

WILLIAMSON COUNTY BID FORM

MEDICAL SUPPLIES FOR WILLIAMSON COUNTY JAIL

BID NUMBER: 11WCA026

NAME OF BIDDER: Progressive Medical Intl

Mailing Address: 2460 Ash Street

City: Vista State: CA Zip: 92081

Email Address: fshaw@progressivemed.com

Telephone: (800) 764-0636 ext 2292 Fax: (800) 839-9495

Mobile Phone: (760) 272-4148

ITEM #	ESTIMATED QUANTITY PER YEAR	DESCRIPTION OF PRODUCT	VENDOR CATALOG NUMBER	HOW SUPPLIED (for example 50 per box/each/100 per case, etc.)	UNIT COST	COST PER BOX/CASE
General medical supplies						
1	60,000 EA	4 X 4 NON-STERILE GAUZE 11708	226	CS/10 200/PACK	2.44 BX	24.40CS
2	50 BX	ALCOHOL PREP PADS MEDIUM 200 PACKS PER BOX 20400	243	CS/10 BX 200	1.22 BX	12.20 CS
3	20 PKG	CHEM STRIP - 10 TEST STRIPS	NP			
4	5 CS	E.R. LACERATION TRAY SINGLE USE WITH TOOLS 18408	239	EA/CS20	9.88 EA	197.60CS
5	500 EA	INSTANT ICE PACKS 6" X 9" 11405	254	BX 24	8.78 BX	9.78 BX
Diabetic supplies						
6	10 EA	GLUCOMETER KIT - TRUE TRACK SMART SYSTEM 83001	295	EA	11.00 EA	11.00 EA
7	100 BTL	GLUCOMETER TEST STRIPES - TRUE TRACK SMART SYSTEM 83000	295	BX 50	25.00	25.00 BX
8	200 EA	INSTANT GLUCOSE - 15 GRAMS/TUBE 13000	251	3 pack	11.06	11.06 3PK
9	50 BX	INSULIN SYRINGE W/NEEDLE 1CC 28GA 1/2 INCH 18800	95	BX 100	19.65	19.65 BX
10	50,000 EA	LANCETS - UNISTICK 2 19350	296	BX 100	22.22	22.22 BX
Gloves						
11	15,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - SMALL 17640	273	BX 100/CS 10	6.90	69.00 CS
12	40,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - MEDIUM 17641	273	BX 100/CS 10	6.90	69.00 CS
13	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - LARGE 17642	273	BX 100/CS 10	6.90	69.00 CS
14	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - XL 17643	273	BX 100/CS 10	6.90	69.00 CS

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OVER-THE-COUNTER DRUGS/MEDICATION						
15	15 BTL	ACETAMINOPHEN 500 MG 86431	248	125 PK 2'S	5.33 EA	5.33 EA
16	20 BTL	ASA 325MG	NB			
17	5,000 EA	ASPRIN, BABY CHEWABLE TABLETS 14921	248	Ⓟ BTL 36	1.05 BTL	1.05 BTL
18	500 EA	CLOTRIMAZOLE CREAM 1 OZ	N/A	EA	3.18 EA	3.18 EA
19	10 CS	ENSURE PLUS CHOCOLATE FLAVOR 8-OZ	NB			
20	5 BTL	FOLIC ACID 1 MG	NB			
21	300 EA	HYDROCORTISONE CREAM - 1 OZ TUBE 12786	249	EA 24	4.26 EA	4.26 EA
22	100 BTL	IBUPROFEN 200 MG 86432	248	BX 250 2'S	8.53	8.53
23	30 BTL	IODOFORM MEDICATED PACKING STRIP 1/4 INCH BY 5 YARDS	N/A	EA / CS 12	3.53 EA	42.36 CS
24	10 EA	LICTROL SHAMPOO-1 GAL	NB			
25	100 BX	IMODIUM AD 2MG 86425	248	12 PACK	7.15 PK	7.15 PK
26	45 EA	MICONAZOL NITRATE VAG CREAM - 7 2% 45 GM	NB			
27	30 CS	MILK OF MAGNESIA	N/A	EA	2.17	2.17 EA
28	50 BTL	ONE-A-DAY MULTI-VITAMIN	N/A	BTL 250	5.06	5.06 BTL
29	5 BX	ONE STEP HCG PREGNANCY TEST	NB			
30	200 EA	ORABASE WITH BENZOCAINE 5 MG	N/A	EACH	8.40	8.40 EA
31	2,000 EA	ORAJEL MAX .25-OZ TUBE	N/A	EACH	10.67	10.67 EA
32	2,000 EA	PRENATAL VITAMIN NATALINS-RX	N/A	Bottle/100	4.06	406 BTL
33	500 EA	TRIPLE ANTIBIOTIC CREAM 1 OZ 16356	246	BX 144	8.95	8.95 BX
34	400 BX	TUMS/ANTACID 86417	248	BTL 150	6.73	6.73 BTL


low item basis. (Will accept award on "any or all" items.)

"all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)

By signing this form:

- The bidder confirms that he/she has read the entire document and agrees to the terms herein.
- The bidder is acknowledging the Conflict of Interest Clause; and agrees to follow necessary requirements

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

 Date of Bid: 7/19/2000

Signature of Person Authorized to Sign Bid

Printed Name and Title of Signer: Trana Shaw - Government Sales

**DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT
THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID**

BID SPECIFICATIONS

Prices are to be F.O.B. destination (freight included).

Delivery: Individual packages are to be shipped by UPS or FED EX.

Samples are to be provided upon request. Requested samples will be provided within five (5) days from date of request.

The County requires at least a one (1) year expiration date on those products with a limited shelf life.

Provide a catalog or a fact sheet (with pictures preferred) of all items bid. This will allow for positive identification of items bid.

Where a brand name is shown, bid the brand name or equal. If substituting a different brand (or equal), identify the brand being bid, notate the product/order number to be used in ordering, and provide with bid a written description of the substituted product.

Notate on bid the product number, stock number, or catalog number to be used when product is ordered and indicate how product is shipped (each, dozen, box, case, etc.).

During the contract period if a product is discontinued, the county is to be notified immediately so substitutions or other arrangements can be made.

WILLIAMSON COUNTY JAIL – MEDICAL SUPPLIES:

Shipping Address: Attn: Abigail Dass
306 West 4th Street
Georgetown, TX 78626

Billing Address: Attn: Toni Mace
508 South Rock Street
Georgetown, TX 78626

Point Of Contact: Capt. Kathleen Pokluda 512/943-1407

State delivery time after receipt of purchase order 5-7 days.

Delivery time shall be a consideration in the evaluation process.

Awarded bidder is to notify the County immediately if a product is not going to be shipped in time to be received by the County in the above stated time frame.