Details

15 Pediatric Trauma Modules **Laerdal 277-00001**
 Estimated Annual Usage: 4 EACH **No Substitute**
 COST EACH \$ 723.00 X 4 = EST. ANNUAL COST \$ 2,892.00 ✓
 PACKAGED APPROX. EACH each
 Specify Package Details

16 Simulated NBC Modules **Laerdal 276-15001**
 Estimated Annual Usage: 6 EACH **No Substitute**
 COST EACH \$ 765.00 X 6 = EST. ANNUAL COST \$ 4,590.00 ✓
 DESIRED PACKAGING: EACH each
 Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

17 External Jugular Modules **Laerdal 275-00250**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 58.00 X 6 = EST. ANNUAL COST \$ 348.00 ✓

DESIRED PACKAGING: EACH each
Specify Package Details

18 12 Lead Simulator **Laerdal 9851-003**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 637.00 X 6 = EST. ANNUAL COST \$ 3822.00 ✓

DESIRED PACKAGING: EACH each
Specify Package Details

(The next two items are for extended warranties)

19 2 Year Extended Warranty-Kelly **Laerdal 200-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ 2200.00 = COST \$ 13,200.00 ✓

each

20 2 Year Extended Warranty-Kid **Laerdal 231-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ 1518.00 X 6 = COST \$ 9108.00 ✓

Shipping + Handling \$ 528.00 ✓
GRAND TOTAL \$ 95091.00 ✓

December 17, 2004

Mr. Chris Jeffcoat, Purchasing Agent
Lee County Purchasing
1825 Hendry St. 3rd Floor
Ft. Myers, FL 33901

Dear Mr. Jeffcoat,

Laerdal Medical Corporation is pleased to present the enclosed response to your Invitation to Bid #Q-050089. We have also sent a catalog for your review by separate cover.

For more than 30 years, we have been recognized as a leading supplier of basic and advanced life support training solutions and emergency medical equipment.

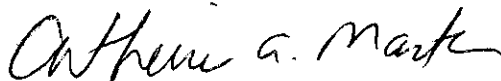
Laerdal is dedicated to Helping Save Lives with products, services and system solutions for CPR Training, Airway Management, Advanced Life Support Training, Spinal Motion Restriction and Patient Simulation.

We remain committed to providing the highest quality products, services and support that you have come to rely upon.

We thank you for your interest in our products and look forward to a future business relationship with your organization.

Should you have any questions, please call 800-648-1851 x 3692.

Sincerely,



Catherine A. Masten
Contract Specialist

Laerdal Medical Corporation

167 Myers Corners Road, P.O. Box 1840, Wappingers Falls, NY 12590-8840
845-297-7770 • Fax: 845-297-1137
Customer Support: 877-LAERDAL (523-7325) • Fax: 800-227-1143 or 845-298-4545
Sales Representatives: 800-648-1851 • E-mail: busdev@laerdal.com • www.Laerdal.com



Laerdal™
helping save lives

December 17, 2004

Mr. Chris Jeffcoat, Purchasing Agent
Lee County Purchasing
1825 Hendry St. 3rd Floor
Ft. Myers, FL 33901

Dear Mr. Jeffcoat,

Please reference your Bid #Q-050089 on all correspondence and purchase orders placed against this request.

For our bid tracking purposes, we would appreciate receiving the bid results/tabulation and AWARD information for this request.

For your convenience, we have enclosed a return envelope or you may FAX the following information to us at: 800-266-4359 or you may e-mail the results to catherine.masten@laerdal.com.

AWARDED TO LAERDAL _____ (Y or N)

REASON: _____

AWARDED TO: _____

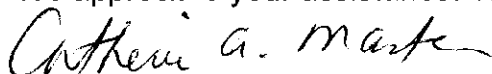
If a fee is required TO RECEIVE BID TABULATIONS, please indicate the required amount and who should receive the request.

AMOUNT: _____

CONTACT: _____

TELEPHONE #: _____

We appreciate your assistance. Thank you.



Catherine A. Masten
Contract Specialist

Laerdal Medical Corporation

167 Myers Corners Road, P.O. Box 1840, Wappingers Falls, NY 12590-8840

845-297-7770 • Fax: 845-297-1137

Customer Support: 877-LAERDAL (523-7325) • Fax: 800-227-1143 or 845-298-4545

Sales Representatives: 800-648-1851 • E-mail: busdev@laerdal.com • www.Laerdal.com



Laerdal™

helping save lives

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

GRAND TOTAL (For items 1-20) \$ 71,059.01

\$71,095.01
Q.S.

OPTION A:

LAERDAL CATALOG DISCOUNT- LIST LESS _____%

TO BE DELIVERED WITHIN 10-14 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO

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.

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.

ITEM 19 and 20

Warranty is between manufacturer and inuser.

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: SOUTHEASTERN EMERGENCY EQUIPMENT

BY (Printed): TANYA LOWERY

BY (Signature): Tanya Lowery

TITLE: CUSTOMER SERVICE REP

FEDERAL ID # OR S.S.# 56-1246302

ADDRESS: PO BOX 1196

WAKE FOREST NC 27588

PHONE NO.: 800-334-6656

FAX NO.: 919-556-1048

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: tanya @ seequip.com

REVISED: 7/28/00

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

9 Cable **Laerdal 945006** *945004*

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ 59.90 X 9 = EST. ANNUAL COST \$ 539.10 ✓

DESIRED PACKAGING: EACH Each

Specify Package Details

10 Neck Skins **Laerdal 381105**

Estimated Annual Usage: 20 EACH **No Substitute**

COST EACH \$ 96.99 X 20 = EST. ANNUAL COST \$ 1939.80 ✓

PACKAGED APPROX. 6/PKG 6/pk

Specify Package Details

11 ALS Baby 200 **Laerdal 080031**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ 1640.00 X 4 = EST. ANNUAL COST \$ 6560.00 ✓

PACKAGED APPROX. EACH Each

Specify Package Details

12 MagaCode Kelly VitalSim Advanced **Laerdal 200-00001**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ 5989.90 X 4 = EST. ANNUAL COST \$ 23,959.60 ✓

PACKAGED APPROX. EACH Each

Specify Package Details

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 52.00 X 6 = EST. ANNUAL COST \$ 312.00 ✓

DESIRED PACKAGING: EACH Each
Specify Package Details

18 12 Lead Simulator **Laerdal 9851-003**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 634.50 X 6 = EST. ANNUAL COST \$ 3807.00 ✓

DESIRED PACKAGING: EACH Each
Specify Package Details

(The next two items are for extended warranties)

19 2 Year Extended Warranty-Kelly **Laerdal 200-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ _____ X 6 = COST \$ _____

Warranty is between manufacturer and inuser

20 2 Year Extended Warranty-Kid **Laerdal 231-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ _____ X 6 = COST \$ _____

Warranty is between manufacturer and inuser

GRAND TOTAL \$ 71,059.01

\$71,095.01

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.

GD.

FORMAL QUOTE NO.: Q-050089

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

GRAND TOTAL (For items 1-20) \$ 106389.90

*\$106,389.88
28.*

OPTION A:

LAERDAL CATALOG DISCOUNT- LIST LESS 0 %

TO BE DELIVERED WITHIN 36 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO

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.

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:

FORMAL QUOTE NO.: Q-050089

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.

FORMAL QUOTE NO.: Q-050089

FIRM NAME Tri-anim Health Services, Inc

BY (Printed): Jo Ann Rudd

BY (Signature): Jo Ann Rudd

TITLE: Customer Service

FEDERAL ID # OR S.S.# 95-2959155

ADDRESS: 13170 Telfair Ave

Sylmar, CA 91342

PHONE NO.: 800-874-2646

FAX NO.: 800-309-6436

CELLULAR PHONE/PAGER NO.: 954-309-9793 Toni Crimi

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: J.Rudd@Tri-anim.com or _____

REVISOR: 7/28/00 T. Crimi @Tri-anim.com

FORMAL QUOTE NO.: Q-050089

ATTACHMENT A

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Neck Pad Central Line **Laerdal 092001** 485-092001
Estimated Annual Usage: 9 EACH **No Substitute**
COST EACH \$202.05 X 9 = EST. ANNUAL COST \$ 1818.45 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

2 IV Forearm Pads **Laerdal 092101** 485-092101
Estimated Annual Usage: 10 EACH **No Substitute**
COST EACH \$75.00 X 10 = EST. ANNUAL COST \$ 750.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

3 Hand Replacement Pads **Laerdal 092102** 485-092102
Estimated Annual Usage: 10 EACH **No Substitute**
COST EACH \$75.00 X 10 = EST. ANNUAL COST \$ 750.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

4 IO Leg Replacement Pads **Laerdal 82305** 485-082305
Estimated Annual Usage: 10 EACH **No Substitute**
COST EACH \$28.05 X 10 = EST. ANNUAL COST \$ 280.50 ✓
PACKAGED APPROX. 5/PKG 5/pk
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

5 Cricthyroid Membrane Tape **Laerdal 200-00250** 485-200-00250
 Estimated Annual Usage: 6 EACH **No Substitute**
 COST EACH \$ 15.00 X 6 = EST. ANNUAL COST \$ 90.00 ✓
 DESIRED PACKAGING: EACH Each
 Specify Package Details

6 ALS Face Skin **Laerdal 083310**
 Estimated Annual Usage: 5 EACH **No Substitute**
 COST EACH \$ 54.70 X 5 = EST. ANNUAL COST \$ 273.50 ✓
 PACKAGED APPROX. EACH. Each
 Specify Package Details

7 Replacement Neck Skin **Laerdal 261-01350** 485-261-01350
 Estimated Annual Usage: 17 EACH **No Substitute**
 COST EACH \$ 11.47 X 17 = EST. ANNUAL COST \$ 194.99 ✓
 PACKAGED APPROX. EACH Each
 Specify Package Details

8 Adapter **Laerdal 945006** 485-945006
 Estimated Annual Usage: 9 EACH **No Substitute**
 COST EACH \$ 27.52 X 9 = EST. ANNUAL COST \$ 247.68 ✓
 PACKAGED APPROX. EACH Each
 Specify Package Details

FORMAL QUOTE NO.: Q-050089

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

9 Cable **Laerdal 945006** 485-945006
Estimated Annual Usage: 9 EACH **No Substitute**
COST EACH \$ 27.52 X 9 = EST. ANNUAL COST \$ 247.68 ✓ Same as line #8
DESIRED PACKAGING: EACH Each
Specify Package Details

10 Neck Skins **Laerdal 381105**
Estimated Annual Usage: 20 EACH **No Substitute**
COST EACH \$ 15.44 X 20 = EST. ANNUAL COST \$ 308.80 ✓
PACKAGED APPROX. 6/PKG 6/pkg
Specify Package Details

11 ALS Baby 200 **Laerdal 080031** 485-080031
Estimated Annual Usage: 4 EACH **No Substitute**
COST EACH \$ 1660.00 X 4 = EST. ANNUAL COST \$ 6640.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

12 MagaCode Kelly VitalSim Advanced **Laerdal 200-00001** 485-200-00001
Estimated Annual Usage: 4 EACH **No Substitute**
COST EACH \$ 5996.00 X 4 = EST. ANNUAL COST \$ 23984.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

FORMAL QUOTE NO.: Q-050089

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

13 Trauma Module Set **Laerdal 381500** 485-381500
Estimated Annual Usage: 4 EACH **No Substitute**
COST EACH \$ 1200.00 X 4 = EST. ANNUAL COST \$ 4800.00 ✓
DESIRED PACKAGING: EACH Each
Specify Package Details

14 MegaCode Kid VitalSim **Laerdal 231-00001** 485-231-00001
Estimated Annual Usage: 4 EACH **No Substitute**
COST EACH \$ 456.00 X 4 = EST. ANNUAL COST \$ 1824.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

15 Pediatric Trauma Modules **Laerdal 277-00001** 485-277-00001
Estimated Annual Usage: 4 EACH **No Substitute**
COST EACH \$ 750.00 X 4 = EST. ANNUAL COST \$ 3000.00 ✓
PACKAGED APPROX. EACH Each
Specify Package Details

16 Simulated NBC Modules **Laerdal 276-15001** 485-276-15001
Estimated Annual Usage: 6 EACH **No Substitute**
COST EACH \$ 794.11 X 6 = EST. ANNUAL COST \$ 4764.66 ✓
DESIRED PACKAGING: EACH Each
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

17 External Jugular Modules **Laerdal 275-00250**

FORMAL QUOTE NO.: Q-050089

Estimated Annual Usage: 6 EACH No Substitute

COST EACH \$57.35 X 6 = EST. ANNUAL COST \$ 344.10 ✓

DESIRED PACKAGING: EACH Each
Specify Package Details

18 12 Lead Simulator

Laerdal 9851-003

485-9851-003

Estimated Annual Usage: 6 EACH No Substitute

COST EACH \$729.52 X 6 = EST. ANNUAL COST \$ 4377.12 ✓

DESIRED PACKAGING: EACH Each
Specify Package Details

(The next two items are for extended warranties)

485-200-00001EXW

19 2 Year Extended Warranty-Kelly Laerdal 200-00001X

Usage: 6 (EACH- 2yr. Extended Warranties) No Substitute

COST EACH \$2941.20 X 6 = COST \$ 17647.20 ✓

20 2 Year Extended Warranty-Kid Laerdal 231-00001X

485-231-00001EXW

Usage: 6 (EACH- 2yr. Extended Warranties) No Substitute

COST EACH \$2941.20 X 6 = COST \$ 17647.20 ✓

GRAND TOTAL \$ 106389.90

\$106,389.88
CS.

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.

LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE PURCHASE OF MEDICAL PRODUCTS-LAERDAL
FOR LEE COUNTY EMERGENCY MEDICAL SERVICES

DATE SUBMITTED: 12-9-04

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

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

The undersigned acknowledges receipt of Addenda numbers:

INSERT PRICES ON ATTACHMENT A

GRAND TOTAL (For items 1-20) \$ 51,877.54 ✓

* Prices firm thru 12-28-05

OPTION A:

LAERDAL CATALOG DISCOUNT- LIST LESS N/A %

TO BE DELIVERED WITHIN 30 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

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

YES _____ NO X

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

Yes _____ No X

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.

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 X 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:

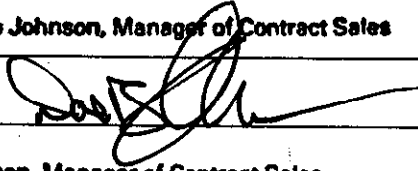
Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote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

ANTI-COLLUSION STATEMENT

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FIRM NAME **NASCO**

BY (Printed): **Dave Johnson, Manager of Contract Sales**

BY (Signature): 

TITLE: **Dave Johnson, Manager of Contract Sales**

FEDERAL ID # OR S.S.# **06-1165854**

ADDRESS: **NASCO**
901 Janesville Ave.
P.O. Box 901

PHONE NO.: **Fort Atkinson, WI 53538-0901**

FAX NO.: **PHONE 1-800-558-9595**
FAX 1-920-563-8296

CELLULAR PHONE/PAGER NO.: _____

LEE COUNTY OCCUPATIONAL LICENSE NUMBER: _____

E-MAIL ADDRESS: **www.eNASCO.com**
E-mail: info@eNASCO.com

REVISED: 7/28/00

ATTACHMENT A

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

1 Neck Pad Central Line **Laerdal 092001**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ _____ X 9 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

2 IV Forearm Pads **Laerdal 092101**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

3 Hand Replacement Pads **Laerdal 092102**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

4 IO Leg Replacement Pads **Laerdal 82305**

Estimated Annual Usage: 10 EACH **No Substitute**

COST EACH \$ _____ X 10 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 5/PKG _____

Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

5 Cricthyroid Membrane Tape **Laerdal 200-00250**
Estimated Annual Usage: 6 EACH **No Substitute**
COST EACH \$ _____ X 6 = EST. ANNUAL COST \$ _____
DESIRED PACKAGING: EACH _____
Specify Package Details

6 ALS Face Skin **Laerdal 083310**
Estimated Annual Usage: 5 EACH **No Substitute**
COST EACH \$ _____ X 5 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. EACH. _____
Specify Package Details

7 Replacement Neck Skin **Laerdal 261-01350**
Estimated Annual Usage: 17 EACH **No Substitute**
COST EACH \$ _____ X 17 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. EACH _____
Specify Package Details

8 Adapter **Laerdal 945006**
Estimated Annual Usage: 9 EACH **No Substitute**
COST EACH \$ _____ X 9 = EST. ANNUAL COST \$ _____
PACKAGED APPROX. EACH _____
Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

9 Cable **Laerdal 945006**

Estimated Annual Usage: 9 EACH **No Substitute**

COST EACH \$ _____ X 9 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____

Specify Package Details

10 Neck Skins **Laerdal 381105**

Estimated Annual Usage: 20 EACH **No Substitute**

COST EACH \$ _____ X 20 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. 6/PKG _____

Specify Package Details

11 ALS Baby 200 **Laerdal 080031**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ _____ X 4 = EST. ANNUAL COST \$ _____

PACKAGED APPROX. EACH _____

Specify Package Details

12 MagaCode Kelly VitalSim Advanced **Laerdal 200-00001** **LG0215746**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ **6558.13** X 4 = EST. ANNUAL COST \$ _____ **26232.52** ✓ **0.2.**

PACKAGED APPROX. EACH _____

Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

13 Trauma Module Set **Laerdal 381500**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ _____ X 4 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____

Specify Package Details

14 MegaCode Kid VitalSim **Laerdal 231-00001** **LG02145UG**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ 4945.63 X 4 = EST. ANNUAL COST \$ 19782.52 ✓

PACKAGED APPROX. EACH _____

Specify Package Details

15 Pediatric Trauma Modules **Laerdal 277-00001** **LG02035UG**

Estimated Annual Usage: 4 EACH **No Substitute**

COST EACH \$ 743.75 X 4 = EST. ANNUAL COST \$ 2975.00 ✓

PACKAGED APPROX. EACH _____

Specify Package Details

16 Simulated NBC Modules **Laerdal 276-15001**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ _____ X 6 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____

Specify Package Details

ITEM DESCRIPTION SPECIFY PRODUCT & MANUFACTURER

17 External Jugular Modules **Laerdal 275-00250**

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ _____ X 6 = EST. ANNUAL COST \$ _____

DESIRED PACKAGING: EACH _____

Specify Package Details

18 12 Lead Simulator **Laerdal 9851-003** *SB3361206*

Estimated Annual Usage: 6 EACH **No Substitute**

COST EACH \$ 481.25 X 6 = EST. ANNUAL COST \$ 2887.50 ✓

DESIRED PACKAGING: EACH _____

Specify Package Details

(The next two items are for extended warranties)

19 2 Year Extended Warranty-Kelly **Laerdal 200-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ _____ X 6 = COST \$ _____

20 2 Year Extended Warranty-Kid **Laerdal 231-00001X**

Usage: 6 (EACH- 2yr. Extended Warranties) **No Substitute**

COST EACH \$ _____ X 6 = COST \$ _____

GRAND TOTAL \$ _____

\$51,877.54