

ORIGINAL

**Fort Bend County, Texas
Invitation for Bid**



017, 8, 9, 131

**Term Contract for the Purchase of Medical Supplies
for Fort Bend County
BID 15-011**

SUBMIT BIDS TO:

Fort Bend County
Purchasing Department
Travis Annex
301 Jackson, Suite 201
Richmond, TX 77469

****NOTE:**

All correspondence must include the term "Purchasing Department" in address to assist in proper delivery.

SUBMIT NO LATER THAN:

Thursday, August 7, 2014
1:30 PM (Central)

LABEL ENVELOPE:

BID 15-011
Medical Supplies

**ALL BIDS MUST BE RECEIVED IN AND TIME/DATE STAMPED BY THE PURCHASING OFFICE
OF FORT BEND COUNTY BEFORE THE SPECIFIED TIME/DATE STATED ABOVE.**

**BIDS RECEIVED AS REQUIRED WILL THEN BE OPENED AND PUBLICLY READ.
BIDS RECEIVED AFTER THE SPECIFIED TIME, WILL BE RETURNED UNOPENED.**

Results will not be given by phone.
Results will be provided to bidder
in writing after the Commissioners
Court awards.

Fort Bend County is always conscious
and extremely appreciative of your effort
in the preparation of this bid.

Requests for information must be in writing
and directed to:

Cheryl Krejci, CPPB
Senior Buyer
cheryl.krejci@fortbendcountytexas.gov

Vendor Information

Henry Schen Inc
Legal Name of Contracting Company

11
Federal ID Number (Company or Corporation) or Social Security Number (Individual)

800 845 3550 800 533 4793
Telephone Number Facsimile Number

PO Box 3227
Complete Mailing Address (for Correspondence)


Irmo SC 29063
City, State and Zip Code

DEPT CH 10241
Complete Remittance Address (if different from above)

Palatine, IL 60055-0241
City, State and Zip Code

Jesse A Garringer, Vice President
Authorized Representative and Title (printed)


Jesse.Garringer@HenrySchen.com
Authorized Representative's Email Address

 8/5/2014
Signature of Authorized Representative


Initials of Bidder: JA

1.0 GENERAL REQUIREMENTS:


- 1.1 Read this entire document carefully. Follow all instructions. You are responsible for fulfilling all requirements and specifications. Be sure you understand them.
- 1.2 General Requirements apply to all advertised bids; however, these may be superseded, whole or in part, by the scope, special requirements, specifications, special specifications or other data contained herein.
- 1.3 Governing Law: Bidder is advised that these requirements shall be fully governed by the laws of the State of Texas and that Fort Bend County may request and rely on advice, decisions and opinions of the Attorney General of Texas and the County Attorney concerning any portion of these requirements.
- 1.4 Bid Form Completion: Fill out, sign, and return to the Fort Bend County Purchasing Department ONE (1) complete bid form. An authorized representative of the bidder must sign the Contract Sheet. The contract will be binding only when signed by the County Judge, Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of liquid paper is not acceptable and may result in the disqualification of bid. If an error is made, vendor must draw a line through error and initial each change.
- 1.5 Bid Returns: Bidders must return all completed bids to the Fort Bend County Purchasing Department at 301 Jackson, Suite 201, Richmond, Texas no later than 1:30 P.M. on the date specified. Late bids will not be accepted. Bids must be submitted in a sealed envelope, addressed as follows: Fort Bend County Purchasing Agent, Travis Annex, 301 Jackson, Suite 201, Richmond, Texas 77469.
- 1.6 Governing Forms: In the event of any conflict between the terms and provisions of these requirements and the specifications, the specifications shall govern. In the event of any conflict of interpretation of any part of this overall document, Fort Bend County's interpretation shall govern.
- 1.7 Addendums: When specifications are revised, the Fort Bend County Purchasing Department will issue an addendum addressing the nature of the change. Bidders must sign and include it in the returned bid package.
- 1.8 Hold Harmless Agreement: Contractor shall indemnify and hold Fort Bend County harmless from all claims for personal injury, death and/or property damage arising from any cause whatsoever, resulting directly or indirectly from contractor's performance. Contractor shall procure and maintain, with respect to the subject matter of this bid, appropriate insurance coverage including, as a minimum, public liability and property damage with adequate limits to cover contractor's liability as may arise directly or indirectly from work performed under terms of this bid. Certification of such coverage must be provided to the County upon request.

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- 1.9 Waiver of Subrogation: Bidder and bidder's insurance carrier waive any and all rights whatsoever with regard to subrogation against Fort Bend County as an indirect party to any suit arising out of personal or property damages resulting from bidder's performance under this agreement.
- 1.10 Severability: If any section, subsection, paragraph, sentence, clause, phrase or word of these requirements or the specifications shall be held invalid, such holding shall not affect the remaining portions of these requirements and the specifications and it is hereby declared that such remaining portions would have been included in these requirements and the specifications as though the invalid portion had been omitted.
- 1.11 Bonds: If this bid requires submission of bid guarantee and performance bond, there will be a separate page explaining those requirements. Bids submitted without the required bid bond or cashier's checks are not acceptable.
- 1.12 Taxes: Fort Bend County is exempt from all federal excise, state and local taxes unless otherwise stated in this document. Fort Bend County claims exemption from all sales and/or use taxes under Chapter 20, Title 122a, Vernon's Texas Civil Statutes, as amended. Texas Limited Sales Tax Exemption Certificates will be furnished upon written request to the Fort Bend County Purchasing Department.
- 1.13 Fiscal Funding: A multi-year lease or lease/purchase arrangement (if requested by the specifications), or any contract continuing as a result of an extension option, must include fiscal funding out. If, for any reason, funds are not appropriated to continue the lease or contract, said lease or contract shall become null and void. After expiration of the lease, leased equipment shall be removed by the bidder from the using department without penalty of any kind or form to Fort Bend County. All charges and physical activity related to delivery, installation, removal and redelivery shall be the responsibility of the bidder.
- 1.14 Pricing: Prices for all goods and/or services shall be firm for the duration of this contract and shall be stated on the bid sheet. Prices shall be all inclusive. No price changes, additions, or subsequent qualifications will be honored during the course of the contract. All prices must be written in ink or typewritten. Pricing on all transportation, freight, and other charges are to be prepaid by the contractor and included in the bid prices. If there are any additional charges of any kind, other than those mentioned above, specified or unspecified, bidder MUST indicate the items required and attendant costs or forfeit the right to payment for such items.

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- 1.15 Silence of Specifications: The apparent silence of specifications as to any detail, or the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practice is to prevail and that only material and workmanship of the finest quality are to be used. All interpretations of specifications shall be made on the basis of this statement. The items furnished under this contract shall be new, unused of the latest product in production to commercial trade and shall be of the highest quality as to materials used and workmanship. Manufacturer furnishing these items shall be experienced in design and construction of such items and shall be an established supplier of the item bid.
- 1.16 Supplemental Materials: Bidders are responsible for including all pertinent product data in the returned bid package. Literature, brochures, data sheets, specification information, completed forms requested as part of the bid package and any other facts which may affect the evaluation and subsequent contract award should be included. Materials such as legal documents and contractual agreements, which the bidder wishes to include as a condition of the bid, must also be in the returned bid package. Failure to include all necessary and proper supplemental materials may be cause to reject the entire bid.
- 1.17 Material Safety Data Sheets: Under the "Hazardous Communication Act", commonly known as the "Texas Right To Know Act", a bidder must provide to County and using departments, with each delivery, material safety data sheets, which are, applicable to hazardous substances defined in the Act. Bidders are obligated to maintain a current, updated file in the Fort Bend County Purchasing Department. Failure of the bidder to maintain such a file will be cause to reject any bid applying thereto.
- 1.18 Name Brands: Specifications may reference name brands and model numbers. It is not the intent of Fort Bend County to restrict these bids in such cases, but to establish a desired quality level of merchandise or to meet a pre-established standard due to like existing items. Bidders may offer items of equal stature and the burden of proof of such stature rests with them. Fort Bend County shall act as sole judge in determining equality and acceptability of products offered.
- 1.19 Color Selection: Determination of colors of materials is a right reserved by the using department unless otherwise specified in the bid. Unspecified colors shall be quoted as standard colors, not colors, which require up charges or special handling. Unspecified fabrics or vinyl should be construed as medium grade. If bidder fails to get color/material approvals prior to delivery of merchandise, the using department may refuse to accept the items and demand correct shipment without penalty, subject to other legal remedies.

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- 1.20 Evaluation: Evaluation shall be used as a determinant as to which bid items or services are the most efficient and/or most economical for the County. It shall be based on all factors, which have a bearing on price and performance of the items in the user environment. All bids are subject to tabulation by the Fort Bend County Purchasing Department and recommendation to Fort Bend County Commissioners Court. Compliance with all bid requirements, delivery and needs of the using department are considerations in evaluating bids. Pricing is NOT the only criteria for making a recommendation. The Fort Bend County Purchasing Department reserves the right to contact any bidder, at any time, to clarify, verify or request information with regard to any bid.
- 1.21 Inspections: Fort Bend County reserves the right to inspect any item(s) or service location for compliance with specifications and requirements and needs of the using department. If a bidder cannot furnish a sample of a bid item, where applicable, for review, or fails to satisfactorily show an ability to perform, the County can reject the bid as inadequate.
- 1.22 Testing: Fort Bend County reserves the right to test equipment, supplies, material and goods bid for quality, compliance with specifications and ability to meet the needs of the user. Demonstration units must be available for review. Should the goods or services fail to meet requirements and/or be unavailable for evaluation, the bid is subject to rejection.
- 1.23 Disqualification of Bidder: Upon signing this bid document, a bidder offering to sell supplies, materials, services, or equipment to Fort Bend County certifies that the bidder has not violated the antitrust laws of this state codified in section 15.01, et seq., Business & Commerce Code, or the federal antitrust laws, and has not communicated directly or indirectly the bid made to any competitor or any other person engaged in such line of business. Any or all bids may be rejected if the County believes that collusion exists among the bidders. Bids in which the prices are obviously unbalanced may be rejected. If multiple bids are submitted by a bidder and after the bids are opened, one of the bids is withdrawn, the result will be that all of the bids submitted by that bidder will be withdrawn; however, nothing herein prohibits a vendor from submitting multiple bids for different products or services.
- 1.24 Awards: Fort Bend County reserves the right to award this contract on the basis of lowest and best bid in accordance with the laws of the State of Texas, to waive any formality or irregularity, to make awards to more than one bidder, to reject any or all bids. In the event the lowest dollar bidder meeting specifications is not awarded a contract, the bidder may appear before the Commissioners Court and present evidence concerning his responsibility. An award is final only upon formal execution by the Fort Bend County Commissioners Court or the Fort Bend County Purchasing Agent. Fort Bend County reserves the right to withdraw any award until execution by the proper authority.

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- 1.25 Assignment: The successful vendor may not assign, sell or otherwise transfer this contract without written permission of Fort Bend County Commissioners Court.
- 1.26 Term Contracts: If the contract is intended to cover a specific time period, said time will be given in the specifications under scope.
- 1.27 Maintenance: Maintenance required for equipment bid should be available in Fort Bend County by a manufacturer authorized maintenance facility. Costs for this service shall be shown on the bid sheet as requested or on a separate sheet, as required. If Fort Bend County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable warranties and should be priced accordingly.
- 1.28 Contract Obligation: Fort Bend County Commissioners Court must award the contract and the County Judge or other person authorized by the Fort Bend County Commissioners Court must sign the contract before it becomes binding on Fort Bend County or the bidders. Department heads are not authorized to sign agreements for Fort Bend County. Binding agreements shall remain in effect until all products and/or services covered by this purchase have been satisfactorily delivered and accepted.
- 1.29 Title Transfer: Title and Risk of Loss of goods shall not pass to Fort Bend County until Fort Bend County actually receives and takes possession of the goods at the point or points of delivery. Receiving times may vary with the using department. Generally, deliveries may be made between 8:30 a.m. and 4:00 p.m., Monday through Friday. Bidders are advised to consult the using department for instructions. The place of delivery shall be shown under the "Special Requirement" section of this bid document and/or on the Purchase Order as a "Ship To:" address.
- 1.30 Purchase Order and Delivery: The successful bidder shall not deliver products or provide services without a Fort Bend County Purchase Order, signed by an authorized agent of the Fort Bend County Purchasing Department. The fastest, most reasonable delivery time shall be indicated by the bidder in the proper place on the bid sheet. Any special information concerning delivery should also be included, on a separate sheet, if necessary. All items shall be shipped F.O.B. inside delivery unless otherwise stated in the specifications. This shall be understood to include bringing merchandise to the appropriate room or place designated by the using department. Every tender or delivery of goods must fully comply with all provisions of these requirements and the specifications including time, delivery and quality. Nonconformance shall constitute a breach, which must be rectified prior to expiration of the time for performance. Failure to rectify within the performance period will be considered cause to reject future deliveries and cancellation of the contract by Fort Bend County without prejudice to other remedies provided by law. Where delivery times are critical, Fort Bend County reserves the right to award accordingly.

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- 1.31 Contract Extension: Extensions may be made only by written agreement between Fort Bend County and the bidder. Any price escalations are limited to those stated by the bidder in the original bid.
- 1.32 Termination: Fort Bend County reserves the right to terminate the contract for default if Seller breaches any of the terms therein, including warranties of bidder or if the bidder becomes insolvent or commits acts of bankruptcy. Such right of termination is in addition to and not in lieu of any other remedies, which Fort Bend County may have in law or equity. Default may be construed as, but not limited to, failure to deliver the proper goods and/or services within the proper amount of time, and/or to properly perform any and all services required to Fort Bend County's satisfaction and/or to meet all other obligations and requirements. Contracts may be terminated without cause upon thirty (30) days written notice to either party unless otherwise specified.
- 1.33 Recycled Materials: Fort Bend County encourages the use of products made of recycled materials and shall give preference in purchasing to products made of recycled materials if the products meet applicable specifications as to quantity and quality. Fort Bend County will be the sole judge in determining product preference application.
- 1.34 Interlocal Participation: Additional governmental entities may purchase from this bid. Vendor agrees to accept purchase orders from those participating entities and to invoice each entity separately.
- 1.35 Escalation Clause: Successful bidder may apply for a price increase to the Fort Bend County Commissioners Court. Price increase will be the amount increased to the vendor from his supplier. Written documentation of the increase must be provided to the Purchasing Agent. No application for a price increase may be submitted within the first four (4) months of this contract. Increases of more than 25% of the original bid price will not be considered.


2.0 TERMS AND CONDITIONS:

- 2.1 Seller to Package Goods: Seller will package goods in accordance with good commercial practice. Each delivery container shall be clearly and permanently marked as follows (a) Seller's name and address; (b) Consignee's name, address and purchase order number and the bid number if applicable; (c) Container number and total number of containers (e.g. box 1 of 4 boxes); and (d) the number of the container bearing the packing slip. Seller shall bear cost of packaging unless otherwise provided. Goods shall be suitably packed to secure lowest transportation costs and to conform to requirements of common carriers and any applicable specifications. Fort Bend County's count or weight shall be final and conclusive on shipments not accompanied by packing list.

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- 2.2 Shipment Under Reservation Prohibited: Seller is not authorized to ship goods under reservation and no tender of a bill of lading will operate as a tender of goods.
- 2.3 Title and Risk of Loss: The title and risk of loss of the goods shall not pass to the County until a County employee actually receives and takes possession of the goods at the point or points of delivery.
- 2.4 Delivery Terms: F.O.B. Destination Freight Prepaid, Inside Delivery, unless delivery terms are specified otherwise on Purchase Order.
- 2.5 No Replacement of Defective Tender: Every tender or delivery of goods must fully comply with all provisions of the Purchase Order as to time of delivery, quality and the like. If a tender is made which does not fully conform, this shall constitute a breach and Seller shall not have the right to substitute a conforming tender.
- 2.6 Place of Delivery: The place of delivery shall be that set forth in the block of the purchase order entitled "Ship To". Any change thereto shall be effective by modification as provided for in Clause number 2.20 "Modifications", hereof. The terms of this agreement are "no arrival, no sale", at the discretion of Fort Bend County.
- 2.7 Invoices and Payments:
 - 2.7.1 Seller shall submit separate invoices, in duplicate. Invoices shall indicate the purchase order number and the bid number if applicable. Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading, and the freight waybill when applicable should be attached to the invoice.
 - 2.7.2 Fort Bend County's obligation is payable only and solely from funds available for the purpose of this purchase. Lack of funds shall render the order null and void to the extent funds are not available and any delivered but unpaid goods will be returned to Seller by the county.
 - 2.7.3 Do not include Federal Excise, State, or City Sales Tax. Fort Bend County is a tax-exempt governmental entity.
- 2.8 Gratuities: Fort Bend County may, by written notice to the Seller, cancel any order without liability, if it is determined by the County that gratuities, in the form of entertainment, gifts, or otherwise were offered or given by the Seller, or any agent or representative of the Seller to any officer or employee of Fort Bend County with a view toward securing an order. In the event an order is canceled by the County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by Seller in providing such gratuities.

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- 2.9 Special Tools and Test Equipment: If the price stated on the face of an order includes the cost of any special tooling or special test equipment fabricated or required by Seller for the purpose of filing this order, such special tooling equipment and any process sheets related thereto shall become the property of the County and to the extent feasible shall be identified by the Seller as such.
- 2.10 Warranty/Price:
- 2.10.1 The price to be paid by the County shall be that contained in Seller's quote or bid which Seller warrants to be no higher than Seller's current prices on orders by others for products of the kind and specification covered by an order for similar quantities under similar or like conditions and methods of purchase. In the event Seller breaches this warranty the prices of the items shall be reduced to the Seller's current prices on orders by others. Fort Bend County may cancel this contract without liability.
- 2.10.2 The Seller warrants that no person or selling agency has been employed or retained to solicit or secure any County order based upon any agreement or understanding for commission, percentage, brokerage, or contingent fee excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Seller for the purpose of securing business. A breach or violation of this warranty gives the County the right, in addition to any other right or rights, to cancel this contract without liability.
- 2.11 Warranty Product: Seller shall not limit or exclude any implied warranties and any attempt to do so shall render an order voidable at the option of the County. Seller warrants that the goods furnished will conform to the specifications, drawings, and description listed in the bid invitation and purchase order as applicable, and to the sample(s) furnished by Seller if any. In the event of a conflict between the specifications, drawings, and descriptions, the specifications shall govern.
- 2.12 Safety Warranty: Seller warrants that the product sold to Fort Bend County shall conform to the standards promulgated by the U.S. Department of Labor under the Occupational Safety and Health Act of 1970. In the event the product does not conform to OSHA standards, the County may return the product for correction or replacement at the Seller's expense. In the event Seller fails to make the appropriate correction within 10 days, correction made by the County will be at Seller's expense.

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- 2.13 No Warranty by Fort Bend County Against Infringements: As part of a contract for sale Seller agrees to ascertain whether goods manufactured in accordance with the specifications will give rise to the rightful claim of any third person by way of infringement. Fort Bend County makes no warranty that the production of goods according to the specification will not give rise to such a claim and in no event shall Fort Bend County be liable to Seller for indemnification in the event the Seller is sued on the grounds of infringement or the like. If Seller is of the opinion that an infringement will result, he will notify Fort Bend County to this effect in writing within two days after the receiving Purchase Order. If the County does not receive notice and is subsequently held liable for the infringement, Seller will defend and save the County harmless. If Seller in good faith ascertains that production of the goods in accordance with the specifications will result in infringement, this contract shall be null and void except that the County will pay Seller the reasonable cost of his search as to infringements.
- 2.14 Right of Inspection: The County shall have the right to inspect the goods at delivery before accepting them.
- 2.15 Cancellation: Fort Bend County shall have the right to cancel for default all or any part of the undelivered portion of an order if Seller breaches any of the terms hereof including warranties of Seller, or if the Seller becomes insolvent or files for protection under the bankruptcy laws. Such rights of cancellation are in addition to and not in lieu of any other remedies, which Fort Bend County may have in law or equity.
- 2.16 Termination: The performance of work under a Purchase Order may be terminated in whole or in part by the County in accordance with this provision. Termination of work there under shall be effected by the delivery to the Seller of a "Notice of Termination" specifying the extent to which performance of work under the order is terminated and the date upon which such termination becomes effective. Such right of termination is in addition to and not in lieu of rights of Fort Bend County set forth in Clause 15 herein.
- 2.17 Force Majeure: Force Majeure means a delay encountered by a party in the performance of its obligations under this Agreement, which is caused by an event beyond the reasonable control of that party. Without limiting the generality of the foregoing, "Force Majeure" shall include but not be restricted to the following types of events: acts of God or public enemy; acts of governmental or regulatory authorities; fires, floods, epidemics or serious accidents; unusually severe weather conditions; strikes, lockouts, or other labor disputes; and defaults by subcontractors. In the event of a Force Majeure, the affected party shall not be deemed to have violated its obligations under this Agreement, and the time for performance of any obligations of that party shall be extended by a period of time necessary to overcome the effects of the Force Majeure, provided that the foregoing shall not prevent this Agreement from terminating in accordance with the termination provisions. If any event constituting a Force Majeure occurs, the

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affected party shall notify the other parties in writing, within twenty-four (24) hours, and disclose the estimated length of delay, and cause of the delay.

- 2.18 Assignment-Delegation: No right or interest in an order shall be assigned or delegation of any obligation made by Seller without the written permission of Fort Bend County. Any attempted assignment or delegation by Seller shall be wholly void and totally ineffective for all purposes unless made in conformity with this paragraph.
- 2.19 Waiver: No claim or right arising out of a breach of any contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waived or renunciation is supported by consideration and is in writing signed by the aggrieved party.
- 2.20 Modification: A Purchase Order can be modified or rescinded only by a writing signed by both of the parties or their duly authorized agents.
- 2.21 Parol Evidence: This writing is intended by the parties as a final expression of their agreement and is intended also as a complete and exclusive statement of the terms of this agreement. No course of prior dealings between the parties and no usage of the trade shall be relevant to supplement or explain any terms rendered under this agreement and shall not be relevant to determine the meaning of this agreement even though the accepting or acquiescing party has knowledge of the performance and opportunity for objection. Whenever a term defined by the Uniform Commercial Code is used in this agreement, the definition contained in the Code is to control.
- 2.22 Applicable Law: This agreement shall be governed by the Uniform Commercial Code. Whenever the term "Uniform Commercial Code" is used it shall be construed as meaning the Uniform Commercial Code as adopted in the State of Texas and in effect on the date of the purchase order.
- 2.23 Advertising: Seller shall not advertise or publish, without the County's prior consent the fact that Fort Bend County has entered into any contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the federal, state, or local government.
- 2.24 Right to Assurance: Whenever the County in good faith has reason to question the other party's intent to perform. The County may demand that the other party give written assurance of his intent to perform. In the event that a demand is made and no assurance is given within five (5) days, the County may treat this failure as an anticipatory repudiation of the contract.
- 2.25 Venue: Both parties agree that venue for any litigation arising from this contract shall lie in Richmond, Fort Bend County, Texas.

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- 2.26 **Prohibition Against Personal Interest in Contracts:** No officer or employee of the County shall have a financial interest, direct or indirect, in any contract with the County, or shall be financially interested, directly or indirectly, in the sale to the County of any land, materials, supplies, or service, except on behalf of the County as an officer or employee. Any willful violation of this section shall constitute malfeasance in office, and any officer or employee guilty thereof shall be subject to disciplinary action under applicable laws, statutes and codes of the State of Texas. Any violation of this section, with the knowledge, expressed or implied of the person or corporation contracting with the County shall render the contract involved voidable by the County Commissioners Court.

3.0 SCOPE:

It is the intent of Fort Bend County to purchase medical supplies from one (1) or more vendors which meet or exceed the following specifications

4.0 PERIOD OF CONTRACT:

This contract is for the period **1 October 2014 through 30 September 2015**, renewable annually for four (4) years (through 30 September 2019) under the same terms and conditions if mutually agreeable by both parties. This contract may be terminated by either party for any reason by giving thirty (30) days written notice of intent to terminate.

5.0 BID FORM COMPLETION:

Fill out, initial each page, SIGN CONTRACT SHEET, and return to the Fort Bend County Purchasing Department ONE (1) complete bid form. An authorized representative of the bidder MUST sign the contract sheet. The contract will be binding only when signed by the County Judge, Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of liquid paper is **NOT** acceptable and may result in the disqualification of bid. If an error is made, vendor **MUST** draw a line through error and initial each change.

6.0 POINT OF CONTACT:

Point of contact will be Cheryl Krejci, CPPB, Senior Buyer, cheryl.krejci@fortbendcountytexas.com.

7.0 DELIVERY:

- 7.1 Delivery within seven (7) working days is required unless otherwise specified at time of order.
- 7.2 Items ordered from this bid must be delivered to Fort Bend County EMS, 4332 Highway 36 South, Rosenberg, Texas 77471 unless otherwise stated on purchase order.

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8.0 VENDOR SELECTION:

This contract will be awarded to the lowest and best bid per section.

9.0 GENERAL INFORMATION:

- 9.1 Quantities listed are estimates only. Fort Bend County does not guarantee the quantities stated will be purchased.
- 9.2 No minimum orders, by quantity or dollar amount.
- 9.3 No substitutes when name brand specified.
- 9.4 Vendor must bid on all items in section for bid to be considered.

10.0 REQUIRED FORMS:

All vendors submitting are required to complete the attached and return with submission:

- 10.1 Vendor Form
- 10.2 W9 Form
- 10.3 Tax Form/Debt/Residence Certification

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11.0 SPECIFICATIONS and PRICING:

Section 1: Airways	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
40mm Berman (dual channel) Oral Airway	8570640	10	Each	.26	2.60
60mm Berman (dual channel) Oral Airway	8570660	10	Each	.25	2.50
80mm Berman (dual channel) Oral Airway	8570680	10	Each	.26	2.60
90mm Berman (dual channel) Oral Airway	8570255	100	Each	.25	25.00
100 mm Berman (dual channel) Oral Airway	8579780	100	Each	.26	26.00
Thomas E.T. Tube Holder Adult size	2202270	20	Each	2.59	51.80
Thomas E.T. Tube Holder Pediatric size	4990708	300	Each	2.59	777.00
Tube Check Endotracheal tube placement verification	9855567	10	Each	1.81	18.10
Slick Set Endotracheal Tubes 2.5 Uncuffed	4994854	10	Each	1.71	17.10
Slick Set Endotracheal Tubes 3.0 Uncuffed	4994856	10	Each	1.73	17.30
Slick Set Endotracheal Tubes 3.5 Uncuffed	4996132	10	Each	1.71	17.10
Slick Set Endotracheal Tubes 4.0 Uncuffed	4998532	10	Each	1.73	17.30
Slick Set Endotracheal Tubes 4.5 Uncuffed	4996565	10	Each	1.71	17.10
Slick Set Endotracheal Tubes 5.0 Uncuffed	4995733	10	Each	1.73	17.30
Slick Set Endotracheal Tubes 5.5 Cuffed	4999751	20	Each	1.71	34.20
Slick Set Endotracheal Tubes 6.0 Cuffed	4994847	10	Each	1.71	17.10
Slick Set Endotracheal Tubes 6.5 Cuffed	4994848	20	Each	1.71	34.20
Slick Set Endotracheal Tubes 7.0 Cuffed	4994850	200	Each	1.71	342.00
Slick Set Endotracheal Tubes 7.5 Cuffed	4994851	150	Each	1.71	256.50
Slick Set Endotracheal Tubes 8.0 Cuffed	4999427	20	Each	1.71	34.20

Section 1: Airways (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Slick Set Endotracheal Tubes 8.5 Cuffed	4999338	10	Each	1.71	17.10
Slick Set Endotracheal Tubes 9.0 Cuffed	4994853	10	Each	1.71	17.10
30F Nasopharyngeal Airways	4999314	40	Each	1.55	62.00
36F Nasopharyngeal Airways	4999317	20	Each	1.55	31.00
6F Endotracheal Tube Slick Stylet	4996932	5	Each	1.42	7.10
8F Endotracheal Tube Slick Stylet	8267609	5	Each	2.98	14.90
10F Endotracheal Tube Slick Stylet	4997064	5	Each	1.42	7.10
1200cc Replacement/Disposable Suction Canister, for S-Scort "Ten" suction unit	1532694	200	Each	2.57	514.00
8F whistle tip Suction Catheter	4995810	20	Each	0.21	4.20
10F whistle tip Suction Catheter	4995084	50	Each	0.21	10.50
18F whistle tip Suction Catheter	4995930	50	Each	0.21	10.50
Yankaur Suction Tip w/Control	4995371	300	Each	0.48	144.00
Suction Tubing Non Conducting Vinyl 72" x 1/4" ID	7883320	300	Each	1.37	411.00
Infant Medium Concentration Oxygen Mask	4990671	20	Each	2.83	56.60
O2 Mask Pediatric Partial Non-Rebreather w/ safety vent (Hudson #1058) 50/cs	1207139	4	Case	68.51	274.04
O2 Mask Adult Non-Rebreather w/o safety vent (Hudson #1060) 50/cs	1204128	60	Case	65.01	390.60
O2 Nasal Cannula Adult 50/cs	9007035	60	Case	8.83	529.80
O2 Supply Tubing 7' 50/cs	5643585	1	Case	18.01	18.01
Bougie-to-go ET Tube Introducer, Adult 15F x 60cm with Coude Tip	7000566	25	Each	4.34	108.50
Bougie ET Tube Introducer, Pediatric 10F x 70cm with Coude Tip	4997218	25	Each	4.92	123.00
Sscort Quickdraw Cannister w/short barbed tip	4996911	10	Each	12.69	126.90

Initials of Bidder:

Section 1: Airways (cont'd)		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
O2 Nebulizer w/ Tubing and Mouthpiece	50/cs	4999867	12	Case	35.01	420.12
Disposable Humidifier		1204383	10	Each	1.71	17.10
AMBU Spur II Bag Valve Mask Adult (with mask)		4993940	400	Each	8.30	3320.00
AMBU Spur Bag Valve Mask Infant/Child (with Infant and Child masks)		4990431	40	Each	11.00	440.00
Oxygen Nut & Stem (Plastic)		1012406	10	Each	1.04	10.40
Magill Forceps Adult sizes		4991850	5	Each	3.30	16.50
Magill Forceps Child sizes		4991845	5	Each	3.37	16.85
Gastric Sump Tube, 48", 18F, Sterile		1201782	30	Each	2.01	60.30
V-VAC Replacement Cartridge		1096779	10	Each	16.54	165.40
Greenline/D Disposable Fiber Optic Laryngoscope Blades Macintosh 2		8579052	40	Each	3.79	151.60
Greenline/D Disposable Fiber Optic Laryngoscope Blades Macintosh 3		8572059	100	Each	3.80	380.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Macintosh 4		8571785	200	Each	3.80	760.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 1		8571425	20	Each	3.80	76.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 2		8575206	40	Each	3.80	152.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 3		8573605	80	Each	3.80	304.00
Greenline/D Disposable Fiber Optic Laryngoscope Blades Miller 4		4993890	80	Each	3.82	305.60
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Lamp for Medium Laryngoscope Handle		1523890	20	Each	9.65	193.00
emergent respiratory products PORTO2VENT CPAP Soft-Seal Masks, size Small Adult		4998950	25	Each	9.93	248.25
emergent respiratory products PORTO2VENT CPAP Soft-Seal Masks, size Medium Adult		4998949	25	Each	9.04	226.00
emergent respiratory products PORTO2VENT CPAP Soft-Seal Masks, size Large Adult		4998948	25	Each	13.02	325.50

Section 1: Airways (cont'd)		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
emergent respiratory products PORTO2VENT CPAP Breathing Circuit & Mask to include Pressure Balanced Inhalation/Exhalation Valve (Single patient use), Soft-seal Mask size medium adult (single patient use) (color of seal : Yellow), Integral Proximal Airway Pressure Line w/Bacterial/Viral Filter, Six foot corrugated tube with locking bayonet connector, Soft-Seal Mask - Black Neoprene Head Harness		4998946	200	Each	42.51	8,502.00
TOTAL for Section 1 :						24,205.87

Section 2: IV/Syringes/Blood		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
9" x 3" IV Arm Board		2205595	20	Each	0.80	16.00
12" x 3" IV Arm Board		2209005	20	Each	0.68	13.60
18" x 3" IV Arm Board		2200030	10	Each	1.11	11.10
14g x 5 1/4" Needle, Becton Dickinson # 382269		9370340	50	Each	15.01	750.50
B BRAUN Introcan Safety IV Catheter, Universal bevel needle, Passive design for automatic safety activation, Color-coded packaging, 14gauge x 2"		5077712	120	Each	1.41	169.20
B BRAUN Introcan Safety IV Catheter, Universal bevel needle, Passive design for automatic safety activation, color-coded packaging, 16 gauge x 1 1/4"		5070000	500	Each	1.41	705.00
B BRAUN Introcan Safety IV Catheter, Universal bevel needle, Passive design for automatic safety activation, Color-coded packaging, 18gauge x 1 1/4"		5073345	1800	Each	1.44	2592.00
B BRAUN Introcan Safety IV Catheter, Universal bevel needle, Passive design for automatic safety activation, Color-coded packaging, 20gauge x 1 1/4"		5077274	7500	Each	1.44	10,800.00
B BRAUN Introcan Safety IV Catheter, Universal bevel needle, Passive design for automatic safety activation, Color-coded packaging, 22gauge x 1"		5075328	800	Each	1.44	1,152.00
18g x 1 1/2" Needle Only 100/bx		3372091	1	Box	3.15	3.15
20g x 1 1/2" Needle Only 100/bx		3372180	1	Box	3.13	3.13

Section 2: IV/Syringes/Blood (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
22g x 1 1/2" Needle Only 100/bx	3373130	1	Box	3.14	3.14
23g x 1" Needle Only 100/bx	1005544	1	Box	3.94	3.94
1cc 25g x 5/8" Syringe & Needle 100/bx	3375566	4	Box	5.41	21.64
3cc Syringe, Luer lock	9004475	4	Box	4.30	17.20
5cc 22g x 1" Syringe & Needle 100/bx	3376140	12	Box	12.58	150.96
10cc Syringe Luer Lock 100/bx	1006667	6	Box	9.60	57.96
30cc Syringe Luer Lock 30/bx	1008334	2	Box	9.68	19.36
60cc Syringe Luer Lock 30/bx	1005188	2	Box	10.91	21.82
60cc Catheter Tip Syringe, 2oz	8408885	2	Box	6.33	12.66
Vacutainer Holder	1947243	4000	Each	0.09	360.00
Vacutainer Luer Adapter 100/bx	9877124	60	Box	27.45	1647.00
Vacutainer Tubes Red top, Plastic, 6.0mL, 100/bx	1940932	2	Box	13.24	26.48
Vacutainer Tubes Lavender, Plastic 3.9mL, 100/bx	4990785	2	Box	20.95	41.90
Latex Free Tourniquet, 1" x 18", 25 per roll, color = Blue	7535317	80	RI	9.18	734.40
Glucometer Test Strips for Abbott OptimumEZ glucose meter, capillary, 100 strip/bx	4998203	100	Box	30.40	3040.00
Control solution, tri-level, 1 row 1 mid 1 high per box for Optiu or Precision XTRA	6573970	10	Box	10.14	101.40
Maxi Drip Set, 82" 10GTTW/Bravo 24, Pre-slit Port, Removable 7" Extension, 50/bx	8409700	50	Box	120.84	6042.00
Mini Drop Basic Administration Set with One Injection Site, (60 Drops/mL) Control Clamp, injection site 28" above distal end, two-piece male luer lock, Priming Volume: 12mL, Length: 66 in.	4990712	2	Box	67.01	134.02
5% Dextrose Injection USP-500ml	1007318	24	Each	1.84	44.16
9% Sodium Chloride Injection USP-1000ml	1534612	2500	Each	4.09	10225.00
9% Sodium Chloride Injection USP-500ml	1537162	96	Each	1.74	168.96

Initials of Bidder: JAG

Section 2: IV/Syringes/Blood (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Sterile Water for Irrigation, 500mL	1530102	100	Each	2.51	251.00
Safeline Injection Site: split septum access with two-piece male luer lock. Priming Volume: 0.25mL	1191035	50	Each	1.80	90.00
Smallbore Extension Set with bonded Ultrasite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)	1192235	8000	Each	2.27	18160.00
TOTAL for Section 2 :					58,490.68

Section 3: Bandage/Splints/Tape					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
2" x 5yd Elastic Bandage	8310410	10	Each	0.42	4.20
2" x 5yd Bandage, Self-Adherent, , individually packaged	9004322	10	Each	0.28	2.80
4" x 5yd Elastic Bandage	1490691	20	Each	1.57	31.40
4" x 5yd Bandage, Self-Adherent, , individually packaged	9004324	20	Each	0.51	10.20
Occlusive, non-adhering dressing, impregnated with white Petrolatum, 3" x 9" 50/bx	1940093	2	Box	29.01	58.02
Small Oval Eye Pad 50/bx	8904207	1	Box	6.80	6.80
4x4 Non Sterile, non-woven, 4ply, 200/pkg	1014330	100	Pack	1.05	105.00
4x4 Sterile 12 ply - 10/tray	6474174	800	Tray	0.60	480.00
4 1/2" x 4 1/2yd 6 ply Non Sterile Gauze Roll	8407340	100	Each	1.49	149.00
4 1/2" x 4 1/2yd 6 ply Sterile Gauze Roll	8404524	600	Each	1.25	750.00
36" x 51" Triangular Bandage	4075002	200	Each	0.21	42.00
8" x 10" Abdominal Pad, 20/tray	1204750	80	Tray	2.77	221.60
1" x 3" Adhesive Strip Bandage 50/bx	9004504	40	Box	0.72	28.80
Burn Sheet Sterile 60" x 96"	4493574	40	Each	1.00	40.40

Section 3: Bandage/Splints/Tape (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Trauma Dressing Sterile 10" x 30"	1205576	60	Each	1.11	66.60
Rapid Heat Instant Heat Pack, Pull Apart Style	4991775	60	Each	.98	58.80
Rapid Cold Instant Cold Pack, Pull Apart Style	4990572	240	Each	.83	199.20
Ferno KED forehead/Chin Strap Replacement set of 2	4992762	5	Set	30.97	154.85
54" Padded Board Splint	2231492	6	Each	4.92	29.52
3M Transpore Tape 1" x 10yd 12/bx	7777305	50	Box	10.78	539.00
2" x 10yd Waterproof Tape Kendall #3267 6/bx	8902816	30	Box	15.48	464.40
Flex-All splint, orange, bendable foam and aluminum splint, 4" x 36" rolled	4992562	150	Each	4.80	720.00
One piece foil bunting with hood. Latex Free 17.5"x30" 18 micron/.70 gauge, Sterile	4990675	5	Each	3.09	15.45
TOTAL for Section 3 :					4204.04

Section 4: EKG					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Recording Paper for Physio Control Life Pak 12, 4" wide	8906868	1000	Each	3.48	3460.00
Medicotest Blue Sensor Disposable Electrodes # R-00-S-10 10/pk	3637922	8000	Pack	2.94	23520.00
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables Kimberly Clark #3112-1730 (pediatrics)	6436213	20	Each	17.68	353.60
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables Kimberly Clark #3112-1731 (adult)	6430099	250	Each	15.52	3880.00
FilterLine H Set Adult/Pediatric Medtronic Ref# XS04660	3737676	400	Each	8.65	3460.00
Nasal FilterLine Adult Medtronic Ref# XS04664	3731168	1200	Each	13.59	16308.00
Highly Conductive Multi Purpose Electrode Gel, 2oz tube	7271151	10	Each	.96	9.60
TOTAL for Section 4 :					50,991.20

Initials of Bidder: JB

Section 5: EKG Cables		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
LifePack12 Power Adapter Extension Cable Physio Control #11110-000051		1085300	10	Each	105.88	1,058.80
LifePack12 12-Lead ECG trunk cable with 4-wire limb leads, 5' Physio Control #11110-000018		4990880	10	Each	109.19	1,091.90
LifePack12 12-Lead ECG Patient Cable, 6-Wire Precordial Lead Attachment, Physio Control #11110-000022		4996886	10	Each	109.19	1,091.90
LifePack12 QUIK-COMBO Therapy Cable for use with LifePack12 defibrillator/monitor, Physio Control #11110-000040		1045832	5	Each	284.55	1,422.75
Masimo SET LNC-4 LNCS Patient Cable, 4-foot reusable connector cable, Physio Control #11171-000024		1080274	10	Each	167.92	1,679.20
Masimo SET LNCS DCIP Reusable Sensor, Multiuse sensor for patients 10-50kg, Physio Control #11171-000018		1107591	25	Each	346.59	8,664.75
Masimo SET LNCS DCI Adult Reusable Sensor, Multiuse sensor for patients >30kg, Physio Control #11171-000017		1080275	25	Each	244.02	6,100.50
MNC-1 Adapter Cable (4 foot), allows LifePack 12 defibrillator/monitor with Masimo SpO2 to connect to Nellcor sensors, Physio Control #11196-000198		4994954	5	Each	154.41	772.05
NELLCOR SpO2 Sensor, DS100A, Adult reusable, Physio Control #11196-000060		6082658	25	Each	245.68	6,142.00
NELLCOR SpO2 Cable Extension, DEC-4, Reusable, Physio Control #11110-000042		1200004	30	Each	39.01	1,170.30
NELLCOR Oxisensor II Disposable Pediatric SpO2 Sensor, Physio Control #11196-000116		1207661	100	Each	12.88	1,288.00
NELLCOR Oxisensor II Disposable Infant SpO2 Sensor, Physio Control #11196-000115		8600004	100	Each	16.74	1,674.00
NIBP Adult Cuff for LifePack 12, 14x37.5cm, reusable, Physio Control #11196-000024		1087961	10	Each	23.83	238.30
NIBP Small Child Cuff for LifePack 12, 7x21cm, reusable, Physio Control #11196-000021		4998727	5	Each	19.30	96.50
NIBP Hose, 9 feet, reusable, Physio Control #11196-000033		4995249	10	Each	45.00	450.00
LifePack 12 defibrillator/monitor to PC Serial Port cable, Physio Control #11196-000369		4998108	10	Each	220.03	2,200.30
LifePack 12 standard hard paddles, Physio Control #11130-000001		6006541	2	Each	515.34	1,030.68
LifePack 15 Quik-Combo Therapy Cable, Physio Control #11113-000004		4995490	10	Each	284.55	2,845.50

Initials of Bidder: VBS

Section 5: EKG Cables (cont'd)					
Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price	
Lifepack 15 Masimo Set Red LNCS Patient Cable 4ft, Physio Control #11996-000323	10	Each	167.09	1,670.90	
Lifepack 15 NIBP Tubing 9ft, Physio Control #21300-007299	10	Each	43.01	430.10	
Lifepack 15 Pedi SPO2 Sensor Disposable, Physio Control #11171-000020	100	Each	13.95	1,395.00	
Lifepack 15 Infant SPO2 Sensor Disposable, Physio Control #11171-000031	100	Each	17.23	1,723.00	
Reusable Thigh single tube BP Cuff with ML Fitting for use with LPI5	5	Each	6.58	32.90	
TOTAL for Section 5:					4,426.933

Section 6: Microflex Synetron Latex Exam Gloves					
Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price	
Microflex Synetron Latex Exam Gloves, powderfree Exam Gloves, 50/bx, 10bx/cs, 7.1 mil Cuff Thickness 9.1 mil Palm Thickness, 10.6 mil Finger Thickness, Tensile Strength = 28 before aging (25 After aging), Elasticity = 783% Before Aging (701% after aging), Protein Rating = 60 micrograms or less, Small	60	Box	9.61	576.60	
Microflex Synetron Latex Exam Gloves, powderfree Exam Gloves, 50/bx, 10bx/cs, 7.1 mil Cuff Thickness 9.1 mil Palm Thickness, 10.6 mil Finger Thickness, Tensile Strength = 28 before aging (25 After aging), Elasticity = 783% Before Aging (701% after aging), Protein Rating = 60 micrograms or less, Medium	200	Box	9.61	1,922.00	
Microflex Synetron Latex Exam Gloves, powderfree Exam Gloves, 50/bx, 10bx/cs, 7.1 mil Cuff Thickness 9.1 mil Palm Thickness, 10.6 mil Finger Thickness, Tensile Strength = 28 before aging (25 After aging), Elasticity = 783% Before Aging (701% after aging), Protein Rating = 60 micrograms or less, Large	200	Box	9.61	1,922.00	
Microflex Synetron Latex Exam Gloves, powderfree Exam Gloves, 50/bx, 10bx/cs, 7.1 mil Cuff Thickness 9.1 mil Palm Thickness, 10.6 mil Finger Thickness, Tensile Strength = 28 before aging (25 After aging), Elasticity = 783% Before Aging (701% after aging), Protein Rating = 60 micrograms or less, Extra Large	200	Box	9.61	1,922.00	

Initials of Bidder: VAG

Section 6: Microflex Synetron Latex Exam Gloves (cont'd)					Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
TOTAL for Section 6 :									

Section 7: Microflex Ultrasense Non Latex Exam Gloves					Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Microflex Ultrasense Non Latex Exam Gloves Nitrile Powderfree Exam Gloves(not manufactured from natural rubber latex)100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 9" Cuff Length, 3.5 mil Palm Thickness, 4.7 mil Finger Thickness, Extra Small					5051401	10	Box	0.75	07.50
Microflex Ultrasense Non Latex Exam Gloves Nitrile Powderfree Exam Gloves(not manufactured from natural rubber latex)100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 9" Cuff Length, 3.5 mil Palm Thickness, 4.7 mil Finger Thickness, Small					5050495	100	Box	0.75	075.00
Microflex Ultrasense Non Latex Exam Gloves Nitrile Powderfree Exam Gloves(not manufactured from natural rubber latex)100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 9" Cuff Length, 3.5 mil Palm Thickness, 4.7 mil Finger Thickness, Medium					5058308	250	Box	0.75	1,687.50
Microflex Ultrasense Non Latex Exam Gloves Nitrile Powderfree Exam Gloves(not manufactured from natural rubber latex)100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 9" Cuff Length, 3.5 mil Palm Thickness, 4.7 mil Finger Thickness, Large					5053972	400	Box	0.75	2,700.00
Microflex Ultrasense Non Latex Exam Gloves Nitrile Powderfree Exam Gloves(not manufactured from natural rubber latex)100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 9" Cuff Length, 3.5 mil Palm Thickness, 4.7 mil Finger Thickness, Extra Large					5053009	100	Box	0.75	075.00
TOTAL for Section 7 :									5,805.00

Section 8: NeoPro EC 12" Non Latex Exam Gloves					Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
PolyChloroprene Powderfree Exam Gloves (not manufactured from natural rubber latex), 50/bx, 10bx/cs, 5.3 mil Cuff Thickness, 11" Cuff Length, 6.1 mil Palm Thickness, 8.0 mil Finger Thickness, Small					5053197	20	Box	8.39	167.80

Initials of Bidder: 76

Section 8: NeoPro EC 12" Non Latex Exam Gloves (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
PolyChloroprene Powderfree Exam Gloves (not manufactured from natural rubber latex), 50/bx, 10bx/cs, 5.3 mil Cuff Thickness, 11" Cuff Length, 6.1 mil Palm Thickness, 8.0 mil Finger Thickness, Medium	5058689	20	Box	8.39	167.80
PolyChloroprene Powderfree Exam Gloves (not manufactured from natural rubber latex), 50/bx, 10bx/cs, 5.3 mil Cuff Thickness, 11" Cuff Length, 6.1 mil Palm Thickness, 8.0 mil Finger Thickness, Large	5057198	20	Box	8.39	167.80
PolyChloroprene Powderfree Exam Gloves (not manufactured from natural rubber latex), 50/bx, 10bx/cs, 5.3 mil Cuff Thickness, 11" Cuff Length, 6.1 mil Palm Thickness, 8.0 mil Finger Thickness, Extra Large	5059114	20	Box	8.39	167.80
PolyChloroprene Powderfree Exam Gloves (not manufactured from natural rubber latex), 50/bx, 10bx/cs, 5.3 mil Cuff Thickness, 11" Cuff Length, 6.1 mil Palm Thickness, 8.0 mil Finger Thickness, Extra Large	5055879	20	Box	8.39	167.80
TOTAL for Section 8 :					839.00

Section 9: Sterile Gloves					
	Vendor's Company Item Number	Estimated Annual Quantity		Unit Pricing	Estimated Annual Expense
Sterile Gloves, Individually packed, ASTM D6319 Standard Specification for Nitrile Exam Gloves for Medical Application, size: 6-1/2, 4 bx/cs, per case	1074222	1	Case	123.53	123.53
Sterile Gloves, Individually packed, ATM D6319 Standard Specification for Nitrile Exam Gloves for Medical Application, size: 8, 4 bx/cs, per case	1079978	1	Case	123.93	123.93
Sterile Gloves, Individually packed, ASTM D6319 Standard Specification for Nitrile Exam Gloves for Medical Application, size: 9, 4 bx/cs, per case	1076003	1	Case	123.53	123.53
TOTAL for Section 9 :					370.99

Section 10: AMBU PERFIT Cervical Collars						
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price	
Infant	9850035	50	Each	3.09	154.50	
Pediatric	9859681	50	Each	3.09	154.50	
Regular	9852073	50	Each	3.09	154.50	
Neckless	9857405	2000	Each	3.09	6180.00	
Short	9852773	100	Each	3.09	309.00	
Tall	9853555	20	Each	3.09	61.80	
TOTAL for Section 10 :						7014.30

Section 11: AMBU Head Wedge Disposable Head Immobilizer						
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price	
Must be able to be applied to any size backboard, must be made of 100% plastic components, single slide mechanism that pulls up both side-panels at the same time, re-adjustable side-panel slide mechanism, symmetrical side panels that always stay the same height, be 100% water-resistant, have graphic directions for use printed directly on product, able to be stored "completely" flat, be radiolucent, CT and MRI compatible, include 2 head straps, No substitutions.	9856178	2400	Each	3.61	8664.00	
TOTAL for Section 11 :						

Section 12: Miscellaneous Supplies						
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price	
Disposable OB Kit, Soft Packaging	3262005	20	Each	6.12	122.40	
Alcohol Prep Pads, Medium Size TRIAD 200/bx	1048298	200	Box	0.92	184.00	
Bite Stick made of high density polyethylene	6075231	10	Each	0.23	2.30	

Section 12: Miscellaneous Supplies (cont'd)					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Bulb Syringe, 2oz size	9875548	10	Each	0.93	9.30
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal	6266991	1000	Each	1.11	1,110.00
Hydrogen Peroxide 16oz Plastic bottle	1023516	96	Each	0.63	60.48
Sterile Lubricating Jelly, 5g, 72/bx	1166726	5	Box	5.51	27.55
Oxygen Cylinder Handwheel, Metal	1743752	10	Each	11.50	115.00
Large Oxygen Cylinder Wrench (aluminum)	6779945	5	Each	1.62	8.10
Encono Paramedic Shears Drk Blue 7 1/2"	4995723	80	Each	0.86	68.80
Disposable Penlight	8310840	60	Each	0.84	50.40
Single use push button activated, spring loaded, retractable Lancet, 100/bx	4963983	40	Box	11.17	446.80
PVP Surgical Scrub Brush-Sponge 30/bx	9871041	3	Box	23.66	70.98
METTAG Triage Tags, with Bar code, single part 50/pk	4990468	1	Pack	38.05	38.05
Safety control seals, Pull Tite (numbered), 100/pkg	8860084	2	Pack	14.65	29.30
Razor, Medline Fixed Head, 100/bx	1113336	2	Box	13.20	26.40
100% Acrylic Cot Blanket, 60" x 84", Blue	1799886	10	Each	10.21	102.10
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center	4990776	5	Each	0.76	3.80
Disposable Probe Cover for SureTemp Plus Thermometer, 25/bx	8402661	20	Box	0.78	15.60
Heavy Duty Ring Cutter	6357057	5	Each	26.47	132.35
Paper drape sheet, 40" x 84"	4677310	10	Each	0.74	7.40
Tongue Depressor, Adult, Sterile	1000238	20	Each	0.02	0.40
Cotton Tip Applicator, 6", Sterile, 2/pkg	1009249	20	Pack	0.02	0.40
TOTAL for Section 12 :					2,032.51

Section 13: Infection Control					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Sharps shuttle 6" long, 1.1" diameter, 24/bx	8900800	5	Box	30.97	184.85
Bemis bio hazard box wall safe type Bemis #150-020	8093581	200	Each	3.60	720.00
Wrap around goggles with indirect shield-vent	7538492	5	Each	2.32	11.60
Clear lens safety glasses, anti-fog, contemporary styling, ANSI Z87.1 compliant	1074795	10	Each	2.04	20.40
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx	1047321	1	Box	6.72	6.72
Inovel medical N95 respirator, all sizes, must meet CDC guidelines for tuberculosis exposure control in addition to NIOSH and CDC standards for N95 protection against airborne pathogens 24/pk	0835379	2	Pack	20.64	41.28
TOTAL for Section 13 :					990.85

Section 14: Capitals					
	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Lifepack 12 basic carry case, to include Shoulder strap, right pouch, left pouch, and front cover, Physio Control #11260-00030	1100558	5	Each	234.92	1,174.60
Lifepack 12 back pouch for carry case, Physio Control #11260-000029	4994550	5	Each	62.32	311.60
Lifepack 12 top pouch for carry case, Physio Control #11220-000028	4999402	5	Each	220.59	1,102.95
Lifepack 12 replacement should strap, Physio Control #11260-000037	4999120	5	Each	25.65	128.25
Aneroid Sphygmomanometer, infant, Nylon cuff, minimum 10 year calibration Warranty, with zippered carry case	1126090	5	Each	4.54	22.70
Aneroid Sphygmomanometer, pedi, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	1126087	5	Each	5.22	26.10
Aneroid Sphygmomanometer, adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	1126088	10	Each	5.72	57.20
Aneroid Sphygmomanometer, large adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	1126092	5	Each	6.94	34.70

Initials of Bidder: 726

Section 14: Capitals (cont'd)		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Aneroid Sphygmomanometer, thigh, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case		1126091	5	Each	9.92	49.60
Adult full arm splint Fracture-Pak		—	10	Each	no bid	—
Adult full leg splint Fracture-Pak		—	10	Each	no bid	—
Ankle/Elbow splint Fracture-Pak		—	10	Each	no bid	—
Pedi full arm splint Fracture-Pak		—	10	Each	no bid	—
Pedi full leg splint Fracture-Pak		—	10	Each	no bid	—
Greenline/D disposable fiber optic Laryngoscope handle, medium		8573609	20	Each	38.60	772.00
V Vac manual suction starter kit, Laerdal #985000, includes handle, 2 Replacement cartridges, short suction Catheter with adapter tip, double male connector and directions		2206305	5	Each	67.17	335.85
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM		4997446	10	Each	11.36	113.60
Sprague Rappaport stethoscope, blue, 22", Adult and pediatric diaphragm, 3 bells, latex free		1307021	20	Each	8.80	176.00
CPAP starter kit promo w/CPAP unit, 1 breathing circuit with harness, back pack, Medium mask		—	2	Each	no bid	—
Oxygen/Ventilator bag, yellow, D size, ProPak, #SA:06		—	2	Each	no bid	—
Ohmeda Male and Ohmeda Female quick connect w/6" hose		—	5	Each	no bid	—
Thermometer, electronic, SureTemp Plus Model 690		2033856	2	Each	224.63	449.26
Probe and well kit, rectal 4', for SureTempPlus 690 thermometer		7418045	5	Each	66.41	332.05
Probe and well kit, oral, 4', for SureTempPlus 690 thermometer		8030003	5	Each	14.87	74.35
Restraint strap seat belt buckle loop end, Black, 2 piece, 5'		3701050	10	Each	6.97	69.70
Restraint straps chest system, black, nylon, Metal push button, loop ends		2201285	10	Each	23.61	236.10
Oxygen cylinder with toggle, aluminum, D size		6778965	5	Each	39.65	198.25
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2		4990448	10	Each	138.10	1,381.00
Oxygen regulator, 1 DISS IBARB 0-25 LPM		6773721	10	Each	57.29	572.90

Section 14: Capitals (cont'd)		Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Stretcher, wheeled, easy-fold		6724174	2	Each	314.99	629.98
Megamover plus transport unit, 40x80 Nonwoven ply gret w/backboard pockets, 1500 lb capacity		4992923	5	Each	17.19	85.95
Break-apart stretcher, aluminum, w/3 Patient restraint straps, minimum load Capacity 400 lb		4994905	2	Each	357.82	715.64
LP15 Standard Carry Case with Right & Left Pouches, Physio Control #11577-000002		4995532	5	Each	234.92	1,174.60
LP15 Rear Pouch for carry case, Physio Control #11260-000039		4998146	5	Each	58.68	293.40
LUCAS 2 Disposable Suction Cup, 3/pk, Physio Control #11576-000046		—	2	Pack	no bid	—
LUCAS Patient Strap, Physio Control #11576-000050		—	6	Each	no bid	—
LUCAS Stabilization Strap, Physio Control #21996-000064		—	6	Each	no bid	—
LUCAS Standard Back Plate, Physio Control #21996-000044		—	2	Each	no bid	—
Replacement Ankle Hitch for QD3 & QD4 Traction		4990516	5	Each	8.78	43.90
Oxygen cylinder with toggle, aluminum, C size		1097410	5	Each	48.48	242.40
S-Scort "ten" replacement battery, SN 3000 and below		4998206	5	Each	43.29	216.45
S-Scort Quickdraw replacement 12V rechargeable battery, Sealed Lead Acid		4999491	5	Each	44.12	220.60
Traction splint w/aluminum ratchet, Adult QD-4		8554486	2	Each	181.98	363.96
Traction splint w/aluminum ratchet, child QD-3		8551303	2	Each	181.98	363.96
Traction splint w/aluminum ratchet, Combination QD-3 and QD-4		8551485	2	Each	135.66	271.32
Kendrick KODE 1 vest, green		—	5	Each	no bid	—
S-Scort "ten" port suction unit w/charging shelf and power cord		4999873	2	Each	1,202.17	2,404.34
S-Scort "ten" replacement battery, SN >3001 and above		4998195	5	Each	43.29	216.45
S-Scort Quickdraw w/spare battery, rechargeable 12V sealed lead acid		4996910	2	Each	634.17	1,268.34
Clipboard, 8.5" x 14" 6/cs Style-A holder		4520755	5	Each	21.26	106.30
LA Rescue cervical collar bag, 24"L x 11"H x 5"W		—	5	Each	no bid	—

Initials of Bidder: *JK*

Section 14: Capitals (cont'd)

	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Trauma/Air management bag III, 26" x 18.5" x 12.5", blue, Ferno #5111	6721719	5	Each	220.81	1,104.05
TOTAL for Section 14 :					17,340.40

Section 15: Medication

	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price
Adenosine 6mg/2mL (3mg/mL) 2mL Single dose	3230003	50	Each	39.74	1,987.00
Adenosine 12mg/4mL (3mg/mL) 4mL Single dose	3230004	60	Each	75.38	4,522.80
Acetaminophen 15mL Infant Drops (80mg per 0.8mL)	1100686	40	Each	2.19	87.60
Aspirin 81mg Tablets 36/bottle	1022330	60	Each	0.69	41.40
Atropine Sulfate 18g x 1 1/2", 0.1mg/mL, 10mL Prefilled Syringe with protected needle	2484141	200	Each	38.42	7,684.00
Atrovent Solution 0.5mg, 2.5mL	1181421	600	Each	0.12	72.00
Diphenhydramine 50mg/mL, 1mL Vial	2585924	80	Each	5.27	421.60
Activated Charcoal 50g, 240mL	6020281	30	Each	20.87	626.10
Dextrose USP 50%, 18g protected needle, 2.5grams (0.5g/mL)	2583728	400	Each	42.84	17,136.00
Diazepam Injection 10mg (5mg/mL) 2mL Single Dose	1046560	200	Each	49.82	9,964.00
Dopamine HCL in 5% Dextrose, 500mL IV Bag-800mg	9541035	5	Each	14.73	73.65
Epinephrine 1:1000, 1mg/mL, 1mL Single dose	1046844	50	Each	21.80	1,090.00
Epinephrine 1:10,000, 18g, 1/2" (0.1mg/mL) 10mL Prefill Syringe with protected needle	2488166	800	Each	45.41	36,328.00
Amidate (Etomidate Injection), 20mg (2mg/mL), 10mL Single Dose Ampule	2580027	50	Each	12.77	638.50
Fentanyl Citrate Injection USP, 250mcg (0.05mg per mL) in 5mL luer lock syringe	1047851	200	Each	7.74	1,548.00
Glucagon 1mg Lilly Kit Red Box 2050A	2486064	40	Each	202.31	8,092.40
Glucose 37.5g Unit dose tube	2483963	200	Each	10.46	2,092.00
C3 Ketamine 5mg/ml 10ml / controlled	1046874	50	Each	15.36	768.00

Initials of Bidder

VKS

Section 15: Medication (cont'd)						Unit Price	Extended Price
Medication	Company Item Number	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Price		
Lasix 40mg, 10mg/mL in 4mL Prefill Needleless Syringe	1047055	100	Each	29.55	2,955.00		
Lidocaine 2% with male luer lock prefilled syringe, 100mg/5mL	7488017	200	Each	17.83	3,566.00		
Lidocaine 2g in 500mL D5W	1536010	50	Each	5.60	280.00		
Magnesium Sulfate 50%, 1g/2mL Vial	2583331	20	Each	1.28	25.60		
Midazolam 2mg, 2mL single dose	1182041	50	Each	0.56	28.00		
Morphine Sulfate Injection, USP 1mg/mL, 10mL single dose	1040550	100	Each	6.89	689.00		
Naloxone 2mg/2mL - 2mL Pre-filled Syringe	9298759	100	Each	15.17	1,517.00		
Nitroglycerin Ointment, 2%, 30g Tube	1910001	20	Each	19.34	386.80		
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can	7480607	5	Each	143.38	716.90		
Norcuron with diluent (Vecuronium bromide) for Injection, 10mg (1mg/mL in 10mL)	1140420	20	Each	3.79	75.80		
Pepsid 20mg Tablet, Unit Dose	5580012	40	Each	101.78	4,071.20		
Albuterol Sulfate, USP Inhalation Solution, 0.083%, 2.5mg/3mL (0.83mg/mL), 25/bx	1161878	32	Box	4.00	1,280.00		
Sodium Bicarb 8.4%, 50mEq, 50mL Prefilled luer lock syringe	1046895	160	Each	27.93	4,468.80		
0.9% Sodium Chloride, 5mL in 5mL luer lock syringe	9871864	8000	Each	1.09	8,720.00		
Solumedrol 125mg, 2mL Acto-vial	7480754	200	Each	20.12	5,224.00		
Tetracaine Hydrochloride Ophthalmic Solution, 1/2%, 1mL Single Dose Units, 12/bx	1029009	1	Box	88.33	88.33		
Thiamine 100mg/mL in 2mL Single dose vial	1029045	200	Each	10.98	2,196.00		
Carpuleject Injector	1594899	20	Each	0.09	1.80		
Ondansetron 4mg 2mL VIAL	1203737	200	Each	0.37	74.00		
Mucosal Automation Device, Nasal/Oral, Latex free, 3mL Syringe	4204074	50	Each	3.09	154.50		
TOTAL for Section 15:						126725.54	

CONTRACT SHEET
B15-011

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 2 day of September, 2014,
by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by
County Judge Robert Hebert, by virtue of an order of Fort Bend County Commissioners Court, and
Henny S. Hearn Inc (hereinafter designated Contractor).
(company name)

WITNESSETH:

The Contractor and the County agree that the bid and specifications for **Medical Supplies** which are
hereto attached and made a part hereof, together with this instrument and the bond (when required) shall
constitute the full agreement and contract between parties and for furnishing the items set out and
described; the County agrees to pay the prices stipulated in the accepted bid.

It is further agreed that this contract shall not become binding or effective until signed by the parties
hereto and a purchase order authorizing the items desired has been issued.

Executed at Richmond, Texas this 13 day of October, 2014.

By: Robert Hebert Fort Bend County, Texas
Robert Hebert, County Judge

By: [Signature]
Signature of Contractor

By: Jesse A. GARRINGER, VP
Printed Name and Title



COUNTY PURCHASING AGENT
Fort Bend County, Texas

Gilbert D. Jalomo, Jr., CPPB
County Purchasing Agent

(281) 341-8640
Fax (281) 341-8642 or 341-8645

Vendor Information

Federal ID # or S.S #			Dun and Bradstreet #
			012430880
Type of Business	<input checked="" type="checkbox"/> Corporation/LLC <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Organization		
Legal Company Name	Henry Schein Inc		Year Business was Established 1932
Remittance Address	DEPT CH 10241		
City/State/Zip	PALATINE, IL 60055-0241		
Physical Address	PO Box 3227, 140 Croucher Commercial Ct.		
City/State/Zip	IRMO, SC 29063		
County	<input type="checkbox"/> Fort Bend County <input checked="" type="checkbox"/> Other:		
Phone/Fax Number	Phone: 800 845 3550	Fax: 800 533 4793	
Contact Person	Jesse A Garinger		
E-mail	Jesse.Garinger@HenrySchein.com		
Special Notes			
The Company listed above is a (check all that apply and attached certificate).	<input type="checkbox"/> DBE-Disadvantaged Business Enterprise Certification # _____ <input type="checkbox"/> SBE-Small Business Enterprise Certification # _____ <input type="checkbox"/> HUB-Texas Historically Underutilized Business Certification # _____ <input type="checkbox"/> WBE-Women's Business Enterprise Certification # _____ <input type="checkbox"/> MBE-Minority Business Enterprise Certification # _____		
Company's gross annual receipts:	<input type="checkbox"/> < \$500,000 <input type="checkbox"/> \$500,000-\$4,999,999 <input type="checkbox"/> \$5,000,000-\$16,999,999 <input type="checkbox"/> \$17,000,000-\$22,399,999 <input checked="" type="checkbox"/> >\$22,400,000		
NAICs codes (Please enter all that apply).			

PLEASE NOTE: W-9 needs to be attached in order to be entered into our system

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Henry Schein Inc

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

135 Duryen Road

City, state, and ZIP code

MELVILLE, NY 11747-7382

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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.

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

Social security number

or

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).

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 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ⁴
5. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Job No.: 15-011

TAX FORM/DEBT/ RESIDENCE CERTIFICATION
(for Advertised Bidders)

Taxpayer Identification Number (T.I.N.): 11

Company Name submitting Bid/Proposal: Henny Schein Inc

Mailing Address: PO Box 3227, Irmo, SC 29063

Are you registered to do business in the State of Texas? ☒ Yes ☐ No

If you are an individual, list the names and addresses of any partnership of which you are a general partner or any assumed name(s) under which you operate your business

- I. **Property:** List all taxable property in Fort Bend County owned by you or above partnerships as well as any d/b/a names. Include real and personal property as well as mineral interest accounts. (Use a second sheet of paper if necessary.)

Fort Bend County Tax Acct. No.*

Property address or location**

N/A

* This is the property account identification number assigned by the Fort Bend County Appraisal District.

** For real property, specify the property address or legal description. For business personal property, specify the address where the property is located. For example, office equipment will normally be at your office, but inventory may be stored at a warehouse or other location.

- II. **Fort Bend County Debt** - Do you owe any debts to Fort Bend County (taxes on properties listed in I above, tickets, fines, tolls, court judgments, etc.)?

☐ Yes ☒ No

If yes, attach a separate page explaining the debt.

- III. **Residence Certification** - Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Fort Bend County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

(3) "Nonresident bidder" refers to a person who is not a resident.

(4) "Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

☐ I certify that _____ is a Resident Bidder of Texas as defined in Government Code §2252.001.
[Company Name]

☒ I certify that Henny Schein Inc is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is Irmo, SC.
[Company Name] [City and State]