WILLIAMSON COUNTY BID FORM

MEDICAL SUPPLIES FOR WILLIAMSON COUNTY JAIL

BID NUMBER: 10WCA026 A

NAME OF BIDDER: Progressive Medical International		
Mailing Address: 2460 Ash Street		
City: Vista	State: <u>CA</u> Zip: 92081	
Email Address:jruiz@progressivemed.com		
Telephone: (800) 764-0636	Fax: (_888) 839-9495	_
Mobile Phone: (805)390-4018		

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
Genera	al medical s	upplies				
1	60,000 EA	4 X 4 NON-STERILE GAUZE	36068 Page 190	200/box	2.45	\$2.45 per 200/box
2	5 CS	E.R. LACERATION TRAY SINGLE USE WITH TOOLS	18408 Page200	each	\$9.85	\$9.85 each
3	500 EA	INSTANT ICE PACKS 6" X 9"	11405 Page215	24/Box	\$6.55	\$6.55 per 24/box
Diabet	tic supplies	-				
4	50 BX	INSULIN SYRINGE W/NEEDLE 1CC 28GA 1/2INCH				No/Bid
Gloves						•
5	15,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - SMALL	17009 Page233	100/box	\$7.75	\$7.75 per 100/box
6	40,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - MEDIUM	17010 Page 223	100/box	\$7.75	\$7.75 per 100/bo
7	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - LARGE	17011 Page 233	100/box	\$7.75	\$7.75 per 100/box
8	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - XL	17012 Page 233	100/box	\$7.75	\$7.75 per 100/bo

TEM#	ESTIMATED QUANTITY PER YEAR	DESCRIPTION OF PRODUCT	VENDOR CATALOG NUMBER	HOW SUPPLIED (for example 50 per box/each/100 per case, etc.)	UNIT	COST PER BOX/CASE
OVER	-THE-COUNT	TER DRUGS/MEDICATION				
9	5,000 EA	ASPRIN, BABY CHEWABLE TABLETS	14921 Page208	36/Bottle	\$1.00	\$1.00 per 36/bott
10	45 EA	MICONAZOL NITRATE VAG CREAM - 7 2% 45 GM				No/Bid
11	30 CS	MILK OF MAGNESIA				No/Bid
12	2,000 EA	PRENATAL VITAMIN NATALINS-RX				No/Bid
13	500 EA	TRIPLE ANTIBIOTIC CREAM 1 OZ	16356 Page206	144/packs per box	\$9.35	\$9.35 per 144/pk
16	20 BTL	ASA 325MG				No/Bid

iott itom babis. (***	radoopt award on any or an itemoty	
"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

	'i																				
The	undersigned	l, by l	his/her	· signature	, гер	resents	that	he/she	is	authorized	to	bind	the	bidder	to	f⊔lly	comply	with	the	terms	and
cond	itions of the	attacl	ned In	vitation for	Bid,	Specific	cation	ns, and	Spe	ecial Provi	sion	s for	the	amount	(5)	shov	n on th	ne acc	comp	anying	g bid
shee	t(s).																. /	1			
	. ,					\geq	_	,					- 1	Date of	f Ri	d.	8/4/	/⊅□)		

Signature of Person Authorized to Sign Bid

Printed Name and Title of Signer: Jay R. Ruiz Specialty Market 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 only.

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 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.