



HABERSHAM COUNTY  
GEORGIA | Est. 1818

**HABERSHAM COUNTY**  
**Office of County Commissioners**  
130 Jacobs Way, Suite 302, Clarkesville, GA 30523  
706-839-0200

[www.habershamga.com](http://www.habershamga.com)

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## REQUEST FOR PROPOSALS

Habersham County Office of County Commissioners is soliciting proposals for  
Habersham County Emergency Service Medical Supplies

### PROPOSALS DUE:

March 13, 2024  
2:00 PM EST

### SUBMIT PROPOSALS TO:

Habersham County  
Purchasing, Finance Department  
“Habersham County Emergency Service Medical Supplies”  
130 Jacobs Way, Suite 302  
Clarkesville, GA 30523  
[purchasing@habershamga.com](mailto:purchasing@habershamga.com)  
706-839-0200



Office of County Commissioners  
Ambulance Transport Billing  
Proposal Due Wednesday, March 6, 2024  
2:00 PM EST

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## RFP Timetable

Description	Date
RFP released	February 14, 2024
Deadline for proposal questions	March 1, 2024 at 5:00 PM EST
<b>Submittal deadline</b>	<b>Wednesday March 13, 2024 at 2:00 PM EST</b>
Tentative award date	April 15, 2024

### Submittal Requirements

Each bidder must submit their proposal, enclosed in a sealed envelope or box, and marked with the bidders' name, address and labeled: **“Habersham County Emergency Service Medical Supplies”** and addressed to:

Habersham County  
Purchasing, Finance Department  
130 Jacobs Way, Suite 302  
Clarkesville, GA 30523

Proposals shall be received no later than **2:00 PM, Wednesday March 13, 2024**, at Habersham County's Administration Building at 130 Jacobs Way, Suite 302 Clarkesville, GA 30523, at which time and place all proposals will be publicly opened and acknowledged.

### Qualifications and Experience

Proposals must provide the following information to establish the qualifications and experience of the Bidder:

1. Certification that the Bidder or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor ever filed under the Bankruptcy Act within the previous seven years. Additionally, the bidder must have been in business one or more years.

### Background

Habersham County Emergency Medical Service is a full Advanced Life Support (ALS) service which provides ALS assessment, treatment, and transportation to the sick and injured residents and sojourners of Habersham County.

The Service handles approximately 10,000 emergency and non-emergency transportation calls per year.

Habersham County is soliciting sealed bids from qualified vendors who provide emergency service medical supplies to procure through a guaranteed-pricing annual contract.

The following data depict the approximate number of EMS and FIRE calls for each respective Fiscal Year.

	EMS CALLS	FIRE CALLS
FY21	9,910	3,567
FY22	9,998	3,572
FY23	9,846	3,645

The following information is the overall spend analysis for each respective fiscal year and is given as informational purposes for reference only. This information shall not be construed as a representation of what will be ordered under this contract.

- 2021 - \$77,348.19
- 2022 - \$98,427.98
- 2023 - \$100,362.90

### **Terms & Conditions**

1. Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. The Habersham County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the improper designation.
2. Habersham County reserves the right to reject all proposals. The County will not discriminate against any vendor submitting a bid because of race, creed, color, national origin, or handicap.
3. Habersham County reserves the right to exercise discretion and apply its judgment with respect to all bid proposals submitted. The County also reserves the right to reject all proposals, either in part or in its entirety, or to request and obtain, from one or more of consulting firms submitting proposals, supplementary information may be necessary for County staff to analyze the bids proposals.
4. Habersham County may elect to award a contract in multiple phases, as is deemed to be in the County's best interest. Should the County award project in phases, the County reserves the right to award the phases to the same firm. All proposals submitted in response to the RFP become property of Habersham County and public records and will be subject to public view.
5. All proposals shall constitute, for a period of 90 calendar days from date of award, an irrevocable offer to provide the goods/services set forth in the specifications and proposal.
6. At no time shall the successful vendor reproduce Habersham County's logo, return address or any other identifying or proprietary information for any other purpose. Also, the vendor shall not use Habersham County in any advertisements without the written consent of the County.
7. Habersham County Government is tax exempt. The selected vendor will be provided with Habersham County's Sales and Use Tax Certificate of Exemption number upon request.
8. The initial term of a contract award as a result of this RFP shall be from July 1, 2024, through June 30, 2025. The contract may be renewed according to the terms stated herein for two (2) additional one (1) year periods. For any of the two (2) potential Contract Agreement Extensions the Vendor may request an increase provided the increase does not exceed ten percent (5%) and must be agreeable to both parties. Additionally, Habersham County has the right to cancel this contract with 60 days' written notice upon unsatisfactory service.
9. A complete IRS form W-9 must be submitted with the bid packet to be considered completed.

10. The selected vendor will be required to provide a Certification of Insurance as proof of liability and workman's compensation insurance while under contract with Habersham County. Workman's Compensation Insurance should be as required by the State of Georgia. General Liability at a minimum should cover \$1,000,000 per incident. Habersham County Board of Commissioners shall be named as additionally insured for the project herein.

## **Scope of Work**

### **Specifications**

All products submitted must meet their needs and expectations and must be of high quality.

The Contractor must provide the products detailed on the Vendor's Price Proposal Form starting on page 6 when a request by the Habersham County Emergency Services Director, or his designee.

The chart lists the most common medical supply related materials used by the Habersham County Emergency Services; however, this department may request items not listed within this document. The Contractor is to provide a discount percentage for non-contracted pieces.

The Contractor must have the ability to provide the Habersham County Emergency Service Director, or his designee, with a catalog of products and have an internet website for online ordering.

Habersham County shall not be required to purchase a minimum number nor be limited to a maximum number of contracted products during the contract period. Quantities ordered will be based upon the needs of the County at the costs listed on the Vendor's Price Proposal Form.

Bidders must furnish specification sheets or similar data to support the requirements. Bidders may provide comparable substitutions, unless otherwise stated. Do not submit samples at time of bid. If requested, bidders must supply samples of items to ensure compliance with specifications. Samples must be provided within twenty- four (24) hours at no expense to the County and will remain as part of the solicitation file.

Bidders are to report delivery time on the Vendor's Price Proposal Form.

### **Delivery of Services**

Materials will be delivered F.O.B. to the Habersham County Emergency Services' designated location to be announced later.

All delivery tickets and/or receipts must clearly identify the Habersham County employee receipt of goods.

Habersham County expects the contractor to give priority service on all requests for medical supplies by the Habersham County Emergency Services Director, or his designee.

Delivery is expected no later than seventy-two (72) hours of order. Any delay in delivery must be explained and approved by the county department's representative placing the order. Continuous delays in delivery may be the cause of the cancellation of the contract.

### **Management Agent/Employees**

The Vendor shall appoint a main point of contact, or agent, who will routinely review and inspect operations and consult with the County on current and future services.

### **Completing the Vendor's Price Proposal Form**

1. Vendors must provide pricing on the Vendor's Price Proposal Form included in this packet.
2. If bidding an item different in any way from the exact specifications, proposer must furnish catalogue pages, specification sheets or similar data to support the product equivalency to the Vendor's Price Proposal Form. (Vendor's Price Proposal Form in an Excel Format is available on the Habersham County website at [https://www.habershamga.com/document\\_center.cfm?fid=521&ysnDC=1](https://www.habershamga.com/document_center.cfm?fid=521&ysnDC=1).)
3. If a vendor does not wish to bid a certain item, the response of "No Bid" is appropriate. This does not disqualify vendors. Habersham County will look at the totality of each proposal.
4. Bids shall be based upon unit prices for estimated quantities, where applicable, except where bid items require lump sum proposals as indicated by the proposal form.
5. Where errors or omissions result in discrepancies in bid totals, prices per unit as submitted will be binding.
6. Proposers shall state standard time form order to delivery on the Vendor's Price Proposal Form. Furthermore, proposers shall state surcharges for rush deliveries.
7. Due to the nature of this material, it is vital that all materials arrive on or before the proposed number of delivery days stated in the Price Proposal Sheet. Time is of the essence and is an essential element of this RFP.
8. All products will be delivered so as to arrive in good condition, if awarded as such.
9. Neither Habersham County nor its employees will be culpable for damaged products resulting from handling or transportation, if awarded as F.O.B.
10. In case of failure to deliver goods in accordance with the contract terms and conditions, Habersham County, after due oral or written notice, may procure substitute goods or services from other sources and hold the Vendor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies which Habersham County may have.

### **Payment**

1. Upon inspection and acceptance of all goods, the amount due shall be eligible for payment.
2. Vendor must furnish delivery receipt with invoice identifying that order has been delivered in accordance with specifications, quantities, and price set forth on the original order. A Habersham County employee's signature must appear on the delivery receipt or invoice.
3. If in the event an order is not completed or items are on back order, those items will not be included on invoice until after successful delivery. If vendor continues to invoice for items yet to be delivered, this is cause for cancellation of contract.
4. Habersham County is tax exempt. A Tax Exemption certificate will be provided upon award.

5. Habersham County cannot exempt others from taxes. Vendors must pay taxes as applicable by law.
6. Habersham County reserves the right to deduct from payment any monies owed to Habersham County by the vendor.
7. Itemize all invoices in full. Show payment terms, reference Purchase Order (if applicable).
8. Inspection and Acceptance of Deliveries: The County reserves the right to inspect all goods and products delivered. The County will decide whether to accept or reject items delivered. The inspection shall be conclusive except with respect to latent defects, fraud, or such gross mistakes as shall amount to fraud. Final inspection resulting in acceptance or rejection of the products will be made as soon as practicable, but failure to inspect shall not be construed as waiver by the County to claim reimbursement or damages for such products which are later found to be in non-conformance with specifications. Should public necessity demand it, the County reserves the right to use or consume articles delivered which are substandard in quality subject to an adjustment in price be determined by the department.
9. Upon inspection and acceptance of all items, the amount due shall be eligible for payment. Bids that require a down payment or mid-payment are not acceptable.
10. Final payment will be based upon actual in-place products and upon acceptance by the County.
11. Habersham County pays on a NET/30 term based on date correct invoices received by our Finance Department. All invoices should be sent to:

Habersham County Board of Commissioners  
ATTN: Finance Department  
130 Jacobs Way, Suite 302,  
Clarkesville, GA 30523  
[purchasing@habershamga.com](mailto:purchasing@habershamga.com)

### **Administration**

The project will be administered by the Habersham County Emergency Service Department with the Director or designee being the main point of contact for all questions during the term of the contract.

### **Questions and Interpretations**

No inquiries or interpretation of meaning concerning this Request for Proposal will be made to any interested party orally. Every inquiry or request for interpretation should be made in writing via e-mail. All inquiries and requests for interpretation should be sent via e-mail to [purchasing@habershamga.com](mailto:purchasing@habershamga.com). All questions and all answers will be posted on the website [www.habershamga.com](http://www.habershamga.com). It will be the responsibility of interested parties to periodically check the website for any new information.

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
1	Berman airway, 110 mm, size 6, x-large adult, orange, disposable, individually packaged 10ea/bx		1/EA	\$			1/EA	\$
2	Berman airway, 40 mm, size 00, newborn, pink, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
3	Berman airway, 50 mm, size 0, infant, blue, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
4	Berman airway, 60 mm, size 1, small child, black, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
5	Berman airway, 70 mm, size 2, child, white, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
6	Berman airway, 80 mm, size 3, small adult, green, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
7	Berman airway, 90 mm, size 4, medium adult, yellow, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
8	Berman airway, 100 mm, size 5, large adult, red, disposable, individually packaged 10ea/pk		1/EA	\$			1/EA	\$
9	Supraglottic airway kit, LT-D, size 2.5, pediatric 41-51 in., tube, 35cc syringe, lube jell, 5ea/cs		1/EA	\$			1/EA	\$
10	Supraglottic airway kit, LT-D, size 2, pediatric, 35-45 in., tube, 35cc syringe, lube jelly 5ea/cs		1/EA	\$			1/EA	\$
11	Supraglottic Airway Kit, King LTS-D Size 3, Yellow, Adult 4-5 ft, incl Tube, Syringe, Lube 5ea/cs		1/EA	\$			1/EA	\$
12	Supraglottic Airway Kit, King LTS-D Size 4, Red, Adult 5-6 ft, 60cc syringe, lube jelly 5ea/cs		1/EA	\$			1/EA	\$
13	Supraglottic Airway Kit, King LTS-D Size 5, Purple, Adult over 6 ft, 60cc syringe, lube 5ea/cs		1/EA	\$			1/EA	\$
14	Berman airway set, 8 sizes per set, 40, 50, 60, 70, 80, 90, 100 and 110 mm airway 10ST/BG		1/EA	\$			1/EA	\$
15	Nasopharyngeal airway kit NP, Robertazzi, includes 20, 22, 24, 26, 28, 32 Fr, blue latex, w/		1/EA	\$			1/EA	\$
16	Nasopharyngeal airway kit NP, Robertazzi, incl 20, 22, 24, 26, 28, 30, 32, 34 and 36 Fr, blue lat		1/EA	\$			1/EA	\$
17	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 20 FRENCH 10/PK		1/EA	\$			1/EA	\$
18	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 22 FRENCH 10/PK		1/EA	\$			1/EA	\$
19	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 24 FRENCH 10/PK		1/EA	\$			1/EA	\$
20	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 26 FRENCH 10/PK		1/EA	\$			1/EA	\$
21	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 28 FRENCH 10/PK		1/EA	\$			1/EA	\$
22	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 30 FRENCH 10/PK		1/EA	\$			1/EA	\$
23	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 32 FRENCH 10/PK		1/EA	\$			1/EA	\$
24	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 34 FRENCH 10/PK		1/EA	\$			1/EA	\$
25	NASOPHARYNGEAL AIRWAY - NPA - STERILE DISPOSABLE BLUE 36 FRENCH 10/PK		1/EA	\$			1/EA	\$
26	INTRAVENOUS (IV) ARMBOARD DISPOSABLE 3 IN X 18 IN 100/CS		1/EA	\$			1/EA	\$
27	I.V. armboard, 2 in. x 4 in., corrugated core, foam padding covered in white vinyl, disp. 50 ea/c		1/EA	\$			1/EA	\$
28	Hamper biohazard bag, 23in x 23in, 7-10 gal, 1.5mil, red w/black print Biohazardous Waste 500ea		1/EA	\$			1/EA	\$
29	BANDAGE ELASTIC LATEX FREE 2 IN 50RLS/CS		1/EA	\$			1/EA	\$
30	BANDAGE ELASTIC LATEX FREE 3 IN 50RLS/CS		1/EA	\$			1/EA	\$
31	BANDAGE ELASTIC LATEX FREE 4 IN 10RLS/BX 5BX/CS		1/EA	\$			1/EA	\$
32	BANDAGE ELASTIC LATEX FREE 6 IN 10RLS/BX 50RLS/CS		1/EA	\$			1/EA	\$
33	Curaplex Triangular Bandage, Polypropylene 240ea/cs		1/EA	\$			1/EA	\$



ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
34	BITE STICK PLASTIC 10/PK [USE 020010 FOR SINGLES]		1/EA	\$			1/EA	\$
35	blanket, emergency, economy, yellow, 54x84 25ea/cs		1/EA	\$			1/EA	\$
36	Curaplex Burn Sheet, 60 inch x 90 inch, Sterile 50ea/cs		1/EA	\$			1/EA	\$
37	BVM, SPUR II, ADULT W/ MEDIUM ADULT MASK, INDIVIDUALLY BOXED 12/CS		1/EA	\$			1/EA	\$
38	BVM, SPUR II, Pediatric w/Toddler Mask, Individually Boxed 12ea/cs		1/EA	\$			1/EA	\$
39	Oxygen nasal cannula, adult, 7 ft, 3 channel, soft, disposable 50/cs		1/EA	\$			1/EA	\$
40	Oxygen Nasal Cannula, Infant, 7 ft, 3 channel, soft, disposable 50ea/cs		1/EA	\$			1/EA	\$
41	Oxygen nasal cannula, neonate, curved tapered nasal prongs, 7 ft supply tube, 3 channel 50ea/cs		1/EA	\$			1/EA	\$
42	OXYGEN NASAL CANNULA, PEDIATRIC, 7 FT, 3 CHANNEL, SOFT, DISPOSABLE, 50EA/CS		1/EA	\$			1/EA	\$
43	DRUG VIAL ADAPTER DUAL CANNULA DEVICE 100/BX 10BX/CS TWINPAK		1/EA	\$			1/EA	\$
44	Extrication Collar, Ambu Mini Perfit ACE, Pediatric, Adjustable 12 Settings 30ea/cs		1/EA	\$			1/EA	\$
45	Extrication Collar, Ambu Perfit ACE, Adult, Adjustable 16 Settings 30ea/cs		1/EA	\$			1/EA	\$
46	PATRIOT COLLAR ADULT MULTI HEIGHT ADJUSTMENT		1/EA	\$			1/EA	\$
47	SHARPS CONTAINER TALL TRAY RED TOP 1.7 QUART 3.5 IN X 3.5 IN X 10 IN 20/CS		1/EA	\$			1/EA	\$
48	SHARPS CONTAINER RED 2 QUART 7.25 IN X 4.75 IN X 6.5 IN 60/CS SAGE 1522		1/EA	\$			1/EA	\$
49	SHARPS CONTAINER OLD STYLE SQUARE RED 4.7 QUART 10 IN X 6 IN X 7.75 IN 12/CS SHARPS TAINER		1/EA	\$			1/EA	\$
50	Sharps container, SHARPS-A-GATOR, 5 quart, translucent red, clear lid, in patient room 30ea/c		1/EA	\$			1/EA	\$
51	SHARPS CONTAINER STACKABLE 1 QUART 3.5 IN X 3.5 IN X 7 IN 72/CS		1/EA	\$			1/EA	\$
52	SHARPS CONTAINER RED 2 GALLON W/ HINGED LID 20/CS		1/EA	\$			1/EA	\$
53	O2 MAX BiTrac ED Mask, w/ Neb, Adult LG, w/3-SET Valve, Ohmeda Connector, Fixed Flow 10ea/cs		1/EA	\$			1/EA	\$
54	Blood Pressure Cuff BP, ComfortCheck, thigh, 1 tube, male slip luer connector, single pt use 10/bx		1/EA	\$			1/EA	\$
55	Blood pressure cuff BP, ComfortCheck, large adult, 1 tube, male slip luer, single pt use 10/bx		1/EA	\$			1/EA	\$
56	Blood pressure cuff BP, ComfortCheck, adult, 1 tube, male slip luer connector, single pt use 10/bx		1/EA	\$			1/EA	\$
57	Blood pressure cuff BP, ComfortCheck, child, 1 tube, male slip luer connector, single pt use 10/bx		1/EA	\$			1/EA	\$
58	Tamper Evident Seal, Cynch-Lok, Red, Numbered, 5 in 100/bg		1/EA	\$			1/EA	\$
59	Tamper Evident Seal, Cynch-Lok, White, Numbered, 5 in 100/BG		1/EA	\$			1/EA	\$
60	CO2 DETECTOR, EASY CAP 6EA/BX 4BX/CS (24/CS)		1/EA	\$			1/EA	\$
61	CO2 DETECTOR, PEDI-CAP, PEDIATRIC 6EA/BX 4BX/CS (24/CS)		1/EA	\$			1/EA	\$
62	Curaplex Select Multi-Function Defib Pads, Physio-Control Pediatric 10pr/cs		1/EA	\$			1/EA	\$
63	Curaplex Select Multi-Function Defib Pads, Physio-Control Adult 10pr/cs		1/EA	\$			1/EA	\$
64	ELECTRODE MEDI-TRACE ELECTROBLUE SF450, 50/PK 10PK/BX 4BX/CS		1/EA	\$			1/EA	\$
65	ELECTRODES PEDIATRIC 3/PK 10PK/BX 20BX/CS HUGGABLE		1/EA	\$			1/EA	\$
66	Convenience Bag, 1000cc, Emesis, Sickness Clean-up, Standard 24/pk		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
67	Dispenser for Sickness Clean-up Convenience Bags, Holds up to 24 Bags, 5 in x 5 in		1/EA	\$			1/EA	\$
68	Convenience Bag, BioHoop, 50cc-2000cc, Emesis and Hazardous Waste Bag, No Hook 12ea/pk 40pk/cs		1/EA	\$			1/EA	\$
69	forceps, Magill, adult		1/EA	\$			1/EA	\$
70	BANDAGE CONFORMING STRETCH GAUZE NON STERILE 2 IN X 4.1 YARDS 12RLS/BG 8BG/CS		1/EA	\$			1/EA	\$
71	BANDAGE CONFORMING STRETCH GAUZE NON STERILE 3 IN X 4.1 YARDS 12RLS/BG 8BG/CS		1/EA	\$			1/EA	\$
72	BANDAGE CONFORMING STRETCH GAUZE NON STERILE 4 IN X 4.1 YARDS 12RLS/BG 8BG/CS		1/EA	\$			1/EA	\$
73	BANDAGE CONFORMING STRETCH GAUZE NON STERILE 6 IN X 4.1 YARDS 6RLS/BG 8BG/CS		1/EA	\$			1/EA	\$
74	GAUZE SPONGE, DERMACEA, NON STERILE 12 PLY 4 IN X 4 IN 200/PK 10PK/CS		1/EA	\$			1/EA	\$
75	GAUZE SPONGE STERILE 12 PLY 4 IN X 4 IN 2/PK 25PK/TR 24TR/CS		1/EA	\$			1/EA	\$
76	GAUZE SPONGE, DERMACEA, STERILE 8 PLY 2 IN X 2 IN 2/PK 50PK/BX 30BX/CS 7770		1/EA	\$			1/EA	\$
77	Gauze, Petrolatum, 3 in x 9 in 12/bx 12bx/cs		1/EA	\$			1/EA	\$
78	Safety Glasses, Nemesis V30, Black Frame, Clear Lens, Neck Cord included 12ea/bx		1/EA	\$			1/EA	\$
79	Gloves, Defender, MED, Standard 10 in Cuff, Nitrile, Powder Free, Slate Blue 100/bx 10bx/cs		1/EA	\$			1/EA	\$
80	Gloves, Defender, LG, Standard 10 in Cuff, Nitrile, Powder Free, Slate Blue 100/bx 10bx/cs		1/EA	\$			1/EA	\$
81	Gloves, Defender, XL, Standard 10 in Cuff, Nitrile, Powder Free, Slate Blue 100/bx 10bx/cs		1/EA	\$			1/EA	\$
82	Gloves, Defender, 2XL, Standard 10 in Cuff, Nitrile, Powder Free, Slate Blue 90/bx 10bx/cs		1/EA	\$			1/EA	\$
83	Gloves, Defender, SM, Standard 10 in Cuff, Nitrile, Powder Free, Slate Blue 100/bx 10bx/cs		1/EA	\$			1/EA	\$
84	CONTOUR BLOOD GLUCOSE TEST STRIPS 50/BX 24BX/CS		1/EA	\$			1/EA	\$
85	*SEE NOTES * CONTOUR Blood Glucose Monitoring System, incl Pouch and User Guide 4ea/cs		1/EA	\$			1/EA	\$
86	Glucose Gel, 15 gm, Strawberry Flavor 3/pk 12pk/cs		1/EA	\$			1/EA	\$
87	Curaplex Cerviguard Head Immobilizer Blocks Only 2/st 32st/cs		1/EA	\$			1/EA	\$
88	Ammonia Inhalant, Ampules 10/bx		1/EA	\$			1/EA	\$
89	LIFESHIELD CLAVE PORT MALE ADAPTER PLUG W/LUER LOCK 100/CS		1/EA	\$			1/EA	\$
90	IV Catheter, Insyte Autoguard, 24 ga x 0.75 in, Notch Needle, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
91	IV Catheter, Insyte Autoguard, 22 ga x 1 in, Notch Needle, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
92	IV Catheter, Insyte Autoguard, 18 ga x 1.16 in, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
93	IV Catheter, Insyte Autoguard, 20 ga x 1.16 in, Notch Needle, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
94	IV Catheter, Insyte Autoguard, 14 ga x 1.75 in, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
95	IV Catheter, Insyte Autoguard, 16 ga x 1.16 in, Shielded, Vialon 50ea/bx 4bx/cs		1/EA	\$			1/EA	\$
96	INTRAVENOUS (IV) DRESSING TRANSPARENT ADULT 100/BX 5BX/CS VENI-GARD		1/EA	\$			1/EA	\$
97	IV ADMIN SET, 10 DROP, 88 IN, W/I SAFELINE INJ SITE AND ISAFEDAY NEEDLEFREE VALVE 50EA/CS		1/EA	\$			1/EA	\$
98	LUBRICATING JELLY PDI STERILE, 2.7GM 144/BX 12BX/CS		1/EA	\$			1/EA	\$
99	OB KIT DISPOSABLE IN BOX 10/CS		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
100	IV Solution, Lactated Ringers 1000ml Bag 12ea/cs BBraun L7500		1/EA	\$			1/EA	\$
101	LANCET 2.8MM 100/BX 15BX/CS SURGILANCE		1/EA	\$			1/EA	\$
102	LANCET 2.2MM 21 GA 100/BX 15BX/CS SURGILANCE		1/EA	\$			1/EA	\$
103	Oxygen Mask, Adult, Med Conc w/7 ft safety tubing, Disp, Latex Free, DEHP-free 50ea/cs		1/EA	\$			1/EA	\$
104	Curaplex Oxygen Mask, Adult, Elongated, High Conc, Total NRB, Reservoir Bag, 7 ft Tubing 50/cs		1/EA	\$			1/EA	\$
105	AEROSOL MASK, ADULT, WITH ELASTIC STRAP, DISPOSABLE 50EA/CS		1/EA	\$			1/EA	\$
106	AEROSOL MASK, PEDIATRIC, WITH ELASTIC STRAP, DISPOSABLE 50EA/CS		1/EA	\$			1/EA	\$
107	MASK MEDIUM CONCENTRATION INFANT 0-2 YEARS 50/BX 396218		1/EA	\$			1/EA	\$
108	Curaplex Oxygen Mask, Pediatric, Elongated, High Conc, Total NRB, Reservoir Bag, 7 ft Tubing 50/cs		1/EA	\$			1/EA	\$
109	Oxygen mask, pediatric, medium concentration, elastic style, with 7 ft safety tube 50/cs		1/EA	\$			1/EA	\$
110	Particulate Respirator, N95 Mask, SM w/Nose Flange, Latex Free 20/bx 8bx/cs		1/EA	\$			1/EA	\$
111	Particulate Respirator, N95 Mask, MED w/Nose Flange, Latex Free 20/bx 8bx/cs		1/EA	\$			1/EA	\$
112	Particulate Respirator, N95 Mask, LG w/Nose Flange, Latex Free 20/bx 8bx/cs		1/EA	\$			1/EA	\$
113	MICRO MIST NEBULIZER W/TEE, MOUTHPIECE, 7 FT TUBING, RESERVOIR TUBE AND ST CONNECTOR 50EA/CS		1/EA	\$			1/EA	\$
114	Curaplex Nebulizer w/Mask, Pediatric 50ea/cs		1/EA	\$			1/EA	\$
115	Curaplex Nebulizer w/Mask, Adult 50ea/cs		1/EA	\$			1/EA	\$
116	Needle, Hypodermic, 18 ga x 1 inch, 100/bx 10bx/cs		1/EA	\$			1/EA	\$
117	Filter needle, 20 ga x 1 1/2 in., 5 micron, polypropylene hub, sterile 100/bx 10bx/cs		1/EA	\$			1/EA	\$
118	OB kit, cardboard box, incl gloves, scalpel, underpad, sponges, clamps, OB pad, towels, apron		1/EA	\$			1/EA	\$
119	OXIMETER, PULSE, FINGERTIP		1/EA	\$			1/EA	\$
120	COLD PACK INSTANT KOOL-PRESS 6 IN X 8 1/4 IN 24/CS		1/EA	\$			1/EA	\$
121	HOT PACKS 6 IN X 8 1/4 IN 24/CS		1/EA	\$			1/EA	\$
122	Dressing, Abdominal, Combine Pad, Sterile, 8 in x 10 in 24ea/tr 15tr/cs		1/EA	\$			1/EA	\$
123	ABDOMINAL PADS STERILE 5 IN X 9 IN 25/TR 16TR/CS COMBINE		1/EA	\$			1/EA	\$
124	Paper, LP11, LP12 and LP15, Size 108 mm x 23 m roll, 5rolls/pk 20mk/cs, LifePak		1/EA	\$			1/EA	\$
125	PENLIGHT DISPOSABLE EACH WITH PUPIL GAUGE 300EA/CS		1/EA	\$			1/EA	\$
126	PNEUMOTHORAX SET EMERGENCY COOK 15 GAUGE NEEDLE		1/EA	\$			1/EA	\$
127	Pressure Infuser, UNIFUSOR, 1000ml Infusion Cuff w/Aneroid Gauge and Stopcock Valve 24ea/bx		1/EA	\$			1/EA	\$
128	SUCTION PUMP WITH 1 CANISTER AND 2 SUCTION CATHETERS AMBU RES-CUE PUMP		1/EA	\$			1/EA	\$
129	RESTRAINT STRAPS LIMB DISPOSABLE DELUXE ADULT 48PR/CS		1/EA	\$			1/EA	\$
130	Curaplex Ring Cutter		1/EA	\$			1/EA	\$
131	Curaplex Ring Cutter Replacement Blade 100ea/bx		1/EA	\$			1/EA	\$
132	Buretrol Set NF, 105 in, Luer Lock, 2 Pre-pierced Inj Sites, 150ml 48ea/cs		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
133	Curaplex Paramedic Shears, Blue, 7.5 in 50pr/bx		1/EA	\$			1/EA	\$
134	Flex-All splint, orange, bendable foam and aluminum splint, 4 in. x 36 in. rolled		1/EA	\$			1/EA	\$
135	Folding splint, cardboard, center foam, 18 in long, features punch out holes for tie downs 25ea/		1/EA	\$			1/EA	\$
136	Folding splint, cardboard, center foam, 24 in long, features punch out holes for tie downs 25ea/		1/EA	\$			1/EA	\$
137	Folding Splint, Cardboard, Center Foam, 34 in long, Features punch out holes 25ea/cs		1/EA	\$			1/EA	\$
138	Curaplex Sprague Rappaport Style Stethoscope, Black 50ea/cs		1/EA	\$			1/EA	\$
139	STETHOSCOPE BLACK 22 IN 20/CS SPRAGUE		1/EA	\$			1/EA	\$
140	Stethoscope, AdScope Ninja, Sprague 22 in. black		1/EA	\$			1/EA	\$
141	RESTRAINT STRAP ANTIBACTERIAL METAL SEAT BELT BUCKLE BLACK 2 PIECE 5 FT LOOP END		1/EA	\$			1/EA	\$
142	IMPERV WEBBING SWIVEL SPEED CLIP 2PC 5 FT YELLOW		1/EA	\$			1/EA	\$
143	Restraint Strap, Black, 2 pc, 5 ft, Nylon, Metal Push Button Buckle, Loop Ends		1/EA	\$			1/EA	\$
144	RESTRAINT STRAP DISPOSABLE ORANGE 2 PIECE 5 FT 36/CS LOOP END AND PLASTIC SIDE RELEASE BUCKLE		1/EA	\$			1/EA	\$
145	STRAPS DISP 5 FT 2PC ORANGE PLASTIC SR BUCKLE, PLASTIC SWIVEL SPEED CLIP		1/EA	\$			1/EA	\$
146	RESTRAINT STRAP DISPOSABLE 2 PIECE BLACK 5 FT LOOP ENDS PLASTIC SIDE RELEASE		1/EA	\$			1/EA	\$
147	RESTRAINT STRAPS IMPERVIOUS YELLOW, PLAS SIDE REL BUCKLE, 5 FT 2PC		1/EA	\$			1/EA	\$
148	RESTRAINT STRAP SIDE RELEASE BUCKLE ORANGE 1 PIECE 9 FT NYLON- FASTEX		1/EA	\$			1/EA	\$
149	STRAP HEAD/CHIN DISPOSABLE FOR KENDRICK EXTRICATION DEVICE **KED*. TAN		1/EA	\$			1/EA	\$
150	SURCH-LITE LIGHTED OROTRACHEAL STYLETTE, NON-STERILE, ADULT, 40 CM		1/EA	\$			1/EA	\$
151	STYLETTE SLICK DISPOSABLE ADULT LARGE 7.0 TO 10.0 25/BX		1/EA	\$			1/EA	\$
152	STYLETTE DISPOSABLE PEDIATRIC MEDIUM 4.0 TO 6.5 25/BX SLICK		1/EA	\$			1/EA	\$
153	SUCTION CANISTER DISPOSABLE RED TOP 800cc 100/CS		1/EA	\$			1/EA	\$
154	SUCTION CANISTER DISPOSABLE RIGID GREEN TOP 1200cc 48/CS HI-FLOW		1/EA	\$			1/EA	\$
155	SUCTION TUBING STERILE 9/32 IN X 6 FT 50/CS		1/EA	\$			1/EA	\$
156	Syringe Only, 10cc, Luer Lock, 100ea/bx 12bx/cs		1/EA	\$			1/EA	\$
157	Syringe Only, 3cc, Luer Lock, 100ea/bx 24bx/cs		1/EA	\$			1/EA	\$
158	IV Flush Syringe, Normal Saline 10ml Prefilled 12cc Syringe, Sterile 100ea/bx 4bx/cs		1/EA	\$			1/EA	\$
159	TAPE ADHESIVE CLOTH 1 IN X 10 YARDS 12/BX 12BX/CS		1/EA	\$			1/EA	\$
160	TAPE ADHESIVE CLOTH 2 IN X 10 YARDS 6/BX 12BX/CS		1/EA	\$			1/EA	\$
161	TAPE ADHESIVE CLOTH 3 IN X 10 YARDS 4/BX 12BX/CS		1/EA	\$			1/EA	\$
162	TAPE ADHESIVE TRANSPARENT 1 IN X 10 YARDS 12/BX 12BX/CS		1/EA	\$			1/EA	\$
163	TAPE ADHESIVE TRANSPARENT 2 IN X 10 YARDS 6/BX 12BX/CS		1/EA	\$			1/EA	\$
164	Thermometer, Tempa-DOT, Fahrenheit, oral and axillary, single use, sterile 100/bx 20bx/cs		1/EA	\$			1/EA	\$
165	Tourniquet, Latex Free, 1 in x 18 in, Rolled, Blue Color 250ea/bg 4bg/cs		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
166	Curaplex Endotracheal Tube, 3.0mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
167	Curaplex Endotracheal Tube, 3.5mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
168	Curaplex Endotracheal Tube, 4.0mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
169	Curaplex Endotracheal Tube, 4.5mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
170	Curaplex Endotracheal Tube, 5.0mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
171	Curaplex Endotracheal Tube, 5.5mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
172	Curaplex Endotracheal Tube, 5.5mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
173	Curaplex Endotracheal Tube, 5.0mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
174	Curaplex Endotracheal Tube, 6.0mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
175	Curaplex Endotracheal Tube, 6.5mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
176	Curaplex Endotracheal Tube, 7.0mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
177	Curaplex Endotracheal Tube, 7.5mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
178	Curaplex Endotracheal Tube, 8.0mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
179	Curaplex Endotracheal Tube, 8.5mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
180	Curaplex Endotracheal Tube, 9.0mm, Cuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
181	Curaplex Endotracheal Tube, 2.5mm, Uncuffed, without Stylette 10ea/bx 10bx/cs		1/EA	\$			1/EA	\$
182	Endotracheal Tube Holder, Thomas, Pediatric/Child, for ET/SGA Tubes 4.3mm ID to 15.8		1/EA	\$			1/EA	\$
183	Endotracheal Tube Holder, Thomas, Adult, for ET/SGA Tubes 6.5mm ID to 21mm OD		1/EA	\$			1/EA	\$
184	Esophageal intubation detector, TubeChek-B, bulb style, do not use in children less than 5yr 20ea/cs		1/EA	\$			1/EA	\$
185	OXYGEN CONNECTING TUBING, 7 FT, 3 CHANNEL SAFETY TUBING, 3/16 IN I.D., 50EA/CS		1/EA	\$			1/EA	\$
186	STERILE WATER FOR IRRIGATION 500ML 16/CS BBRAUN		1/EA	\$			1/EA	\$
187	WINDOW PUNCH WITH CLIP 1066		1/EA	\$			1/EA	\$
188	SANI-HANDS ALC ANTIMICROBIAL ALCOHOL GEL HAND WIPE 135 SHEETS (12TB/CS)		1/EA	\$			1/EA	\$
189	WRENCH CYLINDER METAL SMALL 20/CS		1/EA	\$			1/EA	\$
190	Cylinder wrench, plastic, D/E cylinder, with chain 25ea/bx		1/EA	\$			1/EA	\$
191	Curaplex Yankauer with Vent 20ea/pk		1/EA	\$			1/EA	\$
192	UVEX UNISPEC II, CLEAR		1/EA	\$			1/EA	\$
193	King Vision Video Laryngoscope Blade, Standard, Disp, 13mm, w/White LED, Digital CMOS Camera 10ea/		1/EA	\$			1/EA	\$
194	IV Solution, Sodium Chloride 0.9% 1000ml Bag 12ea/cs E8000		1/EA	\$			1/EA	\$
195	Sterile Water for Irrigation, 1000ml Plastic Pour Bottle 12ea/cs		1/EA	\$			1/EA	\$
196	SPLINT FULL LEG ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$
197	SPLINT KIT ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$
198	SPLINT SLING/SWATHE ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
199	SPLINT FULL ARM ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$
200	SPLINT HALF ARM ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$
201	SPLINT ANKLE/ELBOW ADD-A-SPLINT 4EA/BX		1/EA	\$			1/EA	\$
202	FILTERLINE SET, NON HUMIDIFIED, INTUBATED, ADULT/PEDIATRIC 100EA/BX		1/EA	\$			1/EA	\$
203	SMART CAPNOLINE PEDIATRIC , NON INTUBATED, ORAL NASAL, NO O2 DELIVERY 25/BX 007266		1/EA	\$			1/EA	\$
204	SMART CAPNOLINE PLUS NON INTUBATED, ORAL NASAL W/O2 TUBING, ADULT/INTERMEDIATE 100EA/BX		1/EA	\$			1/EA	\$
205	SMART CAPNOLINE, PEDIATRIC, NON INTUBATED, ORAL NASAL W/OXYGEN TUBING 25/BX		1/EA	\$			1/EA	\$
206	Curaplex Manual Suction Pump, incl Pump, Adult Suction Canister, Two Catheters		1/EA	\$			1/EA	\$
207	Curaplex Oxygen Regulator, All-Brass, 2 DISS, 1 Barb, CGA870		1/EA	\$			1/EA	\$
208	Curaplex Aneroid Sphygmomanometer, Infant, with Case 50ea/cs		1/EA	\$			1/EA	\$
209	Curaplex Aneroid Sphygmomanometer, Child, with Case 50ea/cs		1/EA	\$			1/EA	\$
210	Curaplex Aneroid Sphygmomanometer, Adult, with Case 50ea/cs		1/EA	\$			1/EA	\$
211	Curaplex Aneroid Sphygmomanometer, LG Adult, with Case 50ea/cs		1/EA	\$			1/EA	\$
212	BATTERY, LP500, LITHIUM, NON-RECHARGEABLE		1/EA	\$			1/EA	\$
213	DUCT TAPE WHITE, 2 INCH X 60 YDS 24/CS		1/EA	\$			1/EA	\$
214	MegaMover Select, 40 in x 80 in, White/Black/Green Pull Straps 8ea/cs		1/EA	\$			1/EA	\$
215	CABLE, MASIMO SET RED LNCS-4 LP15 20 PIN FOR USE WITH LNCS PATIENT SENSOR, 4 FT		1/EA	\$			1/EA	\$
216	Shave Prep Razor, 2 sided, Blue 100ea/cs		1/EA	\$			1/EA	\$
217	NAIL POLISH REMOVER PAD, 1 1/4 INCH X 2 5/8 INCH, ACETONE FREE 100/BX 10BX/CS		1/EA	\$			1/EA	\$
218	ONSITE AED AND FRX AED SPARE/REPLACEMENT BATTERY		1/EA	\$			1/EA	\$
219	HEARTSTART SMART PADS II FOR FRx 1 SET		1/EA	\$			1/EA	\$
220	Suction Cups, for LUCAS 2, Disposable 3/pk		1/EA	\$			1/EA	\$
221	**Sensor, Masimo SET Rainbow R20, Ped, Disp Adhesive, RC Patient Cable Cmpble, LifePak 15 10/		1/EA	\$			1/EA	\$
222	Sensor, Masimo SET M-LNCS, Adult, SpO2, Reusable, RC Patient Cable Compatible		1/EA	\$			1/EA	\$
223	Patient Cable, Masimo SET RC, 4ft, for Use w/M-LNCS or Rainbow R Sensors, LifePak 15		1/EA	\$			1/EA	\$
224	MASIMO SET LNCS PEDIATRIC DISPOSABLE SENSOR 20EA/BX		1/EA	\$			1/EA	\$
225	Module, Deluxe King Vision Video Supply Bag w/Pockets, Red, 9 in x 13 in x 3.25 in.		1/EA	\$			1/EA	\$
226	Battery, LP500, Non-rechargeable lithium, 12V, 7.5 Ah, LifePak 500		1/EA	\$			1/EA	\$
227	Mucosal Atomization Device, MAD Nasal/Oral w/3cc Syringe, Latex Free 25ea/bx		1/EA	\$			1/EA	\$
228	NASAL WITH 3CC ORAL SYRINGE 25EA/BX		1/EA	\$			1/EA	\$
229	O2 nasal cannula, straight, non-flare, adult, 7ft tubing 50ea/cs		1/EA	\$			1/EA	\$
230	Needleless IV set, 10 drops, 92 in, 1 INTERLINK splint septum, 1 Clearlink luer activated valve 48/		1/EA	\$			1/EA	\$
231	IV Solution, Sodium Chloride 0.9% 1000ml Bag 14ea/cs		1/EA	\$			1/EA	\$

ITEM NUMBER	ITEM DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE	EQUIVALENT PRODUCT DESCRIPTION	MANUFACTURER/ PRODUCT NUMBER	UOM	UNIT PRICE
232	G3 Airway Cell, Green, 12 in H x 6 in W x 6.5 in D		1/EA	\$			1/EA	\$
233	G3 Medicine Cell, Red, 12 in H x 6 in W x 6.5 in D		1/EA	\$			1/EA	\$
234	G3 Tidal Volume, Red, BBP Resistant, 22 in H x 8 in W x 9 in D		1/EA	\$			1/EA	\$
235	G3 IV Cell, Blue, 12 in H x 6 in W x 3 in D		1/EA	\$			1/EA	\$
236	G3 Universal Cell, Black		1/EA	\$			1/EA	\$
237	VividTrac VT-A100 Video Laryngoscopy Adult		1/EA	\$			1/EA	\$
238	VividTrac VT-A100 Video Laryngoscopy Pedi		1/EA	\$			1/EA	\$
239	Thermometers (Curaplex)		1/EA	\$			1/EA	\$
240	Ear Covers for Thermometers		1/EA	\$			1/EA	\$
241	Pertrach Criq Kit Adult		1/EA	\$			1/EA	\$
242	Chest Decompression Kits		1/EA	\$			1/EA	\$
243	Nellcor Portable SPO2		1/EA	\$			1/EA	\$
244	Pedi SPO2 Sensors		1/EA	\$			1/EA	\$
245	Pedi Pertrach Criq Kit		1/EA	\$			1/EA	\$
Percentage (%) discount for other medical supplies not specifically listed in this IFB but may be needed. Percentage (%) off catalog or online pricing.								
	Vendor will accept Credit Card payment?	Yes	No					
	Vendor will accept invoice payment (net/30)?	Yes	No					
	Vendor's order processing/delivery time?							
	Vendor's delivery fee:							

**BIDDERS DECLARATION**

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the requirements.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form will be provided before the commencement of any work.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **March 13, 2024 at 2:00 p.m.** but may not be withdrawn after such date and time.

That Habersham County reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. Habersham County reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that Habersham County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

**BIDDER:**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

**AFFIX CORPORATE SEAL (If Applicable)**



**NON-COLLUSION AFFIDAVIT**

The following affidavit is to accompany the bid:

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Owner, Partner or Officer of Firm, \_\_\_\_\_  
**Company Name, Address, City and State**

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of Habersham County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of Habersham County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

**FIRM NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**CERTIFICATE OF NON-DISCRIMINATION**

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by Habersham County. The bidders may be declared, by Habersham County, ineligible for further contracts with Habersham County until satisfactory proof of intent to comply shall be made by the vendor. The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

\_\_\_\_\_  
**BIDDER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



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**STATE OF GEORGIA  PROGRAM VENDOR/CONTRACTOR  
AFFIDAVIT AND AGREEMENT**

**COMES NOW** before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned contractor verifies it's compliance with O.C.G.A 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Habersham County has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date are as follows:

\_\_\_\_\_  
EEV / Basic Pilot Program User ID Number (E-Verify)

**FURTHER AFFIANT SAYETH NOT.**

\_\_\_\_\_  
BY: Authorized Officer or Agent Signature

\_\_\_\_\_  
Contractor Address

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor Above

\_\_\_\_\_  
Company / Contractor Name

\_\_\_\_\_  
Contractor City, State, Zip Code

\_\_\_\_\_  
Date of Contract between Contractor and Habersham County

**Sworn to and subscribed before me**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV I Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security in conjunction with the Social Security Administration (SSA).