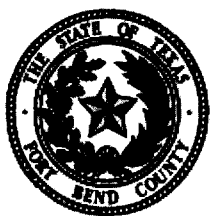


COUNTY PURCHASING AGENT
Fort Bend County, Texas



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

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

August 17, 2017

TO: All Prospective Bidders

RE: Addendum No. 2 to Pricing Form per Fort Bend County Bid 18-003 – Term Contract for Medical Supplies

Addendum 2:

Attached is Addendum 2 to Bid 18-003 Medical Supplies. Vendors are to use the Addendum 2 document and the Addendum 2 Excel Pricing Form file while preparing their bid response. Due date is now August 29, 2017 by 2:00pm and some locked cells have been unlocked in the pricing form.

Immediately upon your receipt of this addendum, please fill out the following information and email this page to the Fort Bend County Purchasing Department at norma.weaver@fortbendcountytexas.gov.

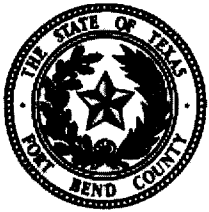
NASHVILLE MEDICAL & EMS PRODUCTS, INC
Company Name

[Signature] 08/06/2017
Signature of person receiving addendum Date

If you have any questions, please contact this office.

Sincerely,

[Signature]
Cheryl Krejci, CPPB
Senior Buyer



COUNTY PURCHASING AGENT
Fort Bend County, Texas

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

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

August 30, 2017

TO: All Prospective Bidders

RE: Addendum No. 4 to Fort Bend County Bid 18-003 – Term Contract for Medical Supplies

Addendum 4:

Attached is Addendum 4 to Bid 18-003 Medical Supplies. Vendors are to use the Addendum 4 document while preparing their bid response. Due date is now September 12, 2017 by 2:00pm, due to Hurricane Harvey.

Immediately upon your receipt of this addendum, please fill out the following information and email this page to the Fort Bend County Purchasing Department at norma.weaver@fortbendcountytexas.gov.

NASHVILLE MEDICAL & EMS PRODUCTS, INC
Company Name
[Signature]
Signature of person receiving addendum
09/06/2017
Date

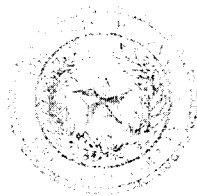
If you have any questions, please contact this office.

Sincerely,

[Signature]
Cheryl Krejci, CPPB
Senior Buyer

****Amended 8.17.17**

Fort Bend County Specification Download Acknowledgment



**Invitation for Bid
Term Contract for Purchase of Medical Supplies
BID 18-003**

**VENDORS MUST IMMEDIATELY RETURN THIS FORM VIA EMAIL TO NORMA WEAVER AT:
norma.weaver@fortbendcountytexas.gov .**

Vendor Responsibilities:

- Vendors are responsible to download and complete any addendums.
(Addendums will be posted on the Fort Bend County Website no later than 48 hours prior to Bid Opening)
- Vendors will submit responses in accordance with requirements stated on cover of document.
- Vendors may not submit responses via email or fax.

NASHVILLE MEDICAL & EMS PRODUCTS, INC

Legal Name of Contracting Company

NARI SADARANGANI

Contact Person

PO BOX 64, SPRINGFIELD, TN 37172

Complete Mailing Address

615-384-0543

Telephone Number

615-384-0544

Facsimile Number

NASHVILLEEMS@GMAIL.COM

Email Address

Signature

[Handwritten Signature]

Date

09/01/2017

Fort Bend County Specification Download Acknowledgment



**Invitation for Bid
Term Contract for Purchase of Medical Supplies
BID 18-003**

VENDORS MUST IMMEDIATELY RETURN THIS FORM VIA EMAIL TO NORMA WEAVER AT:
norma.weaver@fortbendcountytexas.gov

Vendor Responsibilities:

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(Addendums will be posted on the Fort Bend County Website no later than 48 hours prior to Bid Opening)
- Vendors will submit responses in accordance with requirements stated on cover of document.
- Vendors may not submit responses via email or fax.

NASHVILLE MEDICAL & EMS PRODUCTS, INC

Legal Name of Contracting Company

NARI SADARANGANI

Contact Person

PO Box 64, SPRINGFIELD, TN 37172

Complete Mailing Address

615-384-0573

Telephone Number

615-384-0574

Facsimile Number

NASHVILLEEMS@GMAIL.COM

Email Address

Nari Sadarangani

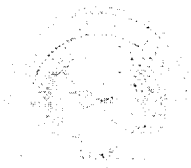
Signature

09/11/2018

Date

***Amended 8.30.17

Fort Bend County Specification Download Acknowledgment



**Invitation for Bid
Term Contract for Purchase of Medical Supplies
BID 18-003**

VENDORS MUST IMMEDIATELY RETURN THIS FORM VIA EMAIL TO NORMA WEAVER AT:
norma.weaver@fortbendcountytexas.gov.

Vendor Responsibilities:

- Vendors are responsible to download and complete any addendums.
(Addendums will be posted on the Fort Bend County Website no later than 48 hours prior to Bid Opening)
- Vendors will submit responses in accordance with requirements stated on cover of document.
- Vendors may not submit responses via email or fax.

NASHVILLE MEDICAL & EMS PRODUCTS, INC
Legal Name of Contracting Company

NARI SADARANGANI
Contact Person

PO BOX 64, SPRINGFIELD, TN 37172
Complete Mailing Address

615-384-0573 Telephone Number
615-384-0574 Facsimile Number

NASHVILLEEMS@GMAIL.COM
Email Address

[Signature]
Signature

09/01/2017
Date

*****Amended 8.30.17**

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



**Term Contract for Purchase of Medical Supplies
BID 18-003**

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 the address to assist in proper delivery.

SUBMIT NO LATER THAN:

*****Tuesday, September 12, 2017
2:00 PM (Central)**

LABEL ENVELOPE:

**BID 18-003
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

NASHVILLE MEDICAL & EMS PRODUCTS, INC

Legal Name of Contracting Company

45-5593174

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

615-384-0573

Telephone Number

615-384-0574

Facsimile Number

PO BOX 64

Complete Mailing Address (for Correspondence)

SPRINGFIELD, TN 37172

City, State and Zip Code

SAME AS ABOVE

Complete Remittance Address (if different from above)

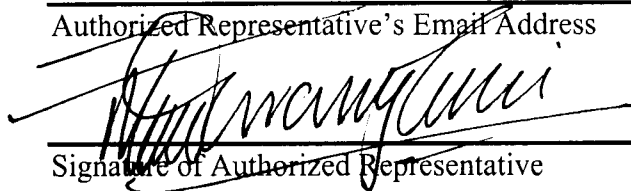
City, State and Zip Code

NARI SADARANGANI / PRESIDENT

Authorized Representative and Title (printed)

NASHVILLEEMS@GMAIL.COM

Authorized Representative's Email Address



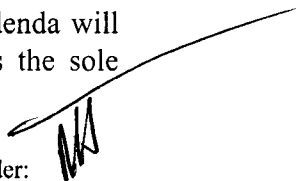
Signature of Authorized Representative

09/06/2017

Date

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 Document Completion: Fill out, initial each page, SIGN CONTRACT SHEET, and return ONE (1) complete bid document and ONE (1) electronic Excel file, on CD or Flash Drive, of the Pricing Form, completed by the bidder, to the Fort Bend County Purchasing Department. An authorized representative of the bidder MUST sign the contract sheet. The bid document, copy of completed pricing form, and electronic file, as provided on County's website, must be in the same sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge of Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of correction fluid 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. All response, typed or written information, must be clear and legible.
- 1.5 Bid Returns: Bidders must return entire completed bid document to the Fort Bend County Purchasing Department at 301 Jackson, Suite 201, Richmond, Texas no later than 2:00 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 Document: 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 Addenda: No interpretation of the meaning of the drawings, specifications or other bid documents will be made to any bidder orally. All requests for such interpretations must be made in writing addressed to Ms. Cheryl Krejci, Senior Buyer, 301 Jackson, Suite 201, Richmond, Texas 77469, e-mail: cheryl.krejci@fortbendcountytexas.gov. Any and all interpretations and any supplemental instructions will be in the form of written addenda to the contract documents which will be posted on Fort Bend County's website. Addenda will **ONLY** be issued by the Fort Bend County Purchasing Agent. It is the sole

Initials of Bidder: 

responsibility of each bidder to insure receipt of any and all addenda. All addenda issued will become part of the contract documents. Bidders must sign and include addendum in the returned bid package. Deadline for submission of questions and/or clarification is **Tuesday, August 15, 2017 at 9:00 a.m. (CST)**. Requests received after the deadline will not be responded to due to the time constraints of this bid process.

- 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.
- 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. Bond/s or cashier's check must be complete with all required signatures.
- 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.

Initials of Bidder:

- 1.14 Pricing: Prices for all goods and/or services shall be firm for the duration of this contract and shall be stated in the bid spreadsheet. 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.
- 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

Initials of Bidder:

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.

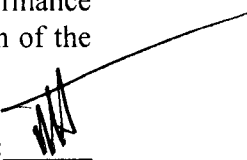
- 1.20 Evaluation: Evaluation shall be used as a determinant as to which bid items or services are the most efficient and/or most economical for the County. It shall be based on all factors, which have a bearing on price and performance of the items in the user environment. All bids are subject to tabulation 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

Initials of Bidder:

NS

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.

- 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

Initials of Bidder: 

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.

- 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 from vendor's supplier 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.
- 1.36 Modifications: This instrument contains the entire Contract between the parties relating to the rights herein granted and obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent written modification signed by both parties hereto.

2.0 TERMS & CONDITIONS:

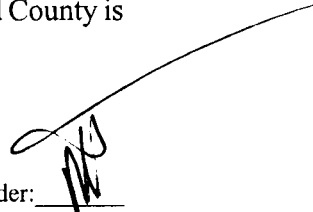
- 2.1 Seller to Package Goods: Seller will package goods in accordance with good commercial practice. Each delivery container shall be clearly and permanently

Initials of Bidder: WJ

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.

- 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.

Initials of Bidder:



- 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.
- 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

Initials of Bidder: MS

correction within 10 days, correction made by the County will be at Seller's expense.


- 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

Initials of Bidder:

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 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 effective 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

Initials of Bidder: 

shall lie in Richmond, Fort Bend County, Texas.

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 contract with one (1) or more vendors to provide medical supplies for Fort Bend County as specified herein.

4.0 TERM OF CONTRACT:

The term of this contract is **1 October 2017 through 30 September 2018**, renewable annually for four (4) years (through 30 September 2022) under the terms and conditions if mutually agreeable to both parties. Either party for any reason may terminate this contract by giving thirty (30) days written notice of the intent to terminate.

5.0 BID DOCUMENT COMPLETION:

Fill out, initial each page, SIGN CONTRACT SHEET, and return ONE (1) complete bid document and ONE (1) electronic Excel file, on CD or Flash Drive, of the Pricing Form, completed by the bidder, to the Fort Bend County Purchasing Department in a sealed envelope and marked with the appropriate bid number. An authorized representative of the bidder MUST sign the contract sheet, and do not include the date. The bid document, printed copy of completed pricing form, and electronic file, as provided on County's website, must be in the same sealed envelope marked with the appropriate bid number and title. The contract will be binding only when signed by the County Judge of Fort Bend County and a purchase order authorizing the item(s) desired has been issued. The use of correction fluid 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. All response, typed or written information, must be clear and legible.

6.0 MODIFICATIONS:

This instrument contains the entire Contract between the parties relating to the rights herein granted and obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent written modification signed by both parties hereto.

Initials of Bidder: WJ

7.0 TEXAS ETHICS COMMISSION FORM 1295:

7.1 Effective January 1, 2016 all contracts executed by Commissioners Court, regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties", per the new Government Code Statute §2252.908. All vendors submitting a response to a formal Bid, RFP, SOQ or any contracts, contract amendments, renewals or change orders are required to complete the Form 1295 online through the State of Texas Ethics Commission website. Please visit: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

7.2 On-line instructions:

7.2.1 Name of governmental entity is to read: Fort Bend County.

7.2.2 Identification number used by the governmental entity is: B18-003.

7.2.3 Description is the title of the solicitation: Medical Supplies.

7.3 Apparent low bidder(s) will be required to provide the Form 1295 within three (3) calendar days from notification. In the event the vendor does not provide the document in the stated time period the vendor's response will be marked as disqualified and the next low bidder will be contacted.

8.0 AWARD:

This contract will be awarded to the lowest and best bid per section. Vendors must bid on each item in section for bid to be considered.

9.0 SPECIFICATIONS AND PRICING:

Specifications are available on the bid pricing form in an Excel file downloadable from Fort Bend County's website. All bid pricing must be completed in the Excel Pricing Form file provided on the County's website. Vendors are to download the Excel Pricing Form from Fort Bend County's website, complete the pricing in the Excel file, and include an electronic copy of the completed Excel Pricing Form file on CD or Flash Drive in the same sealed envelope with their copy of bid response. Totals of sections are required to be completed by the vendor and not left blank. The electronic copy must be capable to be saved by the Fort Bend County Purchasing Department to access the vendor's pricing and transfer of bid prices to the County's Excel tabulation file. A printed copy of the completed pricing form is to be included with the bid response. Pricing for items must meet the specifications as stated herein and include FOB Fort Bend County and inside delivery to any location within Fort Bend County.

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.

Initials of Bidder: MS

**Amended 8.8.17*

- 9.3 Substitutes are only allowed as stated on the bid pricing form.
 - 9.3.1 If vendor is bidding a substitute for an item marked "Yes" on the bid pricing form, the vendor is to include the substituted item's complete description in the blanks provided below the specified item.
- 9.4 Vendor must bid on all items in section for bid to be considered.
- 9.5 Vendor must provide unit prices as stated on bid pricing form. Alterations to unit sizes are not permitted and are grounds for vendor disqualification.
- 9.6 Vendors are required to provide with their bid response documentation/certification from the manufactures stating the vendor is an approved reseller and/or distributor.
- 9.7 Vendors are not to provide bid prices with more than two (2) decimal places.
- *9.8 Vendors must be authorized and/or certified, if required, by manufacturer and/or supplier, to sell or resell the products they provide.

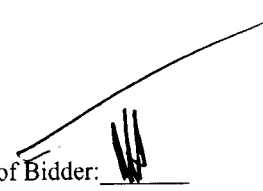
10.0 DELIVERY:

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

11.0 REQUIRED FORMS:

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

- 11.1 Pricing Form in electronic Excel File on CD or Flash Drive
- 11.2 Vendor Form
- 11.3 W9 Form
- 11.4 Tax Form/Debt/Residence Certification
- 11.5 Contractor Acknowledgement of Stormwater Management Program

Initials of Bidder: 

CONTRACT SHEET
B18-003

THE STATE OF TEXAS
COUNTY OF FORT BEND

This memorandum of agreement made and entered into on the 10th day of October, 2017,
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
NASHVILLE MEDICAL & EMS PRODUCTS, INC (hereinafter designated Contractor).
(company name)

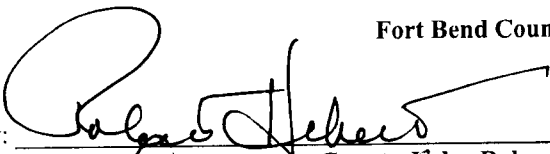
WITNESSETH:

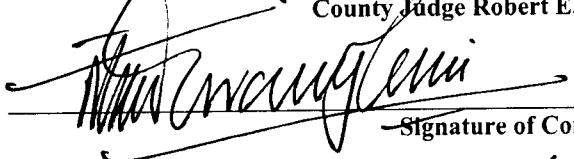
The Contractor and the County agree that the bid and specifications for **Purchase of Medical Supplies** which are hereto attached and made a part hereof, together with this instrument and the Bond (when required) shall constitute the full agreement and contract between parties and for furnishing the 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 10 day of October 2017.

Fort Bend County, Texas

By: 
County Judge Robert E. Hebert

By: 
Signature of Contractor

By: NARI SADARANGANI / PRESIDENT
Printed Name and Title



COUNTY PURCHASING AGENT
Fort Bend County, Texas

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

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

Vendor Information

Federal ID # or S.S #	<u>45-5593174</u>	Dun and Bradstreet #	
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	NASHVILLE MEDICAL & EMS PRODUCTS, INC Year Business was Established <u>2012</u>		
Remittance Address	PO BOX 64		
City/State/Zip	SPRINGFIELD, TN 37172		
Physical Address	701 CENTRAL AVE W		
City/State/Zip	SPRINGFIELD, TN 37172		
County	Fort Bend County	Other:	ROBERTSON, TN
Phone/Fax Number	Phone: <u>615-384-0573</u>	Fax:	<u>615-384-0574</u>
Contact Person	NARI SADARANGANI		
E-mail	NASHVILLEEMS@GMAIL.COM		
Special Notes	NOT CERTIFIED		
The Company listed above is a (check all that apply and attached certificate).	<input type="checkbox"/> DBE-Disadvantaged Business Enterprise Certification # _____ <input checked="" 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 checked="" type="checkbox"/> MBE-Minority Business Enterprise Certification # _____		
Company's gross annual receipts:	<input type="checkbox"/> < \$500,000 <input checked="" 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 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.**

1 Name (as shown on your income tax return). Name is required on this form; do not leave this line blank.
NASHVILLE MEDICAL & EMS PRODUCTS, INC

2 Business name (disregarded entity name, if different from above)
NASHVILLE EMS SUPPLY

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 S Corporation Partnership Trust/estate
 Other (see instructions) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
PO BOX 6N

6 City, state, and ZIP code
SPRINGFIELD, TN 37172

7 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">45</td> <td style="width: 25%;">-55931</td> <td style="width: 25%;">74</td> <td style="width: 25%;"></td> </tr> </table>	45	-55931	74	
45	-55931	74		

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here Signature of U.S. person ▶ Date ▶ **Sept 7, 2017**

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

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

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

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

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

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, payments made in settlement of payment card and third party network transactions, 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 *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

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 this page), 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 SSA 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 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, apply for a TIN and 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 U.S. 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, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 "Business name/disregarded entity" 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 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

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.

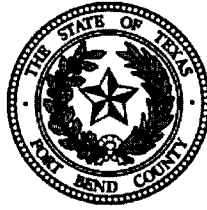
If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the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

Visit 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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Mandatory Form



Contractor Acknowledgement of Stormwater Management Program

I hereby acknowledge that I am aware of the stormwater management program and standard operating procedures developed by Fort Bend County in compliance with the TPDES General Permit No. TXR040000. I agree to comply with all applicable best management practices and standard operating procedures while conducting my services for Fort Bend County. I agree to conduct all services in a manner that does not introduce illicit discharges of pollutants to streets, stormwater inlets, drainage ditches or any portion of the drainage system. The following materials and/or pollutant sources must not be discharged to the drainage system as a result of any services provided:

1. Grass clippings, leaves, mulch, rocks, sand, dirt or other waste materials resulting from landscaping activities, (except those materials resulting from ditch mowing or maintenance activities)
2. Herbicides, pesticides and/or fertilizers, (except those intended for aquatic use)
3. Detergents, fuels, solvents, oils and/or lubricants, other equipment and/or vehicle fluids,
4. Other hazardous materials including paints, thinners, chemicals or related waste materials,
5. Uncontrolled dewatering discharges, equipment and/or vehicle wash waters,
6. Sanitary waste, trash, debris, or other waste products
7. Wastewater from wet saw machinery,
8. Other pollutants that degrade water quality or pose a threat to human health or the environment.

Furthermore, I agree to notify Fort Bend County immediately of any issue caused by or identified by:

NASHVILLE MEDICAL & EMS PRODUCTS, INC

(Company/Contractor)

that is believed to be an immediate threat to human health or the environment.

[Handwritten Signature]

Contractor Signature

9/07/2017

Date

NARI SADARANGANI

Printed Name

PRESIDENT

Title

Job No.: BID 18-003

TAX FORM/DEBT/ RESIDENCE CERTIFICATION

(for Advertised Projects)

Taxpayer Identification Number (T.I.N.): 45-5593174

Company Name submitting Bid/Proposal: NASHVILLE MEDICAL & EMS PRODUCTS, INC

Mailing Address: PO BOX 64, SPRINGFIELD, TN 37172

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**

NONE

NONE

* 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 NASHVILLE MEDICAL & EMS PRODUCTS, INC is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is SPRINGFIELD, TN
[Company Name]

[City and State]

Vendor Name: **ASHVILLE MEDICAL & EMS PRODUCT**

Section 3: Bandage/Splints/Tape (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Burn Sheet Sterile 60" x 96"	KENTRON	888111	K888111	Yes	EA	1	50	\$1.19	\$ 59.50
Trauma Dressing Sterile 10" x 30"	KENTRON	771030	K771030	Yes	EA	1	100	\$0.67	\$ 67.00
Rapid Heat Instant Heat Pack, Pull Apart Style, 6/bx	RAPID DEPLOYMENT	2056	RD2056	No	BX	6	170	\$7.99	\$ 1,358.30
Rapid Cold Instant Cold Pack, Pull Apart Style, 24/cs	RAPID DEPLOYMENT	2004	RD2004	No	CS	24	6	\$34.99	\$ 209.94
Pepper KED forehead/Chin Strap Replacement set of 2			FNKED	No	SET	2	10	\$ 39.00	\$ 390.00
BM Transpore Tape 1" x 10yd 12/bx			1527-1	No	BX	12	10	\$9.90	\$ 99.00
1" x 10yd Paper Tape, hypo-allergenic	KENTRON	705111	K705111	Yes	BX	12	7	\$3.49	\$ 24.43
2" x 10yd Waterproof Tape Kendall #3267 6/bx	Kendall	3267	KD3267	No	BX	6	18	\$19.90	\$ 358.20
Flex-All splint, orange, bendable foam and aluminum splint, 4" x 36" rolled	KENTRON	887722	K887722	Yes	EA	1	200	\$2.49	\$ 498.00
One piece foil bunting with hood. Latex Free 17.5"x30" 18 micron/.70 gauge, Sterile	KENTRON	280155	K280155	Yes	EA	1	5	\$1.29	\$ 6.45
Quikclot Combat Gauze LE Z-fold, 3 inch X 4 yard, NO HEAT	QUICKCLOT	350	ZM350	No	EA	1	5	\$32.89	\$ 164.45
HyFin chest seal without vent	NORTH AMERICAN RESCUE	10-0015	NA10-0015	No	EA	1	5	\$12.69	\$ 63.45

boxes
\$47.94

Vendor Name: KASHVILLE MEDICAL & EMS PRODUCT

Section 3: Bandage/Splints/Tape (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating below. Yes	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Israeli emergency compression bandage 4"	PERSYS	FCP-03	FCP-03	Yes	EA	1	5	\$5.19	\$ 25.95
	PERSYS	FCP-03			EA	1			
Israeli emergency compression bandage 6"	PERSYS	FCP-06	FCP-06	Yes	EA	1	5	\$5.79	\$ 28.95
	PERSYS	FCP-06			EA	1			
Total of Section 3: \$									7,230.95

Vendor Name:

Section 3: Bandage/Splints/Tape	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
2" x 5yd Bandage, Self-Adherent, individually packaged	KENTRON	690922	K690922	Yes	EA	1	75	\$0.69	\$ 51.75
	KENTRON	690922	K690924	Yes	EA	1	50	\$1.19	\$ 59.50
4" x 5yd Bandage, Self-Adherent, individually packaged	KENTRON	690924	CATB	Yes	EA	1	70	\$22.89	\$ 1,602.30
	Combat Application Tourniquet (CAT), One-handed Tourniquet Utilizing Windlass System, Tactical Black				EA	1			
Occlusive, non-adhering dressing, impregnated with white Petrolatum, 3" x 9" 50/bx	NORTH AMERICAN				EA	1			
	KENTRON	887339	K887339	Yes	BX	50	2	\$20.49	\$ 40.98
4x4 Non Sterile, non-woven, 4ply, 200/pkg	KENTRON	250444	K250444	Yes	BX	50			
	KENTRON	250444	K250444	Yes	PK	200	120	\$2.09	\$ 250.80
4x4 Sterile 12 ply - 2/pk	KENTRON	KS4412	KK4412	Yes	PK	2	2000	\$0.05	\$ 98.00
	KENTRON	KS4412	KK4412	Yes	PK	2			
4x4 Sterile 12 ply - 10/tray	KENTRON	441210T	K441210T	Yes	TRAY	10	100	\$0.63	\$ 63.00
	KENTRON	441210T	K441210T	Yes	TRAY	10			
4 1/2" x 4.1yd 6 ply Sterile Gauze Roll	KENTRON	444666	K444666	Yes	EA	1	1500	\$0.65	\$ 975.00
	KENTRON	444666	K444666	Yes	EA	1			
36" x 51" Triangular Bandage	KENTRON	363651	K363651	Yes	EA	1	200	\$0.23	\$ 46.00
	KENTRON	363651	K363651	Yes	EA	1			
8" x 10" Abdominal Pad, 20/tray	KENTRON	777810	K777810	Yes	TRAY	20	200	\$2.88	\$ 576.00
	KENTRON	777810	K777810	Yes	TRAY	24			
1" x 3" Adhesive Strip Bandage	KENTRON	880013	K880013	Yes	BX	100	100	\$1.14	\$ 114.00
	KENTRON	880013	K880013	Yes	BX	100			

Amended 8/23/17

Fort Bend County Pricing Form
 Bid 18-003
 Term Contract for Medical Supplies

Vendor Name: JASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost																																																																																												
40mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6504PK-5P 779940-05	K779940-05	Yes	PK	5	5	\$0.54	\$ 2.70																																																																																												
					PK	5				60mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6506BK-5P 779960-5	K779960-5	Yes	PK	5	5	\$0.54	\$ 2.70	PK	5	80mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6508GN-5P 779980-5	K779980-5	Yes	PK	5	8	\$0.54	\$ 4.32	PK	5	90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6509YL-5P 779990-5	K779990-5	Yes	PK	5	16	\$0.54	\$ 8.64	PK	5	100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P 779100-5	K779100-5	Yes	PK	5	20	\$0.54	\$ 10.80	PK	5	110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40	PK	5	Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON
60mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6506BK-5P 779960-5	K779960-5	Yes	PK	5	5	\$0.54	\$ 2.70																																																																																												
					PK	5				80mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6508GN-5P 779980-5	K779980-5	Yes	PK	5	8	\$0.54	\$ 4.32	PK	5	90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6509YL-5P 779990-5	K779990-5	Yes	PK	5	16	\$0.54	\$ 8.64	PK	5	100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P 779100-5	K779100-5	Yes	PK	5	20	\$0.54	\$ 10.80	PK	5	110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40	PK	5	Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON	759925			EA	1							
80mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6508GN-5P 779980-5	K779980-5	Yes	PK	5	8	\$0.54	\$ 4.32																																																																																												
					PK	5				90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6509YL-5P 779990-5	K779990-5	Yes	PK	5	16	\$0.54	\$ 8.64	PK	5	100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P 779100-5	K779100-5	Yes	PK	5	20	\$0.54	\$ 10.80	PK	5	110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40	PK	5	Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON	759925			EA	1																			
90mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6509YL-5P 779990-5	K779990-5	Yes	PK	5	16	\$0.54	\$ 8.64																																																																																												
					PK	5				100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P 779100-5	K779100-5	Yes	PK	5	20	\$0.54	\$ 10.80	PK	5	110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40	PK	5	Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON	759925			EA	1																															
100mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6510RD-5P 779100-5	K779100-5	Yes	PK	5	20	\$0.54	\$ 10.80																																																																																												
					PK	5				110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40	PK	5	Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON	759925			EA	1																																											
110mm Berman (dual channel) Oral Airway	ASIA-CONNECTION-TAIWIN	ME6511ON-5P 779110-5	K779110-5	Yes	PK	5	10	\$0.54	\$ 5.40																																																																																												
					PK	5				Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50	Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60	Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70		KENTRON	759925			EA	1																																																							
Thomas E.T. Tube Holder Adult size	LAREDAL	600-10000	L600-10000	No	EA	1	450	\$2.89	\$ 1,300.50																																																																																												
Thomas E.T. Tube Holder Pediatric size	LAREDAL	600-2000	L600-20000	No	EA	1	40	\$2.89	\$ 115.60																																																																																												
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 2.5 Uncuffed	MEDSTORM	38001	K759925	Yes	EA	1	30	\$0.99	\$ 29.70																																																																																												
	KENTRON	759925			EA	1																																																																																															

Vendor Name: KASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.0 Uncuffed	MEDSTORM	38002	K759930	Yes	EA	1	20	\$0.99	\$ 19.80
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 3.5 Uncuffed	MEDSTORM	38003	K759935	Yes	EA	1	25	\$0.99	\$ 24.75
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.0 Uncuffed	MEDSTORM	38004	K759940	Yes	EA	1	30	\$0.99	\$ 29.70
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 4.5 Uncuffed	MEDSTORM	38005	K759945	Yes	EA	1	20	\$0.99	\$ 19.80
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.0 Uncuffed	MEDSTORM	38006	K759950	Yes	EA	1	10	\$0.99	\$ 9.90
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 5.5 Cuffed	MEDSTORM	38012	K769955	Yes	EA	1	30	\$1.09	\$ 32.70
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSTORM	38013	K769960	Yes	EA	1	35	\$1.09	\$ 38.15
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.0 Cuffed	MEDSTORM	769960			EA	1			

Vendor Name: KASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 6.5 Cuffed	MEDSTORM	38014	K769965	Yes	EA	1	40	\$1.09	\$ 43.60
	KENTRON	769965			EA	1			
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.0 Cuffed	MEDSTORM	38015	K769970	Yes	EA	1	250	\$1.09	\$ 272.50
	KENTRON	769970			EA	1			
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 7.5 Cuffed	MEDSTORM	38016	K769975	Yes	EA	1	230	\$1.09	\$ 250.70
	KENTRON	769975			EA	1			
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.0 Cuffed	MEDSTORM	38017	K769980	Yes	EA	1	50	\$1.09	\$ 54.50
	KENTRON	769980			EA	1			
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 8.5 Cuffed	MEDSTORM	38018	K769985	Yes	EA	1	20	\$1.09	\$ 21.80
	KENTRON	769985			EA	1			
Endotracheal Tube with Stylette with easy-to-read depth marks and low pressure inflatable cuffs, sterile, latex-free, 9.0 Cuffed	MEDSTORM	38020	K769990	Yes	EA	1	35	\$1.09	\$ 38.15
	KENTRON	769990			EA	1			
20F Nasopharyngeal airways	MEDSTORM	51154	804420.00	Yes	EA	1	35	\$0.89	\$ 31.15
	KENTRON				EA				
24F Nasopharyngeal airways	MEDSTORM	51156	804424.00	Yes	EA	1	50	\$0.89	\$ 44.50
	KENTRON	804424			EA	1			

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
26F Nasopharyngeal airways	MEDSTORM	51157	884426.00	Yes	EA	1	70	\$0.89	\$ 62.30
	KENTRON	804426			EA	1			
28F Nasopharyngeal airways	MEDSTORM	51158	884428.00	Yes	EA	1	70	\$0.89	\$ 62.30
	KENTRON	884428			EA	1			
30F Nasopharyngeal Airways	MEDSTORM	51159	804430.00	Yes	EA	1	50	\$0.89	\$ 44.50
	KENTRON	804430			EA	1			
36F Nasopharyngeal Airways	MEDSTORM	51162	804436.00	Yes	EA	1	30	\$0.89	\$ 26.70
	KENTRON	804436			EA	1			
1200cc Replacement/Disposable Suction Canister, for S-Scort "Ten" suction unit	BEMIS	484410	484410	No	EA	1	430	\$2.79	\$ 1,199.70
8F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6808B	393508.00	Yes	EA	1	60	\$0.13	\$ 7.80
	KENTRON	393508			EA	1			
10F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6810B	393510.00	Yes	EA	1	120	\$0.13	\$ 15.60
	KENTRON	393510			EA	1			
18F whistle tip Suction Catheter	ASIA-CONNECTION-TAIWIN	ME6818B	393518.00	Yes	EA	1	150	\$0.13	\$ 19.50
	KENTRON	393518			EA	1			
Yankaur Suction Tip w/Control	KENTRON	887710	887710.00	Yes	EA	1	50	\$0.33	\$ 16.50
	KENTRON	887710			EA	1			
Yankaur with Control Vent and Tubing	MEDSOURCE	MS-YK20	886330.00	Yes	EA	1	300	\$0.95	\$ 285.00
	KENTRON	886330			EA	1			
Yankaur "Big Yank" Suction Tip w/Control Vent, Sterile, 11/32" open tip, integral blister tube and canister connector pre-attached	CONMED	0034920U	CN0034920U	No	EA	1	40	\$11.99	\$ 479.60
Suction Tubing Non Conductive Vinyl 72" X 1/4" ID	KENTRON	889325	889325.00	Yes	EA	1	50	\$0.57	\$ 28.50
	KENTRON	889325			EA	1			
Infant Medium Concentration Oxygen Mask	RUSCH	396218	999820.00	Yes	EA	1	20	\$0.65	\$ 13.00
	KENTRON	999820			EA	1			

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
O2 Mask Pediatric Partial Non-Rebreather w/safety vent	HUDSON	1058	999110.00	Yes	EA	1	400	\$0.67	\$ 268.00
	KENTRON	999110			EA	1			
O2 Mask Adult Non-Rebreather w/o safety vent	HUDSON	1060	HDI060	No	EA	1	2000	\$1.85	\$ 3,700.00
O2 Nasal Cannula Adult, 7ft	CURAPLEX	24003	999308.00	Yes	EA	1	2000	\$0.23	\$ 460.00
	KENTRON	999308			EA	1			
Bougie-to-go ET Tube Introducer, Adult 15F x 60cm with Coude Tip	SUNMED	9-0212-82	799915.00	Yes	EA	1	200	\$2.69	\$ 538.00
	KENTRON	799915			EA	1			
Bougie ET Tube Introducer, Pediatric 10F x 70cm with Coude Tip	SUNMED	9-0211-70	799910.00	Yes	EA	1	40	\$2.69	\$ 107.60
	KENTRON	799910			EA	1			
O2 Nebulizer, small volume, hand held w/ pediatric mask, 7ft kink resistant tubing	KENTRON	333761	333761.00	Yes	EA	1	100	\$0.79	\$ 79.00
	CURAPLEX	301-200	333759.00	Yes	EA	1	900	\$0.63	\$ 567.00
	KENTRON	333759			EA	1			
AMBU Spur II Bag Valve Mask Adult (with mask)	AMBU	520211000B	A520211000	No	EA	1	500	\$9.89	\$ 4,945.00
AMBU Spur Bag Valve Mask Infant/Child (with Infant and Child masks)	AMBU	530215000	A530215000	No	EA	1	50	\$24.95	\$ 1,247.50
Pocket BVM w/ olive green case, with O2 tubing	MicroBVM	MB003xn	PBVM-G	No	EA	1	2	\$42.69	\$ 85.38
Oxygen Nut & Stem (Plastic)	SMITH MEDICAL	33-2600	550000.00	Yes	EA	1	5	\$0.34	\$ 1.70
	KENTRON	550000			EA	1			

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Magrill Forceps Adult sizes	ZULCO INTERNATIONAL	9-476	KI298	Yes	EA	1	5	\$2.89	\$ 14.45
	KENTRON	KI298			EA	1			
Magrill Forceps Child sizes	SURGICAL DESIGN INC	297	KI297	Yes	EA	1	5	\$2.59	\$ 12.95
	KENTRON	KI297			EA	1			
Gastric Sump Tube, 48", 18F, Sterile	COVIDIEN	8888264986	CV888826498	Yes	EA	1	100	\$2.25	\$ 225.00
			6		EA	1			
Gastric sump tubing, 48", 14F, Sterile		8888264945	CV888826494	Yes	EA	1	10	\$2.25	\$ 22.50
			5		EA	1			
Gastric sump tube, 36", 10F, Sterile		8888264911	CV888826491	Yes	EA	1	10	\$2.25	\$ 22.50
			1		EA	1			
Greenline/D Disposable Fiber Optic	SURGIMED	5-5332-02	FO29002	Yes	EA	1	20	\$3.49	\$ 69.80
Laryngoscope Blades Macintosh 2	KENTRON	FO29002			EA	1			
Greenline/D Disposable Fiber Optic	VALUEMED	301-B3030	FO29003	Yes	EA	1	90	\$3.49	\$ 314.10
Laryngoscope Blades Macintosh 3	KENTRON	FO29003			EA	1			
Greenline/D Disposable Fiber Optic	SUNMED	5-5332-04	FO29004	Yes	EA	1	200	\$3.49	\$ 698.00
Laryngoscope Blades Macintosh 4	KENTRON	FO29004			EA	1			
Greenline/D Disposable Fiber Optic	SUNMED	5-5333-00	FO30000	Yes	EA	1	10	\$3.29	\$ 32.90
Laryngoscope Blades Miller 0	KENTRON	FO30000			EA	1			
Greenline/D Disposable Fiber Optic	SUNMED	5-5333-01	FO30001	Yes	EA	1	20	\$3.29	\$ 65.80
Laryngoscope Blades Miller 1	KENTRON	FO30001			EA	1			
Greenline/D Disposable Fiber Optic	SUNMED	5-5333-02	FO30002	Yes	EA	1	30	\$3.29	\$ 98.70
Laryngoscope Blades Miller 2	KENTRON	FO30002			EA	1			

Vendor Name: JASHVILLE MEDICAL & EMS PRODUCT

Section 1: Airways (cont'd)		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Greenline/D Latyngoscope Blades Miller 3	Disposable Fiber Optic	SUNMED	5-5333-03	FO30003	Yes	EA	1	80	\$3.29	\$ 263.20
		KENTRON	FO30003			EA	1			
Greenline/D Latyngoscope Blades Miller 4	Disposable Fiber Optic	SUNMED	5-5333-04	FO30004	Yes	EA	1	80	\$3.29	\$ 263.20
		KENTRON	FO30004			EA	1			
Greenline/D Fiber Optic, 10/32" Halogen/Xenon Reflector Laryn Lamp for Medium Latyngoscope Handle		SUNMED	5-0240-52	FLB1200	Yes	EA	1	20	\$8.99	\$ 179.80
		KENTRON	FLB1200			EA	1			
Endotracheal tube holder 50/cs, Sports Medics Icon Stabilizer		MOTION MEDICAL	2100	MM2100	No	CS	50	5	\$189.40	\$ 947.00
PEEP valve disposable adjustable 22mm inner diameter		KENOREX	712320	712320.00	Yes	EA	1	100	\$3.19	\$ 319.00
						EA	1			
Headrest, Bagel, 9", pink foam		COVIDIEN	31143137	31143137.00	Yes	EA	1	200	\$2.49	\$ 498.00
						EA	1			
Total of Section 1: \$										20,719.14

Vendor Name:

Section 2: IV/Syringes/Blood		Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Transparent Film Dressing, Tegaderm, 4" x 4 3/4", Frame Style, 50/bx		3M	1626W		No	BX	50	2		\$ -
Clearsafe I.V. Catheter, 14g X 1 1/4 inch		MEDSOURCE	MS-84114		No	EA	1	100		\$ -
Clearsafe I.V. Catheter, 16g X 1 1/4 inch		MEDSOURCE	MS-84116		No	EA	1	300		\$ -
Clearsafe I.V. Catheter, 18g X 1 1/4 inch		MEDSOURCE	MS-84218		No	EA	1	4000		\$ -
Clearsafe I.V. Catheter, 20g X 1 1/4 inch		MEDSOURCE	MS-84220		No	EA	1	10000		\$ -
Clearsafe I.V. Catheter, 22g X 1 inch		MEDSOURCE	MS-84122		No	EA	1	3000		\$ -
Clearsafe I.V. Catheter, 24g X 3/4 inch		MEDSOURCE	MS-84124		No	EA	1	400		\$ -
18g x 1 1/2" Needle Only 100/bx					Yes	BX	100	20		\$ -
23g x 1" Needle Only 100/bx					Yes	BX	100	20		\$ -
1cc 25g x 5/8" Syringe & Needle 100/bx					Yes	BX	100	6		\$ -
3cc Syringe, Luer lock					Yes	BX	100	20		\$ -
5cc 22g x 1" Syringe & Needle 100/bx					Yes	BX	100	10		\$ -
10cc Syringe Luer Lock 100/bx					Yes	BX	100	10		\$ -
30cc Syringe Luer Lock 30/bx					Yes	BX	30	1		\$ -

Vendor Name:

Section 2: IV/Syringes/Blood (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
60cc Syringe Luer Lock 30/bx				Yes	BX	30	5		\$
60cc Catheter Tip Syringe, 2oz				Yes	BX	25	1		\$
Glucometer Test Strips for Abbott OptimumEZ glucose meter capillary, 100 strip/bx				No	BX	100	200		\$
Control solution, tri-level, 1 row 1 mid 1 high per box for OptimumEZ or Precision XTRA				No	EA	1	25		\$
Assure prism multi test trips for assure prism multi meter 50/bx	ARKRAY USA INC	530050		No	BX	50	50		\$
Assure prism control solution 1and 2	ARKRAY USA INC	530006		No	EA	1	10		\$
Maxi Drip Set, 82" 10GTTW/Bravo 24, Pre-slit Port, Removable 7" Extension, 50/bx				Yes	CS	50	100		\$
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.				Yes	EA	1	500		\$
9% Sodium Chloride Injection USP-1000ml				Yes	EA	1	20		\$
9% Sodium Chloride Injection USP-500ml				Yes	EA	1	6000		\$
9% Sodium Chloride Injection USP-250ml				Yes	EA	1	20		\$
9% Sodium Chloride Injection USP-100ml				Yes	EA	1	500		\$

Vendor Name:

Section 2: IV/Syringes/Blood (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Sterile Water for Irrigation, 500mL				Yes	EA	1	200		\$ -
Safeline Injection Site: split septum access with two-piece male luer lock. Priming Volume: 0.25mL				Yes	EA	1	10		\$ -
Smallbore Extension Set with bonded Ultrastite Injection site, Length: 7 in, Priming Volume: 0.6mL (approx)				Yes	EA	1	12000		\$ -
Needle, Tension Pneumothorax, 14ga X 3.25 inch needle and catheter, hard plastic case	H&H	HHTP N01		No	EA	1	50		\$ -
IV armboard, reusable, plywood core, 3inX9in				Yes	EA	1	30		\$ -
IV armboard, reusable, plywood core, 3 in X 12 in				Yes	EA	1	10		\$ -
IV armboard, reusable, plywood core, 3 in X 18 in				Yes	EA	1	10		\$ -
Angiocath Peripheral Venous Catheter 14g X 5.25 in				Yes	EA	1	10		\$ -
Surecan Safety Huber w/ Ultrastite needlefree infusion system, 20ga X 3/4				Yes	EA	1	10		\$ -
Total of Section 2:									\$ -

Vendor Name: ASHVILLE MEDICAL & EMS PRODUCT

Section 4: EKG	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost	
Recording Paper for Physio Control Life Pak 12, 4" wide	LEONARD LANG	12394		Yes	PK	5	190	\$	-	
Electrodes, Medi-Trace Mini, ECG monitoring, pediatric, foam, teardrop shape, adhesive hydrogel	Medi-Trace			Yes	PK	100	200	\$	-	
Medicotest Blue Sensor Disposable Electrodes adult 25/pk	Ambu	R-00-S/25		No	PK	25	5000	\$	-	
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (pediatrics)	CONNED	3112-1730		No	EA	1	100	\$	-	
Self adhesive pregelled low impedance electrodes with direct connect to Physio Control Quick combo cables (adult)	CONNED	3112-1731		No	EA	1	500	\$	-	
Smart Capnoline Plus non-intubated, oral nasal w/ O2 tubing, adult/intermediate	MicroStream	9822		No	EA	1	3200	\$	-	
Filter line H set infant/ neonate, incl airway adapter, filterline, microstream connection	MicroStream	6324		No	EA	1	20	\$	-	
Filter line set adult/pediatric airway adapter	MicroStream	XS04620		No	EA	1	650	\$	-	
Total of Section 4:									\$	-

Section 5: EKG Cables

	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
LifePack12 Power Adapter Extension Cable	PHYSIO CONTROL	11110-000051	11110-000051	No	EA	1	5	\$155.00	\$ 775.00
LifePack12 12-Lead ECG trunk cable with 4-wire limb leads, 5'	PHYSIO CONTROL	11110-000018	11110-000018	No	EA	1	5	\$372.00	\$ 1,860.00
LifePack12 12-Lead ECG Patient Cable, 6-Wire Preordial Lead Attachment	PHYSIO CONTROL	11110-000022	11110-000022	No	EA	1	5	\$159.00	\$ 795.00
LifePack12 QUIK-COMBO Therapy Cable for use with LifePack12 defibrillator/monitor	PHYSIO CONTROL	11110-000040	11110-000040	No	EA	1	5	\$379.00	\$ 1,895.00
Masimo SET LNC-4 LNCS Patient Cable, 4-foot reusable connector cable	PHYSIO CONTROL	11171-000024	11171-000024	No	EA	1	10	\$205.00	\$ 2,050.00
Masimo SET LNCS DCIP Reusable Sensor, Multise sensor for patients 10-50kg	PHYSIO CONTROL	11171-000018	11171-000018	No	EA	1	10	\$239.00	\$ 2,390.00
Masimo SET LNCS DCI Adult Reusable Sensor, Multise sensor for patients >30kg	PHYSIO CONTROL	11171-000017	11171-000017	No	EA	1	10	\$249.00	\$ 2,490.00
NELLCOR SpO2 Sensor, DS100A, Adult reusable	PHYSIO CONTROL	11996-000060	11996-000060	No	EA	1	5	\$307.00	\$ 1,535.00
NELLCOR SpO2 Cable Extension, DEC-4, Reusable	PHYSIO CONTROL	11110-000042	11110-000042	No	EA	1	5	\$64.00	\$ 320.00
NELLCOR Oxisensor II Disposable Pediatric SpO2 Sensor	PHYSIO CONTROL	11996-000116	11996-000116	No	EA	1	5	\$34.89	\$ 174.45
NELLCOR Oxisensor II Disposable Infant SpO2 Sensor	PHYSIO CONTROL	11996-000115	11996-000115	No	EA	1	5	\$42.50	\$ 212.50
NIBP XLarge Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000019	11160-000019	No	EA	1	20	\$48.00	\$ 960.00
NIBP Large Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000017	11160-000017	No	EA	1	10	\$33.00	\$ 330.00
NIBP Adult Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000015	11160-000015	No	EA	1	10	\$30.00	\$ 300.00
NIBP Pediatric Cuff for LifePack 15, reusable	PHYSIO CONTROL	11160-000013	11160-000013	No	EA	1	10	\$24.00	\$ 240.00
NIBP Infant Cuff for LifePack 15, reusable, 6x18cm	PHYSIO CONTROL	11160-000011	11160-000011	No	EA	1	5	\$21.00	\$ 105.00
Extension Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000080	11140-000080	No	EA	1	20	\$299.00	\$ 5,980.00
Replacement Right Angle Power Cable for AC/DC Power Adapter	PHYSIO CONTROL	11140-000081	11140-000081	No	EA	1	5	\$299.00	\$ 1,495.00

Vendor Name:

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 5: EKG Cables (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Masimo SET RC Patient Cable Compatible Rainbow SpO2, SpCO, SpMET, adult sensor	PHYSIO CONTROL	11171-000049	11171-000049	No	EA	1	5	\$649.00	\$ 3,245.00
Masimo SET RC Patient Cable	PHYSIO CONTROL	11171-000037	11171-000037	No	EA	1	10	\$189.00	\$ 1,890.00
Lifepack 15 defibrillator/monitor to PC USB Port cable	PHYSIO CONTROL	11996-000288	11996-000288	No	EA	1	10	\$319.00	\$ 3,190.00
Lifepack 15 Quik-Combo Therapy Cable	PHYSIO CONTROL	11113-000004	11113-000004	No	EA	1	10	\$359.00	\$ 3,590.00
Lifepack 15 Masimo Set Red LNCS Patient Cable 4ft	PHYSIO CONTROL	11996-000323	11996-000323	No	EA	1	10	\$199.00	\$ 1,990.00
Lifepack 15 NIBP Tubing 9ft	PHYSIO CONTROL	21300-008174	21300-008174	No	EA	1	20	\$61.00	\$ 1,220.00
Lifepack 15 Adult SPO2 Sensor Disposable	PHYSIO CONTROL	2712-03911	11171-000019	No	EA	1	200	\$14.95	\$ 2,990.00
Lifepack 15 Pedi SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000020	11171-000020	No	EA	1	600	\$14.95	\$ 8,970.00
Lifepack 15 Infant SPO2 Sensor Disposable	PHYSIO CONTROL	11171-000031	11171-000031	No	EA	1	500	\$14.95	\$ 7,475.00
Total of Section 5:									\$ 58,466.95

Vendor Name: NASHVILLE MEDICAL & EMS PRODU

Section 6: Microflex Freeform SE Latex Free Powder Free Nitrile Exam Gloves	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Items Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Extra Small	MICROFLEX	FFS-700-XS	FFS-700-XS	No	BX	100	100	\$7.89	\$ 789.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Small	MICROFLEX	FFS-700-S	FFS-700-S	No	BX	100	200	\$7.89	\$ 1,578.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Medium	MICROFLEX	FFS-700-M	FFS-700-M	No	BX	100	600	\$7.89	\$ 4,734.00
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Large	MICROFLEX	FFS-700-L	FFS-700-L	No	BX	100	600	\$7.89	\$ 4,734.00

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 6: Microflex Freeform SE Latex Free Powder Free Nitrile Exam Gloves (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform SE Nitrile Exam Gloves, Powderfree Exam Gloves, 100/bx, 10bx/cs, 2.8 mil Cuff Thickness, 3.5 mil Palm Thickness, 5.1 mil Finger Thickness, Tensile Strength = 32 before aging (31 After aging), Elasticity = 500% Before Aging (400% after aging), Pinhole Defect Rate = 1.5, Extra Large	MICROFLEX	FFS-700-XL	FFS-700-XL	No	BX	100	200	\$7.89	\$ 1,578.0000
Total of Section 6: \$ 13,413.00									

Vendor Name:

Section 7: Microflex Freeform EC Latex Free Powder Free Nitrile Exam Gloves	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Small	MICROFLEX	FFE-775-S	FFE-775-S	No	BX	50	10	\$8.49	\$ 84.90
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Medium	MICROFLEX	FFE-775-M	FFE-775-M	No	BX	50	10	\$8.49	\$ 84.90
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Large	MICROFLEX	FFE-775-L	FFE-775-L	No	BX	50	10	\$8.49	\$ 84.90
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Extra Large	MICROFLEX	FFE-775-XL	FFE-775-XL	No	BX	50	10	\$8.49	\$ 84.90

Vendor Name: NASHVILLE MEDICAL & EMS PRODUCT

Section 7: Microflex Freeform EC Latex Free Powder Free Nitrile Exam Gloves (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item starting Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Microflex Freeform EC Nitrile Exam Gloves, Powderfree Exam Gloves, 50/bx, 10bx/cs, 3.5 mil Cuff Thickness, 4.7 mil Palm Thickness, 6.3 mil Finger Thickness, Tensile Strength = 31 before aging (27 After aging), Elasticity = 500% Before Aging (500% after aging), Pinhole Defect Rate = 1.5, Extra Extra Large	MICROFLEX	FFE-775-XXL	FFE-775-XXL	No	BX	50	10	\$8.49	\$ 84.9000
Total of Section 7: \$									424.50

Vendor Name: KASHVILLE MEDICAL & EMS PRODUCT

Section 8: AMBU PERFIT Cervical Collars	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Perfit ACE Adjustable Cervical Collar, 16 setting (Neckless to Tall)	AMBU	002 810 001		No	EA	1	1500		\$ -
Perfit Mini ACE Adjustable Cervical Collar, 12 settings (Infant to Neckless)	AMBU	000 281 107		No	EA	1	150		\$ -
Total of Section 8: \$ -									

Section 9: Head Immobilizers	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Laerdal Sta-Blok Head Immobilizer. Single use disposable device, radiolucent, Adjustable standard Velcro padded strap, latex free	LAERDAL	700-00001		No	EA	EA	900		\$ -
Total of Section 9: \$ -									

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCTS

Section 10: Miscellaneous Supplies	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Disposable OB Kit, Soft Packaging	KENTRON	999700	K999700	Yes	EA	1	25	\$4.19	\$ 104.75
					EA	1			
Alcohol Prep Pads, Medium Size TRIAD 200/bx	KENTRON	650-16	K650-16	Yes	BX	200	300	\$1.15	\$ 345.00
					BX	200			
					EA	1	2000	\$0.39	\$ 780.00
Emesis Bags, single use, Clear, Graduate, 1000cc, latex free, rigid collar, automatic seal	KENTRON	404087	K404087	Yes	EA	1			
Sterile Lubricating Jelly, 5g, 72/bx	DYNAREX			Yes	BX	72	10	\$5.89	\$ 58.90
					BX	72			
Oxygen Cylinder Handwheel, Metal	KENTRON			Yes	EA	1	10	\$8.99	\$ 89.90
					EA	1			
Large Oxygen Cylinder Wrench (aluminum)	KENTRON	KWC1000	KWC1000	Yes	EA	1	10	\$3.99	\$ 39.90
					EA	1			
Encono Paramedic Shears Dk Blue 7 1/2"	KENTRON	K114107	K114107	Yes	EA	1	100	\$0.67	\$ 67.00
					EA	1			
Disposable Penlight	KENTRON	404060	K404060	Yes	EA	1	100	\$0.52	\$ 52.00
					EA	1			
					BX	100	120	\$9.20	\$ 1,104.00
Single use push button activated, spring loaded, retractable Lancet, 100/bx	DYNAREX	7112	887112.00	Yes	BX	100	6	\$31.00	\$ 186.00
					BX	100			
					BX	25			
Chloraprep 3mL Applicator, 2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol				Yes	BX	25	1	\$11.00	\$ 11.00
					BX	25			
					BX	25			
Safety control seals, Pull Tite (numbered), 100/pkg	KENTRON	KSL100	KSL100	Yes	PK	100	1	\$11.00	\$ 11.00
					PK	100			

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCT:

Section 10: Miscellaneous Supplies (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Razor, Medline Fixed Head, 100/bx	KENTRON	992222	K992222	Yes	BX	100	4	\$15.99	\$ 63.96
Disposable Polyester Patient Blanket, 50x84", Blue or Grey	DYNAREX	3540	883540.00	Yes	EA	1	50	\$5.25	\$ 262.50
					EA	1			
Oxygen "D" Cylinder Gasket, Brass w/Rubber Center	KENTRON	550001	K550001	Yes	EA	1	10	\$0.79	\$ 7.90
Disposable Probe Cover for SureTemp Plus Thermometer, 25/bx	WELCHALLYN	5031	WA5031	No	BX	25	200	\$1.09	\$ 218.00
					EA	1			
Heavy Duty Ring Cutter	KENTRON	RC101	RC101	Yes	EA	1	5	\$3.89	\$ 19.45
Scalpel, Disposable, Sterile 11	DYNAREX	4111	884111.00	Yes	EA	1	5	\$0.55	\$ 2.75
					EA	1			
					EA	1			
Blade Assembly, single-use, pivoting, purple, for 3M 9661 surgical clippers	3M	9661	3M9661	Yes	EA	1	50	\$3.45	\$ 172.50
					EA	1			
Ammonia Inhalent	DYNAREX	1401	881401.00	Yes	BX	10	10	\$1.89	\$ 18.90
					BX	10			
					BX	10			
Post Valve Seal Protector, pull type for Aluminium C or D Oxygen Cylinder	KENTRON	OXYSEAL	OXYSEAL	Yes	EA	1	50	\$0.42	\$ 21.00
					EA	1			
Isopropyl Alcohol 70 % 4 oz Bottle	MEDIQUE	26806	MQ26806	Yes	EA	1	40	\$1.89	\$ 75.60
					EA	1			
Isopropyl Alcohol 70% 16 oz Bottle	SWAN	0869-0810-43	0869-0810-43	Yes	EA	1	12	\$1.69	\$ 20.28
					EA	1			
Endure 300 Cida-Rinse Dispenser, 540ml			6000004	No	EA	1	10	\$5.49	\$ 54.90
Mylar Emergency Blanket, 52 X 84 inches	KENTRON	886656	K886656	Yes	EA	1	50	\$0.42	\$ 21.00
					EA	1			
Total of Section 10:									\$ 3,797.19

Vendor Name:

Section 11: Infection Control	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Bemis bio hazard box wall safe type	BEMIS	150-020		No	EA	1	250		\$ -
Bemis bio hazard box wall safe bracket	BEMIS	415		No	EA	1	12		\$ -
Bemis bio hazard box wall safe bracket key	BEMIS	410		No	EA	1	12		\$ -
Safety Glasses, Nemesis V30, black frame, clear lens, neck cord included	KIMBERLY-CLARK	25676-00		No	EA	1	250		\$ -
Fluid shield mask with clear visor, anti-fog, 2" wrap around, ear loops 25/bx				Yes	BX	25	2		\$ -
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				No	PK	25	2		\$ -
Particulate Respirator and Surgical Mask 1860/1860S	3M			No	EA	1	20		\$ -
Particulate Respirator, 8210	3M			No	EA	1	20		\$ -
1870 n95 mask	3M			No	EA	1	20		\$ -
Sharps Dart, sharps container with one time lockable seal, 6.5"				Yes	BX	24	60		\$ -
Gel Hand Sanitizer w/ pump 540 mL	ECOLAB	47593-487-31		No	EA	1	50		\$ -
Total of Section 11:									\$ -

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCTS

Section 12: Capitals	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Lifepack 12 basic carry case, to include Shoulder strip, right pouch, left pouch, and front cover	PHYSIO CONTROL	11260-00030	11260-000030	No	EA	1	5	\$327.00	\$ 1,635.00
Lifepack 12 back pouch for carry case	PHYSIO CONTROL	11260-000029	11260-000029	No	EA	1	5	\$95.00	\$ 475.00
Lifepack 12 top pouch for carry case	PHYSIO CONTROL	11220-000028	11220-000028	No	EA	1	5	\$65.00	\$ 325.00
Lifepack 12 replacement should strap	PHYSIO CONTROL	11260-000037	11260-000037	No	EA	1	5	\$42.00	\$ 210.00
Aneroid Sphygmanometer, infant, Nylon cuff, minimum 10 year calibration Warranty, with zippered carry case	KENTRON	777704	K777704	Yes	EA	1	10	\$4.69	\$ 46.90
Aneroid Sphygmanometer, pedi, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	KENTRON	777703	K777703	Yes	EA	1	10	\$4.69	\$ 46.90
Aneroid Sphygmanometer, adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	KENTRON	777703	K777701	Yes	EA	1	30	\$4.69	\$ 140.70
Aneroid Sphygmanometer, large adult, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	KENTRON	777702	K777702	Yes	EA	1	15	\$4.99	\$ 74.85
Aneroid Sphygmanometer, thigh, Nylon cuff, latex, minimum 10 year Calibration warranty, with zippered carry case	KENTRON	777705	K777705	Yes	EA	1	10	\$5.49	\$ 54.90
Adult full arm splint Fracture-Pak	KENTRON	4449000AL	K4449000AA	Yes	EA	1	20	\$35.69	\$ 713.80
Adult full leg splint Fracture-Pak	KENTRON	4449000AL	K4449000AL	Yes	EA	1	40	\$ 42.19	\$ 1,687.60
Ankle/Elbow splint Fracture-Pak	KENTRON	4449000AE	K4449000AE	Yes	EA	1	30	\$24.79	\$ 743.70
Total of Section 12:									\$ 6,154.35

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCTS

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Pedi full arm splint Fracture-Pak	KENTRON	4449000A	K4449000A	Yes	EA	1	25	\$34.79	\$ 869.75
		4449000L	K444900L	Yes	EA	1	20	\$45.29	\$ 905.80
Pedi full leg splint Fracture-Pak	KENTRON	4449000L	FSDUNAA	No	EA	1	10	\$69.00	\$ 690.00
Greenline/D Laryngoscope handle, fiber optic, chrome plated, 2AA batteries, penlite handle			FSDUNCC	No	EA	1	10	\$69.00	\$ 690.00
Oxygen flow meter with Ohmeda QC Adapter 1-15LPM	KENTRON	5561150H	5561150H	Yes	EA	1	10	\$27.49	\$ 274.90
ADScope 603 Stethoscope, Navy Blue, Stainless Steel, 21", w/additional eartips and diaphragm	AMERICAN DIAGNOSTIC CORP	603N	603N	No	EA	1	30	\$43.99	\$ 1,319.70
Stat pack G3 backup, Red, BBP resistant, 25 in H X 18 in W X 8.5 in D with Fort Bend County EMS embroidery	StatPak	G35006RE	G350036R	No	EA	1	5	\$329.00	\$ 1,645.00
Ohmeda Male and Ohmeda Female quick connect w/6" hose	KENTRON	OMOF6	OMOF6	Yes	EA	1	5	\$62.39	\$ 311.95
Thermometer, electronic, SureTemp Plus Model 690	WelchAllyn	690	690	No	EA	1	10	\$229.00	\$ 2,290.00
Probe and well kit, rectal 4', for SureTempPlus 690 thermometer	WelchAllyn	02892-000	02892-000	No	EA	1	10	\$67.79	\$ 677.90
Probe and well kit, oral, 4', for SureTempPlus 690 thermometer	WelchAllyn	02893-000	02893-000	No	EA	1	5	\$67.69	\$ 338.45
Restraint strap seat belt buckle loop end, Black, 2 piece, 5'	KENTRON	323605B	K323605B	Yes	EA	1	10	\$5.65	\$ 56.50
Restraint straps chest system, black, nylon, Metal push button, loop ends	KENTRON	402910	K402910	Yes	EA	1	10	\$27.95	\$ 279.50

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCT:

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item starting below. Yes	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Locking Twice-as-Tough CUFF WRIST Restraint with lock on connecting strap, adjustable, machine washable	POSEY	2750	2750	No	EA	1	150	\$35.49	\$ 5,323.50
Locking Twice-as-Tough Ankle Restraint with lock on cuff and connecting strap, adjustable, machine washable	POSEY	2755	2755	No	EA	1	120	\$35.79	\$ 4,294.80
Oxygen cylinder with toggle, aluminum, D size	KENTRON	OXYD	OXYD	Yes	EA	1	5	\$52.95	\$ 264.75
Oxygen regulator/pressure reducer, brass, CGA 540 2800-R-2	KENTRON	540B2CV	K540B2CV	Yes	EA	1	5	\$64.89	\$ 324.45
Oxygen regulator, 1 DISS IBARB 0-25 LPM	KENTRON	870A2CVB25	K870A2CVB25	Yes	EA	1	5	\$24.79	\$ 123.95
Megamover plus transport unit, 40x80 Nonwoven ply gret w/backboard pockets, 1500 lb capacity	GRAHAM PROFESSIONAL	53376	53376	No	EA	1	10	\$23.95	\$ 239.50
Break-apart stretcher, ferno EXL scoop, red, no restraints, no pins	FEMO	65 EXL	65EXL	No	EA	1	5	\$965.00	\$ 4,825.00
LP15 Standard Carry Case with Right & Left Pouches	PHYSIO CONTROL	11577-000002	11577-00002	No	EA	1	5	\$314.00	\$ 1,570.00
LP15 Rear Pouch for carry case	PHYSIO CONTROL	11260-000039	11260-000039	No	EA	1	5	\$79.00	\$ 395.00
LP15 Shoulder Strap	PHYSIO CONTROL	11577-000001	11577-00001	No	EA	1	5	\$42.00	\$ 210.00
LUCAS 2 Disposable Suction Cup, 3/pk	PHYSIO CONTROL	11576-000046	11576-000046	No	PK	3	5	\$149.00	\$ 745.00
LUCAS Patient Strap	PHYSIO CONTROL	11576-000050	11576-000050	No	SET	2	5	\$115.00	\$ 575.00
LUCAS Stabilization Strap	PHYSIO CONTROL	21996-000064	21996-000064	No	EA	1	5	\$105.00	\$ 525.00
LUCAS Standard Back Plate	PHYSIO CONTROL	21996-000044	21996-000044	No	EA	1	5	\$369.00	\$ 1,845.00
Replacement Ankle Hitch for QD3 & QD4 Traction	KENTRON	222840	K222840	Yes	EA	1	5	\$8.99	\$ 44.95
Replacement Ischial Strap for Adult/Child QD3/QD4 Traction Splint	KENTRON	222820	K222820	Yes	EA	1	5	\$10.99	\$ 54.95

Vendor Name: NASHVILLE MEDICAL \$ EMS PRODUCT:

Section 12: Capitals (cont'd)	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Oxygen cylinder with toggle, aluminum, C size	KENTRON	OXYC	OXYC	Yes	EA	1	5	\$65.00	\$ 325.00
S-Scort "ten" replacement battery, SN 3000 and below	SSCOR INC	80636	80636	No	EA	1	5	\$44.39	\$ 221.95
Traction splint w/aluminum ratchet, Adult QD-4	KENTRON	888822	K888822	Yes	EA	1	5	\$119.00	\$ 595.00
Traction splint w/aluminum ratchet, child QD-3	KENTRON	999922	K999922	Yes	EA	1	5	\$119.00	\$ 595.00
Kendrick KODE 1 vest, green	KENTRON	881213	K881213	Yes	EA	1	5	\$52.69	\$ 263.45
S-Scort "ten" port suction unit w/charging shelf and power cord	SSCOR INC		K5902100	No	EA	1	5	\$1,479.00	\$ 7,395.00
S-Scort "ten" replacement battery, SN >3001 and above	SSCOR INC	80635	80635	No	EA	1	5	\$44.39	\$ 221.95
LA Rescue cervical collar bag, 24"L x 11"H x 5"W	KENTRON	554410	K554410	Yes	EA	1	5	\$12.99	\$ 64.95
Trauma/Air management bag III, 26" x 18.5" x 12.5", blue, Ferno #5111	FERNO	5111	FR5111	No	EA	1	5	\$319.00	\$ 1,595.00
Surgical Clipper Starter Kit, includes clipper body 9661 and charger 9662, no blade assembly	3M	9661	3M9661,9662	No	EA	1	5	\$104.79	\$ 523.95
Hawkepack ET Kit pullout, green with yellow stripe	HAWKEPAKS	02-04F5	ET KIT MODULE	No	EA	1	5	\$69.00	\$ 345.00
Ferno professional intubation mini bag, royal blue	FERNO	5115	FR5115B	No	EA	1	5	\$76.00	\$ 380.00
5.11 Rush 72 Back Pack, Black	5.11	rush72	511R72B	No	EA	1	5	\$165.00	\$ 825.00
Assure Prism Multi-meter Glucometer	ARKRAY USA INC	530001	AR530001	No	EA	1	30	\$7.99	\$ 239.70
Total of Section 12:									\$ 45,301.25

Vendor Name:

Section 13: Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.									
Adenosine 6mg/2mL (3mg/mL) 2mL Single dose				Yes	EA	1	12		\$ -
Adenosine 12mg/4mL (3mg/mL) 4mL Single dose				Yes	EA	1	100		\$ -
Acetaminophen 15mL Infant Drops (80mg per 0.8mL)				Yes	EA	1	100		\$ -
Pain Reliever Non-Asprin 325mg 2/pk 125pk/bx				Yes	PK	2	400		\$ -
Amiodarone, 150mg, 3mL Vial				Yes	EA	1	400		\$ -
Aspirin 81mg Tablets 36/bottle				Yes	BT	36	90		\$ -
Atropine Sulfate 18g x 1 1/2", 0.1mg/mL, 10mL Prefilled Syringe with protected needle				Yes	EA	1	400		\$ -
Atrovent Solution 0.5mg, 2.5mL				Yes	BX	30	8		\$ -
Ipratropium Bromide/ Albuterol, 0.5mg/ 3.0mg, 30/bx				Yes	BX	30	15		\$ -
Cardizem 25mg, 5mL Vial				Yes	EA	1	100		\$ -
Calcium Chloride, 1Gm, 10mL				Yes	EA	1	100		\$ -

Vendor Name:

Section 13: Medication (cont'd) Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Diphenhydramine 50mg/mL, 1mL Vial				Yes	EA	1	180		\$ -
Dextrose USP 50%, 18g protected needle, 25grams (0.5g/mL)				Yes	EA	1	400		\$ -
Dextrose 25% 10mL Ansyr Syringe				Yes	EA	1	10		\$ -
Dopamine HCL in 5% Dextrose, 500mL IV Bag-800mg				Yes	EA	1	100		\$ -
Epinephrine 1:1000, 1mg/mL, 1mL Single dose				Yes	EA	1	150		\$ -
Epinephrine 1:10,000, 18g, 1/2" (0.1mg/mL) 10mL Prefill Syringe with protected needle				Yes	EA	1	900		\$ -
Racemic Epi 2.25% 0.5mL Unit Dose				Yes	EA	1	70		\$ -
Amidate (Etomidate Injection), 20mg (2mg/mL), 10mL Single Dose Ampule				Yes	EA	1	200		\$ -
Glucagon 1mg Lilly Kit Red Box 2050A				Yes	EA	1	100		\$ -
Glucose 37.5g Unit dose tube				Yes	EA	1	250		\$ -

Vendor Name:

Section 13: Medication (cont'd) Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Heparin Sodium 5000u, 1mL Carpuject				Yes	EA	1	80		\$ -
Monoject PreFill IV Flush syringe, filler with 10mL 100U/mL (1,000 USP Units) Heparin Flush, 12mL				Yes	EA	1	50		\$ -
Ibuprofen Oral Suspension 100mg, 5 mL				Yes	EA	1	300		\$ -
Lasix 40mg, 10mg/mL in 4mL Prefill Needleless Syringe				Yes	EA	1	250		\$ -
Labetalol Hydrochloride Injection, USP 100 mg/20 mL, 5mg per mL				Yes	EA	1	150		\$ -
Lidocaine 2% with male luer lock pre-filled syringe, 100mg/5mL				Yes	EA	1	250		\$ -
Lidocaine 2g in 500mL DSW				Yes	EA	1	75		\$ -
Magnesium Sulfate 50%, 1g/2mL Vial				Yes	EA	1	200		\$ -
Metoprolol 5mg, 5mL Vial				Yes	EA	1	50		\$ -
Naloxone 2mg/2mL - 2mL Pre-filled Syringe				Yes	EA	1	150		\$ -
Nitroglycerin Ointment, 2%, 30g Tube				Yes	EA	1	50		\$ -

Vendor Name:

Section 13: Medication (cont'd) Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
Nitrolingual Spray, 4.1g, 400mcg per Spray, 90 sprays per can				Yes	EA	1	40	\$	-
Nitrostat, 0.4mg Sublingual Tabs, 25 per bottle				Yes	BT	25	10	\$	-
Oxytocin Pitocin 10units 1mL				Yes	EA	1	60	\$	-
Promethazine 25 mg, 1mL vial				Yes	EA	1	300	\$	-
Clopidogrel Bisulfate 75mg tablets				Yes	BX	25	20	\$	-
Albuterol Sulfate, USP Inhalation Solution, 0.083%, 2.5mg/3mL (0.83mg/mL), 25/bx				Yes	BX	25	35	\$	-
Rocuronium 10mg/mL, 10mL Vial				Yes	EA	1	120	\$	-
Sodium BiCarbonate 8.4% 10mL pedi Lifesield				Yes	EA	1	20	\$	-
Sodium Bicarb 8.4%, 50mEq, 50mL Prefilled luer lock syringe				Yes	EA	1	450	\$	-
0.9% Sodium Chloride, 5mL in 12mL luer lock syringe				Yes	EA	1	8000	\$	-

Vendor Name:

Section 13: Medication (cont'd)

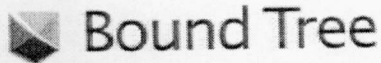
Vendors must provide a Transaction Report with all prescription drug shipments. The Transaction Report must contain all information required by the Drug Supply Chain Security Act as outlined by the FDA.

Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units Purchased	Bid Price per Unit	Extended Cost
0.9% Sodium Chloride, 10mL in 12mL luer lock syringe			Yes	EA	1	8000		\$ -
Solumedrol 125mg, 2mL Acto-vial			Yes	EA	1	300		\$ -
Succinylcholine 200mg, 10mL vial			Yes	EA	1	150		\$ -
Tetracaine Hydrochloride Ophthalmic Solution, 1/2%, 1mL Single Dose Units			Yes	EA	1	50		\$ -
Ketorolac 60mg 2mL vial			Yes	EA	1	275		\$ -
Thiamine 100mg/mL in 2mL Single dose vial			Yes	EA	1	200		\$ -
Carpulect Injector			Yes	EA	1	20		\$ -
Ondansetron 4mg dissolve tabs 30ud/bx			Yes	EA	30	30		\$ -
Ondansetron 4mg 2mL VIAL 25/BX			Yes	EA	25	8		\$ -
Mucosal Automation Device, Nasal/Oral, Latex free, 3mL Syringe			Yes	EA	1	20		\$ -
Mucosal Atomization Device Without Syringe			Yes	EA	1	200		\$ -
Terbutaline, 1mg, 1mL Vial			Yes	EA	1	50		\$ -
Captopril 12.5mg tabs 100/bt			Yes	BT	100	50		\$ -

Total of Section 13: \$ -

Vendor Name:

Section 14: Controlled Substance Medication	Manufacturer Name	Manufacturer Number	Vendor's Item Number	Substitutes are only allowed for each item stating Yes below.	Unit Item is Delivered/ Invoiced by (Case, Box, Pkg, Carton, Ea, etc.)	Quantity in Unit (Case, Box, Pkg, Carton, Ea, etc.)	Estimated Annual Number of Units to Purchase	Bid Price per Unit	Extended Cost
Morphine Sulfate Injection, USP 1mg/mL, 10mL single dose				Yes	EA	1	20		\$ -
Morphine Sulfate Injection, USP 10mg/mL, 1mL single dose				Yes	EA	1	200		\$ -
Midazolam 2mg, 2mL single dose				Yes	EA	1	75		\$ -
Midazolam 10mg, 2mL single dose				Yes	EA	1	250		\$ -
C3 Ketamine 5mg/ml 10ml 10/bx / controlled				Yes	BX	10	150		\$ -
Fentanyl Citrate Injection USP, 250mcg (0.05mg per mL) in 5mL				Yes	EA	1	900		\$ -
Diazepam Injection 10mg (5mg/mL) 2mL Single Dose				Yes	EA	1	200		\$ -
Total of Section 14:									\$ -



Quotation

Quotation#: 0929201

09/29/2017

Account Number: 226101-SHIP002

BILL-TO

KENTRON HEALTHCARE INC
PO BOX 120
SPRINGFIELD, TN 37172-0120

Ship Method: DLR FRT

Payment Terms: CREDIT CARD PMT

SHIP-TO

KENTRON HEALTHCARE INC
701 CENTRAL AVE W
SPRINGFIELD, TN 37172-2702

Contact Name: [REDACTED]
Phone Number: 6153840573

Item	UOM	Description	Qty	Price	Ext.Price	Exp.Date
660211	1/EA	SPLINT, TRACTION PEDIATRIC FERNOTRAC 443	1	\$ 348.54	\$ 348.54	03/30/2018
660210	1/EA	SPLINT, TRACTION ADULT FERNOTRAC 444 WITH ROYAL BLUE CARRY CASE	1	\$ 348.54	\$ 348.54	03/30/2018
660030	1/EA	KENDRICK EXTRICATION DEVICE (KED) FERNO INCL HEAD STRAPS, CARRYING CASE	1	\$ 109.56	\$ 109.56	03/30/2018
111500	1/EA	MEGAMOVER TRANSPORT UNIT 40 X 80 NONWOVEN POLY WHITE 1000 LB CAPACITY.	1	\$ 18.80	\$ 18.80	03/30/2018

Quote Total \$ 825.44

Comments:

FERNO PRODUCTS

Mackenzie Rogers

Boundtree | Sales Development Representative
5000 Tuttle Crossing Blvd | Dublin, OH 43016
Phone: 614-760-5391 | Fax: 866-561-1589
mackenzie.rogers@boundtree.com |

Sales tax will be applied to customers who are not exempt.

Shipping charges will be prepaid and added to the invoice unless otherwise stated.

This quotation is valid until the quote expires or the manufacturer's price to Bound Tree Medical increases.

Subject: Save Space to Save Lives! Ankle Trauma Kits from North American Rescue

From: North American Rescue, LLC (marketing@narescue.com)

To: kentron@kentronmedical.com;

Date: Friday, April 21, 2017 9:00 AM

[View this email in your browser](#)



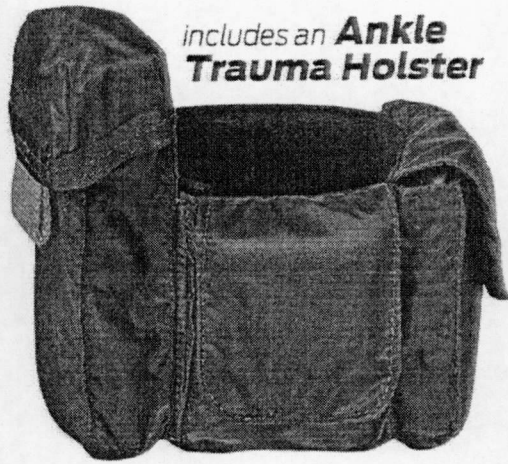
NORTH AMERICAN RESCUE®

Gear up from head to toe
ANKLE TRAUMA KITS



#80-0869
with S-Rolled Gauze

#80-0870
with Combat Gauze LE

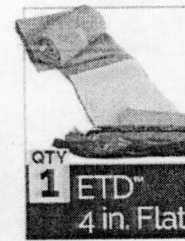


includes an **Ankle Trauma Holster**

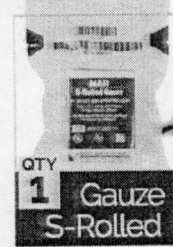
Equipped with



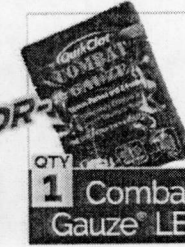
QTY **1** CAT Tourniquet



QTY **1** ETD™ 4 in. Flat



QTY **1** Gauze S-Rolled

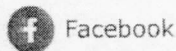


QTY **1** Combat Gauze® LE

Save Space to Save Lives
 Essential trauma medical equipment readily accessible
 without adding bulk on the belt...

[View Brochure Online](#)

Products with a MISSION®



Facebook



Instagram



YouTube



Twitter



Website

[Forward to a friend](#)

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Subject: [FWD: Microdot Xtra EMS Glucometer and Products]
From: Art Sydnor (asydnor@microdotcs.com)
To: kentronmedical@kentronmedical.com;
Cc: fengimann@microdotcs.com;
Date: Monday, September 11, 2017 2:39 PM

Mr. Sadarangani,

It was my pleasure discussing the Microdot EMS glucometer and related products with you. Attached is information on the Microdot EMS glucometer. Samples and literature are available upon your request. If you have questions, please contact me. As promised, pricing on our products is included. Thank you for your consideration and interest.

Item #	Description	Price
201-01	Microdot Glucometer	No Charge
811-01	Large Orange Pouch	No Charge
811-01	Small Orange Pouch	No Charge
801-01	Orange Protective Sleeve	No Charge
200-25	Microdot Xtra Strips (25/btl)	\$8.95/bottle
200-50	Microdot Xtra Strips (50/btl)	\$14.95/bottle
120-02	Microdot Control Solution	\$10.00/set
523-23	Microdot 23g Professional Lancet	\$14.95/box (200ct)
703-03	Microdot Oral Glucose Gel	\$7.95/box (3 tubes/box)
35-2004	Rapid Deployment Cold Pack	\$21.95/case (24/case)
35-2054	Rapid Deployment Hot Pack	\$23.95/case (24/case)
600-12	Microdot Bleach Wipes wipes/canister)	\$96.00/case (12 canisters/case/160)
601-12	Microdot Minute Wipes canisters/case/160wipes/canister)	\$72.00/case (12)

Art Sydnor
 Cambridge Sensors/Microdot
 901-826-7377
 asydnor@microdotcs.com

*Cambridge Sensors
 owns Rapid Deployment
 Products*

Attachments

- mdx_ems (1).pdf (391.55KB)

Subject: [No Subject]
From: Parks, Nelson (Nelson.Parks@McKesson.com)
To: kentronmedical@kentronmedical.com;
Date: Wednesday, October 4, 2017 1:47 PM

McKESSON

Price Quote

Empowering Healthcare

McKesson Medical-Surgical Customer Svc Phone: 800-811-8528 Customer Svc Fax: 800-311-3408	Kentron Healthcare, Inc 615-3840573 701 Central Ave W Springfield, TN 37172 Account Number: 54519145 Ship To Number: 54536476
--	--

Quote Total

MC Num:

Trade Comment:

SHOPS

<u>Item Num</u>	<u>Qty</u>	<u>UOM</u>	<u>Vendor Abbr</u>	<u>Catalog Num</u>	<u>Full Item Desc</u>	<u>Price</u>	<u>Ext Price</u>	<u>Line Comment</u>
121652	1	BX	3m	1626W	Dressing, Tegaderm Pic Frame W/lbl 4x4 3/4(50/bx) 3m	\$68.18	\$68.18	
235697	1	BX	3m	1624W	Dressing, Tegaderm W/window 2 3/8x2 3/4 (100bx 4bx 3m	\$43.01	\$43.01	
5959	1	BX	3m	1528-1	Tape, Adhsv Foam 1"x5 1/2yds (12/bx) 3m	\$25.17	\$25.17	
5761	1	BX	3m	1527-0	Tape, Adhsv Transpore 1/2"x10yds (24rl/bx) 3m	\$15.66	\$15.66	
5764	1	BX	3m	1527-2	Tape, Adhsv Transpore 2"x10yds(6rl/bx) 3m	\$14.86	\$14.86	
5765	1	BX	3m	1527-3	Tape, Adhsv Transpore 3"x10yds(4rl/bx) 3m	\$15.66	\$15.66	
10370	1	BX	Kendal	3267C	Tape, Adhsv Waterproof Wht 2" (6rl/bx) Kendal	\$17.09	\$17.09	

Order Verification Report

Z-MEDICA, LLC

8/30/2017 2:29:07PM

4 Fairfield Blvd. Wallingford CT 06492
 P: 203-294-0000 F: 203-303-7216
 www.z-medica.com

Salesperson: Huebner, Bob

Route To: 101804

Ship To: 2

Kentron Health Care Inc
 701 Central Ave W
 PO Box 120
 Springfield TN 37172

Dallas Police
 Quartermaster & Fleet Mgmt
 1600 S Lamar
 Dallas TX 75215

Order	Cust PO	Ship Via	Currency	Date Order	Terms	Verification Date
96166	830178		U.S. Dollar	8/30/2017	Net Due 30 Days	8/30/2017

Line/Release	Ship Date	EA	Qty	Item	Unit Price	Net Amount
1	8/31/2017	EA	225.00	350 QC Combat Gauze LE, 1x	29.270000	6,585.75

Please use packing slip attached to order.

Thank you for your order!

- * See attached Sales Provisions document
- * Order amount may be subject to sales tax, freight and other charges

Sales Amount:	6,585.75
Order Disc (0.00%):	0.00
Sales Tax:	0.00
Freight:	0.00
Prepaid:	0.00
<hr/>	
Total (USD):	6,585.75

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-268915

Date Filed:
10/05/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

FORT BEND COUNTY TEXAS

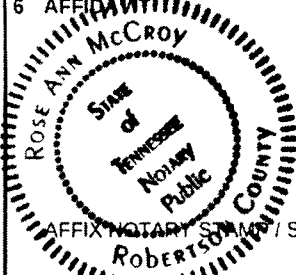
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

B18-003
MEDICAL SUPPLIES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	SADARANGANI, NARI	SPRINGFIELD, TN United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE
Sworn to and subscribed before me, by the said Nari T Sadarangani, this the 5th day of October, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature] Rose Ann McCroy Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

Certificate Number:
2017-268915

Date Filed:
10/05/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
FORT BEND COUNTY TEXAS

Date Acknowledged:
10/10/2017

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
B18-003
MEDICAL SUPPLIES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	SADARANGANI, NARI	SPRINGFIELD, TN United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath