

**COUNTY OF McHENRY
McHENRY COUNTY ADMINISTRATION BUILDING
PURCHASING DEPARTMENT - ROOM 200
2200 N. SEMINARY AVENUE
WOODSTOCK, IL 60098**

Sealed bids will be accepted in the above office until

November 5, 2015 at 2:00 P.M. (CST)

**For
BID #15-102**

***Provide Medical and Nursing Home Supplies for the
McHenry County Valley Hi Nursing Facility***

CONTACT PERSON - DONALD A. GRAY, CPPB
DIRECTOR OF PURCHASING
Phone - (815) 334-4818
Fax - (815) 334-4680

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| MAILING ADDRESS: Purchasing Department 2200 N Seminary Ave #200 Woodstock IL 60098 | DROP OFF IN PERSON: Purchasing Department 667 Ware Road #200 Woodstock IL 60098 |
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COMPANY

DATE

CONTACT PERSON

ADDRESS

E-MAIL ADDRESS

CITY, STATE AND ZIP

TELEPHONE NO

FAX NO.

FEIN, or Social Security NUMBER

The attention of bidders is directed to the McHenry County Purchasing Ordinance, approved August 1, 2014. This Ordinance is incorporated by reference into this bid as if it were contained herein. If you have not received a copy of the above Ordinance and desire a copy, please contact the office of the Director of Purchasing.

SCOPE OF WORK

Provide Medical and Nursing Home Supplies for the McHenry County Valley Hi Nursing Facility as a service to the County of McHenry as outlined within this document. All requirements are as per specifications enclosed herein.

SCHEDULE OF EVENTS

| | |
|-----------------------|--|
| October 20, 2015----- | Bid Available |
| October 26, 2015----- | Vendors Questions Submitted via fax to 815-334-4680 by 4:00 P.M.(CST) |
| October 30, 2015----- | Vendors Questions Answered via fax and Posted on Website by 4:00 P.M.(CST) |
| November 5, 2015----- | Bid due in Purchasing at 2:00 P.M.(CST) |

PAYMENT

Payment will be processed after receipt of delivery invoice and appropriate affidavit.

NON-DISCRIMINATION

Contractor shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), 775 ILCS 5/1-102, which is incorporated herein by reference, and constituting of a written EEO Policy and a workforce profile that demonstrates its EEO practices. Furthermore, the Contractor shall comply the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended. The Contractor must have a written sexual harassment policy, which meets Illinois State Statutes, 775 ILCS, 15/3.

PREVAILING WAGE

The State of Illinois requires under Public Works Contracts that the general prevailing rate of wages in this locality be paid for each craft or type of worker hereunder. This requirement is in accordance with The Prevailing Wage Act, 820 ILCS 130/0.01 et seq., as amended. This shall include payment of the general prevailing rate for legal holiday and overtime work. It shall be mandatory upon the subcontractor under the Contractor. A copy of the prevailing wage rates is posted on the McHenry County website at www.co.mchenry.il.us under BIDS and RFP's. If wage rates change during the course of the project, the new rates will be available in the County of McHenry Purchasing Office. Contractors may access the Illinois Department of Labor website for updates at www.state.il.us/agency/idol.

It shall also be mandatory upon the Contractor to whom the Contract is awarded to insert into each subcontract and into the project Specifications for each subcontract a written stipulation to the effect that not less than the prevailing rate of wages shall be paid to all laborers, workers, and mechanics performing work under the Contract. It shall also be mandatory upon each subcontractor to cause to be inserted into each lower tiered subcontract and into the project Specifications for each lower tiered subcontract a stipulation to the effect that not less than the prevailing rate of wages shall be paid to all laborers, workers, and mechanics performing work under the Contract. A Contractor or subcontractor who fails to comply is in violation of the Act.

CERTIFIED PAYROLL REQUIREMENTS (Public Act 94-0515)

Effective August 10, 2005 contractors and subcontractors on public works projects must submit certified payroll records on a monthly basis to the public body in charge of the construction project, along with a statement affirming that such records are true and accurate, that the wages paid to each worker are not less than the required prevailing rate and that the contractor is aware that filing records he or she knows to be false is a Class B misdemeanor.

The certified payroll records must include for every worker employed on the public works project the name, address, telephone number, social security number, job classification, hourly wages paid in each pay period, number of hours worked each day, and starting and ending time of work each day. These certified payroll records are considered public records and public bodies must make these records available to the public under the Freedom of Information Act, with the exception of the employee's address, telephone number and social security number. Any contractor who fails to submit a certified payroll or knowingly files a false certified payroll is guilty of a Class B misdemeanor.

INCREASED PENALTIES FOR PREVAILING WAGE VIOLATIONS (Public Act 94-0488)

Effective January 1, 2006, penalties for violations of the Prevailing Wage Act will increase from 20% to 50% of the underpaid amounts for second or subsequent violations. An additional penalty of 5% of the underpayment penalty must be paid to workers for each month the wages remain unpaid (up from the current 2% penalty).

For violations that occur after January 1, 2006, the debarment period --during which contractors are ineligible for public works contracts -increases from 2 years to 4 years if two notices of violation are issued/serious violations occur within a 5-year period. In addition, a new monetary penalty of \$5,000 may be assessed against contractors who retaliate against employees who report violations or file complaints under the Prevailing Wage Act.

OSHA REQUIREMENTS

The Occupational Safety and Health Act of 1970 (OSHA) "guarantees workers the right to a safe and healthful workplace". Under Section 5(a) (1) of the OSHA Act, the employer must "furnish to each of his employees' employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees."

There are times when the County must hire entities and individuals (contractors) to perform services. To this end, contractors hired by the County of McHenry must perform their duties in a manner that is compliant with all state and federal health and safety laws and industry guidelines. It is the responsibility of the contractor to ensure that their personnel and subcontractors comply with all state and federal health and safety laws and regulations and industry guidelines, including, but not limited to those set forth by: OSHA and related regulations, the Safety Inspection and Education Act, the Health and Safety Act, the National Institute of Occupational Safety and Health, the National Fire Protection Association, the Centers for Disease Control, American Industrial Hygiene Association, the American Council of Governmental Industrial Hygienists, the Environmental Protection Agency, and the Department of Transportation.

SUBSTANCE ABUSE PREVENTION ON PUBLIC WORKS PROJECTS ACT

The successful bidder must be in compliance with State of Illinois HB-1855 (Public Act 095-0635), which amends the Prevailing Wage Act. Before an employer commences work on a public works project, the employer shall have in place a written program, which meets or exceeds the program requirements in this Act, to be filed with the public body engaged in the construction of the public works and made available to the general public, for the prevention of substance abuse among its employees. The testing must be performed by a laboratory that is certified for Federal Workplace Drug Testing Programs by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services.

PROCUREMENT OF GREEN PRODUCTS AND TECHNOLOGIES

As approved by the McHenry County Board in April 2008, it is in the interest of public health, safety and welfare and the conservation of energy and natural resources to use and promote environmentally responsible products. The County should strive to influence private purchases through the example of using government specifications and standards that are green or environmentally friendly when making its purchases.

Whenever available and cost-justified, the County should purchase those materials including the purchase of recycled products containing post-consumer materials rather than residual materials resulting from the processing or manufacturing from another product. To the extent practicable, all products standards shall emphasize functional or performance criteria, which do not discriminate against the use of, recycled materials.

McHenry County should cooperate to the greatest extent feasible with other governments and organizations to develop a comprehensive, consistent, and effective procurement effort intended to stimulate the market for recycled products, reusable products, products designed to be recycled, and other environmentally responsible products.

McHenry County shall continue to participate in and shall encourage other public jurisdictions to participate with the County in the purchase of products containing recycled content. Participation in such cooperative systems shall be aimed at obtaining maximum practical recycled content in County purchases, to obtain best available price for products with recycled content, to facilitate or encourage lower prices industry-wide and to encourage development of industries and markets dealing with recycled content products.

PROCUREMENT OF PRODUCTS THAT ARE ENERGY STAR QUALIFIED

McHenry County shall select, where life cycle and cost-effective, ENERGY STAR and other energy efficient products, when acquiring energy-using products. This information will be required by the bidder in their bid submittal.

SECURITY

The contractor represents and warrants to the County of McHenry that neither it nor any of its principals, shareholders, members, partners or affiliates, as applicable, is a person or entity named as a Specially Designated National and Blocked Person (as defined in Presidential Executive Order 13224) and that it is not acting, directly or indirectly, for or on behalf of a Specially Designated National and Blocked Person. The Contractor further represents and warrants to the County of McHenry that the Contractor and its principals, shareholders, members, partners, or affiliates, as applicable, are not directly or indirectly, engaged in, and are not facilitating, the transactions contemplated by this Agreement on behalf of any person or entity named as Specially Designated National and Blocked Person. The Contractor hereby agrees to defend, indemnify and hold harmless the County of McHenry, the Corporate Authorities, and all County of McHenry elected or appointed officials, officers, employees, agents, representatives, engineers and attorneys, from and against any and all claims, damages, losses, risks, liabilities, and expenses (including reasonable attorneys' fees and costs) arising from or related to any breach of the foregoing representation and warranties.

PURCHASE EXTENSION

This contract shall be offered for purchases to be made by other counties and governmental units within the State of Illinois as authorized by the Government Joint Purchasing Act. All purchases and payments made under this authority shall be made directly by the governmental unit to the Vendor. The County of McHenry shall not be responsible in any way for such purchase orders or payments. All terms and conditions of this contract shall apply to all orders placed by another governmental unit.

ADDENDUM

Should the Vendor require any additional information about this Bid, please fax to Purchasing (815-334-4680) any questions by the deadline as outlined in the schedule of events. ANY AND ALL

changes to these specifications are valid only if they are included by Written Addendum to All Bidders. NO interpretation of the meaning of the plans, specifications, or other contract documents will be made orally. If required, all addenda will be faxed to bidder if a Notice of Intent to Bid has been completed and faxed to the Purchasing Office. In addition, all addenda are posted on the County of McHenry's website. Failure of the bidder to receive any such addendum or interpretation shall not relieve the bidder from obligation under this Bid as submitted. All addenda so issued shall become part of the bid documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused by a bidder to improperly submit a bid.

Response to these questions will be made by means of an addendum. Only the Director of Purchasing has the authority to issue an addendum.

Addenda are written instruments issued by the County prior to the date for receipt of proposals, which modify or interpret the Bid by addition, deletions, clarifications or corrections.

Prior to the receipt of bids, addenda will be faxed or delivered to all who are known to have received a Notice to Bid. Each vendor shall ascertain prior to submitting a bid that all addenda issued have been received and, by submission of a bid, such act shall be taken to mean that such vendor has received all addenda and that the vendor is familiar with the terms thereof and understands fully the contents of the addenda.

TAXES

The County of McHenry is exempt from paying Illinois Use Tax, Illinois Retailers Occupation Tax, and Federal Excise Tax. The bidder's attention is directed to the McHenry County Purchasing Ordinance {S3-10, (9), (10), and (11)}.

INSURANCE

(1) GENERAL

The successful bidder shall maintain for the duration of the contract and any extensions thereof, at bidder's expense, insurance that includes "Occurrence" basis wording and is issued by a company or companies qualified to do business in the State of Illinois that are acceptable to the County, which generally requires that the company(ies) be assigned a Best's Rating of A or higher with a Best's financial size category of Class XIV or higher, in the following types and amounts:

(a) Commercial General Liability in a broad form, to include, but not limited to, coverage for the following where exposure exists: Bodily Injury and Property Damage, Premises/Operations, Independent contractors, Products/Completed Operations, Personal Injury and Contractual Liability; limits of liability not less than:

\$1,000,000 per occurrence and \$2,000,000 in the aggregate;

(b) Business Auto Liability to include, but not be limited to, coverage for the following where exposure exists: Owned Vehicles, Hired and Non-Owned Vehicles and Employee Non-Ownership; limits of liability not less than:

\$1,000,000 per occurrence, combined single limit for:
Bodily Injury Liability and Property Damage Liability;

(c) Workers' Compensation Insurance to cover all employees and meet statutory limits in compliance with applicable state and federal laws. The coverage must also include Employer's Liability with minimum limits of \$100,000 for each incident.

(2) EVIDENCE OF INSURANCE

The successful bidder agrees that with respect to the above required insurance that:

- (a) The County of McHenry shall be provided with Certificates of Insurance evidencing the above required insurance, prior to commencement of the contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least fifteen (15) days prior to the expiration or cancellation of any such policies;
- (b) The contractual liability arising out of the contract shall be acknowledged on the Certificate of Insurance by the insurance company;
- (c) The County of McHenry shall be provided with thirty (30) days prior notice, in writing, of Notice of Cancellation or material change and said notification requirement shall be stated on the Certificate of Insurance;
- (d) Subcontractors, if any, comply with the same insurance requirements. In addition to being named as an additional insured on the Certificate of Insurance, each liability policy shall contain an endorsement naming the County of McHenry as an additional insured. A copy of the endorsement shall be provided to McHenry County along with the Certificate of Insurance; and,
- (e) have McHenry County named as an additional insured and the address for certificate holder must read exactly as:

County of McHenry, **a body politic**
2200 N. Seminary Avenue
Woodstock, IL 60098

- (f) Insurance Notices and Certificates of Insurance shall be provided to:

McHenry County, Purchasing Department
2200 N. Seminary Avenue, Room 200
Woodstock, Illinois 60098

HOLD HARMLESS CLAUSE

The successful bidder will agree to indemnify, save harmless and defend the County of McHenry, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract upon award. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of the County of McHenry, its agents, servants, or employees or any other person indemnified hereunder.

BID RESPONSE

It is highly recommended that the vendor completely read the bid prior to filling out to become acquainted with terms and conditions of the bid document and merchandise requirements. No relief will be allowed from the bid conditions unless you take written exception to that condition on your bid.

BIDS MUST BE SUBMITTED IN DUPLICATE FORM, (One Original, and One Copy).

BIDS ARE DUE BACK BY NOVEMBER 5, 2015 2:00 P.M. (CST)

SEALED BID ENVELOPES ARE TO BE CLEARLY MARKED WITH THE BID/RFP TITLE, TIME & DATE OF OPENING.

Bidders are urged to respond to this bid request in every case to insure being maintained on current bid lists. Explanations of the reasons for not bidding will assist in maintaining the bidder on the correct bid list(s).

SUBMITTAL

Submit one (1) bid, multiple bids will not be accepted.

GENERAL CONDITIONS

This bid shall be firm for at least 120 days after the latest time specified for submission for bids and thereafter until written notice is received from the bidder.

AWARD OF ORDER

The County will award a purchase order to the lowest responsive, responsible bidder meeting the County's requirements as listed in this document. The County will be the sole judge of acceptability of any products offered.

WORKMANSHIP

Items shall be manufactured according to the highest traditions of the industry and shall meet all commercial standards of quality. The County shall be the sole judge of acceptable products. Unacceptable products will be rejected and suitable price adjustments made.

MISCELLANEOUS

It is the bidder's task to be familiar with the referenced items and to offer only products of equal or greater quality. Any questions on specifications should be directed to the Purchasing Department.

EXCEPTIONS

The bid speaks for itself. Bidders taking exception to any terms, conditions or specifications of this bid must clearly state in writing such exception(s) either on or with their bid. The County will be the sole judge of the acceptability of any exception noted, and is not bound to consider any bid submitted with exceptions.

ALTERNATES

Trade names are used solely for the purpose of setting minimum standards of quality and performance and are not to be construed as exclusionary. Bidders are encouraged to contact the Purchasing Department prior to the bid opening for the purpose of clarifying specifications.

FULL PRICING AND CONTINGENCIES

The County shall hold the successful bidder to bid pricing. Additional charges for contingencies discovered by the vendor at any time after the date of opening of this bid will not be considered for payment by the County.

RECOURSE FOR UNSATISFACTORY MATERIALS

Payment shall be contingent upon the County's inspection of and satisfaction with completed work. Any defective work or materials, non-conformance to bid specifications, damaged materials, or unsatisfactory installation shall be corrected to the County's satisfaction by the successful bidder at no additional charge.

TERMINATION

Failure to comply with the terms and conditions as herein stated shall be cause for cancellation of the contract. The County will give written notice of unsatisfactory performance and the contractor will be allowed thirty (30) days to take corrective action and accomplish satisfactory control. If at the end of

the thirty days, the County deems the contractor's performance still unsatisfactory, the contract shall be canceled. The exercise of its right of cancellations shall not limit the County's right to seek any other remedies allowed by law.

The successful bidder will agree that the resulting contract is made subject to available budgetary appropriations and shall not create any obligation on behalf of the County in excess of such appropriations. In the event that no funds or insufficient funds are appropriated and budgeted, this Contract shall terminate without penalty or expense to the County thirty (30) days after written notification of termination from the County.

The successful bidder will agree that pursuant to requirements imposed under Illinois law, the County shall have 120 days after each election of county board members to terminate this Agreement, without cause and without penalty.

CHOICE OF LAW AND VENUE

The bidder agrees that this bid has been executed and delivered in Illinois and that their relationship and any and all disputes, controversies or claims arising under this bid or any resulting contract shall be governed by the laws of the State of Illinois, without regard to conflicts of laws principles. The bidder further agrees that the exclusive venue for all such disputes shall be the Circuit Court of the 22nd Judicial Circuit of McHenry County, Illinois, and the bidder hereby consent to the personal jurisdiction thereof.

COMPLIANCE WITH LAWS

The bidder hereto covenants and agrees to comply with all applicable federal, state, and local laws, codes, ordinances, rules and regulations. Failure to comply with the terms of this provision shall constitute a breach of contract and permit the County to terminate this (Request for Sealed Proposal/Bid) in accordance with the termination provisions stated herein.

REJECTION OF BIDS, WAIVER OF IRREGULARITIES

McHenry County reserves the right to reject any or all bids, to waive irregularities, and to accept that bid which is considered to be in the best interest of the County. Any such decision shall be considered final.

PROTEST PROCEDURES

Any Bidder who believes contractual terms or specifications are unnecessarily restrictive or limit competition may submit a protest, in writing, to the Director of Purchasing. To be considered, the protest must be received by McHenry County five (5) days prior to the stated bid opening. Any adversely affected or aggrieved Bidder shall have ten (10) days from the date of the bid opening to file a written protest regarding the intent to award the bid. Protests submitted after that date will not be accepted. Protests must specify the grounds upon which the protest is based (refer to appropriate statute, rule, code, or ordinance which defines the protest process).

BIDDER'S ATTACHMENT TO THE BID

Any attachment to this bid, as required by the bid conditions, or made at the bidder's option, must reference on their face the bid title, opening date, and time.

DELIVERY

Delivery will be considered in making the award and the bidders shall state, in the spaces provided, expected delivery after receipt of Purchase Order. Failure to meet said delivery promises without prior consent of the Director of Purchasing will be considered a breach of faith.

FREIGHT

Freight is all inclusive unless otherwise stated.

FUEL SURCHARGE

The County of McHenry does NOT accept any fuel surcharges.

SPECIFICATIONS

We are looking for a **conventional or self-insured vendor** to provide Medical and Nursing Home Supplies to the McHenry County Valley Hi Nursing Facility.

No guarantee is made for the purchase of any quantity.

There may be multiple awardees.

Please list quantity packaging (ex: number per box; boxes per case).

Please list any value added services provided, rebate programs, etc.

Please list any possible in-servicing, training, or other educational offerings and associated costs / fees.

Please describe the ordering and delivery process.

| Description of Product |
|---|
| adhesive tape remover pads |
| alarm, bed pad over mattress |
| alarm, pad for wheelchair |
| alarm, wheelchair |
| alcohol gel |
| alcohol prep pads |
| alcohol, isopropyl |
| bandage scissors |
| bed pan, fractured |
| catheter tray, bladder, drain bag, no-catheter (6175) |
| catheter tray, stright cath |
| catheter, foley, 14fr, 5cc latex-free |
| catheter, foley, 16fr, 5cc latex-free |
| catheter, foley, 16fr, 30cc latex-free |
| catheter, foley, 18fr, 5cc latex-free |
| catheter, foley, 18fr, 30cc latex-free |
| catheter, foley, 20fr, 5cc latex-free |
| catheter, foley, 22fr, 30cc latex-free |
| catheter, foley, 24fr, 5cc latex-free |
| catheter, foley, 24fr, 30cc latex-free |
| clippers, toenail |
| cold packs |
| comb, economy, black |
| cotton balls, large |
| cotton-tipped applicator, 6 inch |
| cups, paper soufflé |
| denture adhesive |
| denture cup with lid |
| denture tabs |
| deoderant, roll-on |
| disposable underpads |
| drain bag holder |
| drain bag, antireflex |
| drain bag, leg bag with straps |

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| dressings, adaptic 3x8 |
| dressings, adaptic 5x9 |
| dressings, algisite |
| dressings, allewyn 5x5 |
| dressings, bandage, adhesive strip (band-aid) |
| dressings, coban bandage, 4" x 5 yds |
| dressings, comfeel, ulcer 4x4 |
| dressings, bandage, compression wrap |
| dressings, contreet foam w/ silver 2x3 |
| dressings, duoderm 3x3 |
| dressings, duoderm 4x4 |
| dressings, elastic bandage 3 inch |
| dressings, elastic bandage 4 inch |
| dressings, elastic bandage 6 inch |
| dressings, gauze, abdominal pads |
| dressings, gauze, conform (2236) |
| dressings, gauze, curity 8 ply |
| dressings, gauze, dermacea 8 ply, non-sterile |
| dressings, gauze, kerlix |
| dressings, gauze, telfa pads |
| dressings, island, 1x1 |
| dressings, island, 2x2 |
| dressings, primapore |
| dressings, primapore 2X3 |
| dressings, profore |
| dressings, split sponges |
| dressings, tegaderm 2.75 x 3.25 |
| dressings, tegaderm 4 x 4.75 |
| dressings, tubigrip bandage 3.5 inch |
| dressings, tubigrip bandage 4.5 inch |
| emery board |
| emesis basin |
| enteral feeding tube deglogger 12-16 fr |
| enteral feeding tube deglogger 16-18 fr |
| enteral feeding tube declogger 18-24 fr |
| ez wrap tubing cover, foam |
| foot cradle, foam |
| foot elevator |
| g-tube, 16fr w/ 15cc balloon |
| g-tube, 18fr, w/ 15cc balloon |
| gait belt |
| Goggles |
| graduated container |
| hairbrush, ball tip, adult |
| hot packs, instant |
| humidifiers, disposable, pre-filled |
| incontinent barrier cream |
| incontinent brief extra large |
| incontinent brief, Tena (62314) or like |
| incontinent brief large |
| incontinent brief medium |
| irrigation tray |
| isolation gowns |
| isolation mask |
| isolation shoe covers |
| lemon glycerine swabs |
| Lotion |
| lube jelly |

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| measuring tape, 24 inch, paper |
| medicine cups, plastic, 1oz |
| mouth moisturizer |
| mouthwash, alcohol-free |
| nasal cannula, with 7 feet tubing |
| nebulizer, micromist, (1882) |
| nebulizer, micromist, elongated mask (1885) |
| ointment, calmoseptine |
| oxygen mask, adult, with 7 feet tubing |
| oxygen tubing, 25 ft |
| povidine iodine swabs |
| razors, double blade |
| saline solution ampoules |
| saline solution bottles, 1000 ml |
| saline solution, large bottles |
| shampoo, baby |
| shampoo, no-rinse |
| shaving cream |
| shower cap |
| skin prep barrier wipes |
| skin prep barrier wipes (non-sting) |
| slipper socks, adult |
| specimen collector hat |
| suction canister, 800cc |
| suction catheter kit, 14fr |
| suction catheter, 18fr |
| suction tubing, 3/16" x 1 1/2' |
| suction tubing, 3/16" x 6' |
| suction tubing, yankauer tube |
| supplement, ensure, chocolate |
| supplement, ensure, vanilla |
| supplement, ensure pudding, vanilla |
| supplement, fibersource |
| supplement, glucerna |
| supplement, glucerna - ready to hang 1,000 ml |
| supplement, isocal hn |
| supplement, jevity 1 cal |
| supplement, jevity 1.2 cal |
| supplement, jevity 1.5 cal |
| supplement, osmolite 1 cal |
| supplement, osmolite 1.2 cal |
| supplement, prostat, awc, cherry |
| supplement, two cal hn, vanilla |
| suture removal kit |
| syringe, .5cc, insulin safety |
| syringe, 3cc, safety |
| syringe, 5cc, safety |
| syringe, 1cc, insulin safety |
| syringe, 1cc, tb safety |
| syringe, 10cc, luer lock |
| syringe, 30cc, luer lock |
| syringe, 60cc, catheter tip |
| syringe, 60cc, irrigation, piston |
| syringe, 60cc, bagged for enteral irrigation |
| syringe, needle only 21gx1 safety |
| syringe, needle only 25 gx1 safety |
| tape, hypafix, 2 inch |
| tape, paper, 1 inch |

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|--|
| tape, paper, 2 inch |
| tape, silk cloth, 1 inch |
| tape, silk cloth, 2 inch |
| ted hose stockings, knee, lg, regular |
| ted hose stockings, knee, md, regular |
| ted hose stockings, knee, sml, regular |
| ted hose stockings, knee, xl, regular |
| thermometer, digital, oral |
| thermometer, digital probe covers |
| tongue blade, sr, sterile |
| toothbrush, adult, soft |
| toothbrush, denture, hard nylon bristles |
| toothbrush holder |
| toothettes oral swabs |
| toothpaste colgate |
| urinal, male, clear with cover |
| wash basin 6qt |
| Acidophilus |
| amonium lactate lotion |
| antacid, calgest chewable tablets |
| antacid, extra strength, liquid |
| antacid, geri-lanta |
| apap caplets, 500mg |
| apap, 325mg |
| apap, 500mg |
| apap, liquid, 160mg |
| aspirin, adult, chewables, 81mg |
| aspirin, adult, lowdose, enteric coated |
| aspirin, buffered, 325mg |
| aspirin, enteric coated, 5gr |
| aspirin, enteric coated, 325 mg |
| baza cream |
| Benadryl |
| betadine solution |
| claritin tablets, 10 mg |
| cranberry caplets 450 mg |
| debrox ear wax drops |
| enema, fleets |
| expectorant tablets (mucinex) |
| Florastor |
| geri-tussin liquid (robitussin sugar free) |
| glucose, instant |
| glucosamine tablets 500 mg |
| glucosamine and chondroitin capsules, 500 mg |
| ibuprofen, 200mg |
| ibuprofen, 100mg, liquid |
| imodium ad |
| lactinex packets |
| Lancets |
| laxitive dss, 100mg |
| laxitive dss, diocto, liquid, 50mg |
| laxitive, bisacodyl, 5mg |
| laxitive, dss, syringe, 60mg/15ml |
| laxitive, fiber tablets, 500mg |
| laxitive, fiber powder |
| laxitive, senna tabs (senokot) |
| laxitive, suppository, glycerin |
| microdot control solution |

| |
|---|
| microdot test strips |
| milk of magnesia |
| mineral oil, heavy, 16 oz |
| naproxin sodium 220mg (aleve) |
| ointment, aquaphor |
| ointment, triple abt |
| ointment, zinc oxide |
| oyster shell calcium, w/ vitamin d |
| povidine iodine solution 10%, 4oz |
| prilosec otc |
| proshield cream |
| refresh tears |
| secura ointment |
| stat-loc picc line holder plus |
| sterile water |
| suppositories, bisacodyl, 10mg |
| tussin dm |
| unna boot with calamine |
| vitamin b-12 |
| vitamin, plain |
| vitamin, vit c 500 mg tablets |
| vitamin, vit e softgels |
| vitamin, zinc sulfate 220 mg capsules |
| vitamin, ferrous sulfate elixir |
| vitamin, ferrous sulfate, 5gr |
| vitamin, ferrous sulfate, 325mg |
| vitamin, fish oil 500 mg |
| vitamin, folic acid 800 mg |
| vitamin, liquid |
| vitamin, magnesium oxide, 400 mg |
| vitamin, multi vitamin with iron |
| vitamin, multi vitamin with minerals |
| vitamin, ocular |
| |
| <u>Latex Powder-free Medical Exam Gloves</u> |
| Medical Grade Non-sterile latex |
| Powder free |
| Single use |
| Ambidextrous |
| <u>Nitrile Safety Medical Exam Gloves</u> |
| High density nitrile |
| Powder free |
| Ambidextrous |
| <u>Non-Latex Vinyl Medical Exam Glove</u> |
| Powder free |
| Single use |
| Non-sterile |
| Ambidextrous |

*** GLOVE SAMPLES WILL NEED TO BE SUBMITTED WITH PROPOSALS AND WILL BE SELECTED BASED ON QUALITY***

THESE PAGES ARE MANDATORY.

BID-ON

PROPOSAL FORM

WE, _____, PROPOSE TO PROVIDE THE REQUESTED SERVICES PER THE REQUIREMENTS OF THIS REQUEST FOR PROPOSAL IN ACCORDANCE WITH THE SPECIFICATIONS CONTAINED HEREIN.

| | BASE Year II December 1, 2015 - November 30, 2016 | Option Year II December 1, 2016 - November 30, 2017 | Option Year III December 1, 2017 - November 30, 2018 |
|--|--|--|---|
| Items | Unit Cost | Unit Cost | Unit Cost |
| Adhesive tape remover pads | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alarm, bed pad over mattress | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alarm, pad for wheelchair | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alarm, wheelchair | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alcohol gel | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alcohol prep pads | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Alcohol, isopropyl | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Bandage scissors | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Bed pan, fractured | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter tray, bladder, drain bag, no-catheter (6175) | Per Box: \$ | Per Box: \$ | Per Box: \$ |

| | | | |
|---|--------------|--------------|--------------|
| (continued...) | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter tray, straight catheter | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 14fr, 5cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 16fr, 5cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 16fr, 30cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 18fr, 5cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 18fr, 30cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 20fr, 5cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 22fr, 30cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 24fr, 5cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter, foley, 24fr, 30cc latex-free | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Catheter leg strap | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|------------------------------------|--------------|--------------|--------------|
| Clave connector needle-less | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cleansure, wound | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Clippers, fingernail | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Clippers, toenail | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cold packs | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|---|--------------|--------------|--------------|
| Comb, economy, black | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cotton balls, large | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cotton-tipped applicator, 6 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cups, paper soufflé | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Denture adhesive | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Denture cup with lid | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Denture tabs | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Deodorant, roll-on | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Disposable underpads | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Drain bag holder | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---------------------------------------|--------------|--------------|--------------|
| Drain bag, antireflex | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Drain bag, leg bag with straps | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, adaptic 3x8 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, adaptic 5x9 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, algsite | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---|--------------|--------------|--------------|
| Dressing, allevyn 5x5 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, bandage, adhesive strip (band-aid) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, coban bandage, 4" x 5 yds | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, comfeel, ulcer 4x4 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, bandage, compression wrap | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, contreet foam with silver 2x3 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, duoderm 3x3 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, duoderm 4x4 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, elastic bandage 3 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Dressing, elastic bandage 4 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| | Per Box: \$ | Per Box: \$ | Per Box: \$ |

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|---|--------------|--------------|--------------|
| Dressing, elastic bandage 6 inch | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, gauze, abdominal pads | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, gauze, conform (2236) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, gauze, curity 8 ply | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, gauze, dermacea 8 ply, non-sterile | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---------------------------------------|--------------|--------------|--------------|
| dressing, gauze, kerlix | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| dressing, gauze, telfa pads | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| dressing, island, 1x1 | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| dressing, island, 2x2 | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| dressing, primapore | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, primapore 2X3 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, profore | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, split sponges | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, tegaderm 2.75 x 3.25 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, tegaderm 4 x 4.75 | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| | Per Box: \$ | Per Case: \$ | Per Box: \$ |

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|--|--------------|--------------|--------------|
| dressing, tubigrip bandage 3.5 inch | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| dressing, tubigrip bandage 4.5 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| emory board | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| emesis basin | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| enteral feeding tube deglogger 12-16 fr | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| enteral feeding tube deglogger 16-18 fr | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| enteral feeding tube declogger 18-24 fr | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| ez wrap tubing cover, foam | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| foot cradle, foam | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| foot elevator | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| g-tube, 16fr w/ 15cc balloon | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| g-tube, 18fr, w/ 15cc balloon | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| gait belt | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| goggles | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| graduated container | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| hairbrush, ball tip, adult | Per Box: \$ | Per Case: \$ | Per Box: \$ |

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|--|--------------|--------------|--------------|
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| hot packs, instant | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| humidifiers, disposable, pre-filled | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| incontinent barrier cream | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| incontinent brief extra large | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| incontinent brief, Tena (62314) or like | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| incontinent brief large | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| incontinent brief medium | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| irrigation tray | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| isolation gowns | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Isolation mask | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Isolation shoe covers | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Lemon glycerine swabs | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Lotion | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Lube jelly | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Measuring tape, 24 inch, paper | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|--|--------------|--------------|--------------|
| Medicine cups, plastic, 1oz | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Mouth moisturizer | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Mouthwash, alcohol-free | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Nasal cannula, with 7 feet tubing | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |

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|--|--------------|--------------|--------------|
| Nebulizer, micromist (1882) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Nebulizer, micromist, elongated mask (1885) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ointment, calmoseptine | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Oxygen mask, adult with 7 feet tubing | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Oxygen tubing, 25 ft | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Povidine iodine swabs | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Razors, double blade | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Saline solution ampoules | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Saline solution bottles, 1000 ml | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Saline solution, large bottles | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Shampoo, baby | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Shampoo, no rinse | Per Box: \$ | Per Box: \$ | Per Box: \$ |

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|--------------------------------|--------------|--------------|--------------|
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Shaving cream | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Shower cap | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Skin prep barrier wipes | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|--|--------------|--------------|--------------|
| Skin prep barrier wipes (non-sting) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Slipper socks, adult | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Specimen collector hat | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction canister, 800cc | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction catheter kit, 14fr | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction catheter, 18fr | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction tubing, 3/16" x 1 1/2' | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction tubing, 3/16" x 6' | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suction tubing, yankauer tube | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, ensure, chocolate | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, ensure, vanilla | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, ensure pudding, vanilla | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---|--------------|--------------|--------------|
| Supplement, fibersource | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, glucerna | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, glucerna – ready to hang, 1,000 ml | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---|--------------|--------------|--------------|
| Supplement, isocal hn | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, jevity 1 cal | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, jevity 1.2 cal | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, jevity 1.5 cal | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, osmolite 1 cal | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, osmolite 1.2 cal | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, prostat, awc, cherry | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Supplement, two cal hn, vanilla | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suture removal kit | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, .5cc, insulin safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, 3cc, safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, 1cc, insulin safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, 1cc, tb safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |

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|---------------------------------|--------------|--------------|--------------|
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Syringe, 10cc, luer lock | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |
| Syringe, 30cc, luer lock | Per Box: \$ | Per Case: \$ | Per Box: \$ |
| | Per Case: \$ | Per Box: \$ | Per Case: \$ |

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|---|--------------|--------------|--------------|
| Syringe, 60cc, catheter tip | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, 60cc, irrigation, piston | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, 60cc, bagged for enteral irrigation | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, needle only, 21gx1 safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Syringe, needle only, 25gx1 safety | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tape, hypafix, 2 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tape, paper, 1 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tape, paper, 2 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tape, silk cloth, 1 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tape, silk cloth, 2 inch | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ted hose stockings, knee, large, regular | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ted hose stockings, knee, medium, regular | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ted hose stockings, knee, small, regular | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|---|--------------|--------------|--------------|
| Ted hose stockings, knee, extra-large, regular | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Thermometer, digital, oral | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|---|--------------|--------------|--------------|
| Thermometer, digital probe covers | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tongue blade, Sr, sterile | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Toothbrush, adult, soft | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Toothbrush, denture, hard nylon bristles | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Toothbrush holder | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Toothettes oral swabs | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Toothpaste, colgate | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Urinal, male, clear with cover | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Wash basin 6qt | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Acidophilus | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ammonium lactate lotion | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Antacid, calgest chewable tablets | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Antacid, extra strength, liquid | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Apap caplets, 500mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |

| | | | |
|--------------------|--------------|--------------|--------------|
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Apap, 325mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|---|--------------|--------------|--------------|
| Apap, 500mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Apap, liquid, 160mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Asprin, adult chewables 81mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Asprin, adult lowdose enteric coated | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Asprin, buffered 325mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Asprin, enteric coated 5gr | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Asprin, enteric coated 325mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Baza cream | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Benadryl | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Betadine solution | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Claritin tablets 10mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Cranberry caplets 450mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Debrox ear wax drops | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Enema fleets | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

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|--|--------------|--------------|--------------|
| Expectorant tablets (mucinex) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Florastor | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Geri-tussion liquid (robatussin sugar free) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Glucose, instant | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Glucosamine tablets 500 mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ibuprofen 200mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ibuprofen 100mg liquid | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Imodium AD | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Lactinex packets | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Lancets | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative DSS 100 mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative DSS diocto liquid 50mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative bisacodyl 5 mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative DSS syringe 60mg/15ml | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative fiber tablets 500mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative fiber powder | Per Box: \$ | Per Box: \$ | Per Box: \$ |

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|--|--------------|--------------|--------------|
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
|--|--------------|--------------|--------------|

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|--|--------------|--------------|--------------|
| Laxative Senna tabs (senokot) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Laxative suppository glycerin | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Microdot control solution | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Microdot test strips | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Milk of Magnesia | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Mineral Oil, heavy 16oz | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Naproxen sodium 220mg (aleve) | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ointment aquaphor | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ointment triple abt | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Ointment zinc oxide | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Oyster shell calcium with vitamin D | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Povidine iodine solution 10% 4oz | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Prilosec OTC | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Prosheild cream | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Refresh tears | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|---|--------------|--------------|--------------|
| Secura ointment | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Stat-loc picc line holder plus | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Sterile water | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Suppositories bisacodyl 10mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Tussin DM | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Unna boot with calamine | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin B-12 | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin, plain | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin vit c 500 mg tablets | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin vit e softgels | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin zinc sulfate 220 mg capsules | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin ferrous sulfate elixir | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin ferrous sulfate 325mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin fish oil 500mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin folic acid 800mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |

| | | | |
|--|--|--|---|
| Vitamin, liquid | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin magnesium oxide 400mg | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin multi vitamin with iron | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin multi vitamin with minerals | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| Vitamin, Ocular | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| | Per Case: \$ | Per Case: \$ | Per Case: \$ |
| | BASE Year II December 1, 2015 - November 30, 2016 | Option Year II December 1, 2016 - November 30, 2017 | Option Year III December 1, 2017 - November 30, 2018 |
| GRAND TOTAL [Per BOX] | Per Box: \$ | Per Box: \$ | Per Box: \$ |
| GRAND TOTAL [Per CASE] | Per Case: \$ | Per Case: \$ | Per Case: \$ |

GLOVES

| | BASE Year II December 1, 2015 - November 30, 2016 | Option Year II December 1, 2016 - November 30, 2017 | Option Year III December 1, 2017 - November 30, 2018 |
|--|--|--|---|
| Latex Disposable Glove SMALL | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |
| Latex Disposable Glove MEDIUM | | | |
| Brand Name | | | |
| Qty per box; | | | |

| | | | |
|--|--|--|--|
| Boxes per case | | | |
| Price Per Box | | | |
| Latex Disposable Glove LARGE | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |
| Latex Disposable Glove XLARGE | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |

| | | | |
|--|--|--|--|
| Nitrile Disposable Glove MEDIUM | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |

| | | | |
|---|--|--|--|
| Vinyl Disposable Glove SMALL | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |

| | | | |
|--|--|--|--|
| Vinyl Disposable Glove MEDIUM | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |

| Vinyl Disposable Glove LARGE | | | |
|--|--|--|---|
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |
| Vinyl Disposable Glove XLARGE | | | |
| Brand Name | | | |
| Qty per box; Boxes per case | | | |
| Price Per Box | | | |
| | BASE Year II December 1, 2015 - November 30, 2016 | Option Year II December 1, 2016 - November 30, 2017 | Option Year III December 1, 2017 - November 30, 2018 |
| TOTAL PRICE FOR ALL SIZES (Price per box) | | | |

*** GLOVE SAMPLES WILL NEED TO BE SUBMITTED WITH PROPOSALS AND WILL BE SELECTED BASED ON QUALITY***

- We are a conventional or self-insured vendor ready to provide Medical and Nursing Home Supplies to the McHenry County Valley Hi Nursing Facility. (Please Initial) _____
- We understand that there may be multiple awardees, and/or the next most responsive responsible bidder will be used if we are unable to fulfill a demand. (Please Initial) _____

THIS PAGE IS MANDATORY.

Please list any value added services provided, rebate programs, etc.

Please list any possible in-servicing, training, or other educational offerings and associated costs / fees

Please describe the ordering and delivery process

Please indicate any minimum order requirements

Please list Quantity packaging (ex: number per box; boxes per case)

***may use additional sheets of paper if needed**

If needed please submit any additional sheets.

THIS PAGE IS MANDATORY

REFERENCES

List three (3) references that you have done similar work, service or supplied similar products to within the last twelve (12) months (Only correct contact names and phone numbers will be acceptable).

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

THIS PAGE IS MANDATORY

**RUBBER STAMPED, FAXED, COPIED, OR TYPED SIGNATURE
WILL DISQUALIFY YOUR BID MUST BE AN ORIGINAL
SIGNATURE**

CERTIFICATIONS

Vendor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended. _____ Yes _____ No

Vendor certifies that it is aware that all contracts for the Construction of Public Works are subject to the Illinois Prevailing Wage Act (820 ILCS 130/1-12) _____ Yes
No

Under penalties of perjury, I certify that _____ is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> *Partnership | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> **Corporation | (IRC 501(a) only) |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Trust or Estate |
| <input type="checkbox"/> Medical and Health Care Services Provider Corporation | |

*State full names, titles and addresses of all responsible principles and/or partners below;

Name: _____ Title: _____

Address: _____

If needed please submit any additional sheets.

THIS PAGE IS MANDATORY

PROPOSER'S CERTIFICATION

I have carefully examined the Bid, Scope of Work, Specifications, and any other documents accompanying or made a part of this Bid.

I hereby propose to furnish the goods or services specified in the Bid. I agree that my proposal will remain firm for a period of up to 120 days in order to allow the County adequate time to evaluate the qualifications submitted.

I verify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Bid on behalf of the firm as its act and deed, and that the firm is ready, willing, and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service. No officer, employee or agent of the County of McHenry or any other proposer is interested in said proposal and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

**State of Incorporation _____

(Individual - Partnership - Company - Corporation)

(Business Address)

(City, State and Zip Code)

(By Printed Name and Signature)

(Title)

(Witness Signature)

(Title)

(Telephone No)

(Fax No.)

(Date)

End of Document