WILLIAMSON COUNTY BID FORM

MEDICAL SUPPLIES FOR WILLIAMSON COUNTY JAIL

BID NUMBER: 11WCA026

NAME	OF BIDDER: _	moore medical ILC				
Mailing	Address:	J690 LPW. Britain AV	e			
		city: Farmington	Stat	e: <u>() </u>	M032	
		9		J. J	1.4	
		nall@mmemedical.co				
Telepho	one: (800) 23H-14LOH	Fax: (🔓	77 354-59	10	
Mobile	Phone: (
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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
Gener	al medical s	upplies	4	1.12.2	<u> (*)</u>	4-44
1	60,000 EA	4 X 4 NON-STERILE GAUZE 8 PLY	12278	Pkg 200/20cs	1.87	37.40
2	50 BX	ALCOHOL PREP PADS MEDIUM 200 PACKS PER BOX	48534	200 px/1062	1.20	12.60
3	20 PKG	CHEM STRIPY 10 TEST STRIPS	73 <i>58</i> 6	Phg 100/_	34.57	
4	5 CS	E.R. LACERATION TRAY SINGLE USE WITH TOOLS	80718	EDUN/2003	3.07	61.40
5	500 EA	INSTANT ICE PACKS 6" X 9"	87547	FOCD /3000	.98	29.40
Diabe	tic supplies	· · · · · · · · · · · · · · · · · · ·				
6	10 EA	GLUCOMETER KIT - TRUE TRACK SMART SYSTEM	NB			
7	100 BTL	GLUCOMETER TEST STRIPES - TRUE TRACK SMART SYSTEM	NB			
8	200 EA	INSTANT GLUCOSE - 15 GRAMS/TUBE	80915	3PKQ -	9.64	
9	50 BX	INSULIN SYRINGE W/NEEDLE 1CC 28GA 1/2INCH	58964	100 bx 1500	9.06	45.30
10	50,000 EA	LANCETS - UNISTICK 2 NORMAL	58170	Xdool	12.98	
Gloves	3					-
11 .	15,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - SMALL	48813	100bx/1003	7.64	76.40
12	40,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - MEDIUM	48814	100bx/10c5	7.64	76.4
13	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - LARGE	48815	1001×/1003	7.64	76.40
14	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - XL	4921/	inhy Ana	7.12	76.40

> *60iD In Packs of 3

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OVER	-THE-COUNT	ER DRUGS/MEDICATION				
15	15 BTL	ACETAMINOPHEN 500 MG TODICTS	83981	100bH -	.80	-
16	20 BTL	ASA 325MG	60191	100bH-144C5	.61	87.84
17	5,000 EA	ASPRIN, BABY CHEWABLE TABLETS	64957	.365H	-65	
18	500 EA	CLOTRIMAZOLE CREAM 1 OZ 300m	80452	Ench	1.61	~
19	10 CS	ENSURE PLUS CHOCOLATE FLAVOR 8-OZ	90463	One of 24	23.31	15E
20	5 BTL	FOLIC ACID 1 MG	87448	100041-	294	_
21	300 EA	HYDROCORTISONE CREAM - 1 OZ TUBE	94230	Each	1.20	_
22	100 BTL	IBUPROFEN 200 MG	81707	Janott -	1.71	
23	30 BTL	IODOFORM MEDICATED PACKING STRIP 1/4 INCH BY 5 YARDS	105504	Each 12Cs	2.92	35 04
24	10 EA	LICTROL SHAMPOO-1 GAL	NB			
25	100 BX	IMODIUM AD 2MG	34803	12bx 48cs	4.69	235.12
26	45 EA	MICONAZOL NITRATE VAG CREAM - 7 2% 45 GM	NB			
27	30 65 EA	MILK OF MAGNESIA	94153	Each -	1.20	-
28	50 BTL	ONE-A-DAY MULTI-VITAMIN GOROIC	88014	1000+1 -	1.61	
29	5 BX	ONE STEP HCG PREGNANCY TEST 250X	82789	Each -	17.00	
30	200 EA	ORABASE WITH BENZOCAINE PMG	NB.			
31	2,000 EA	ORAJEL MAX .25-OZ TUBE	94275	Each 1440s	4.41	211-68
32	2,000 EA	PRENATAL VITAMIN NATALINS-RX	NB			
33	500 EA	TRIPLE ANTIBIOTIC CREAM 1 OZ	87188	EUCh	1-22	
34	400 BX	TUMS(ANTACID) 125 PKF-DF2	G4079	Ea. box	4.13	

🔀 low item basis. (Will accept award on "any or all" item	em basis. (Will accept award on "any or all" item	าร.
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\Box	"all or none" hasis	(Will accept award o	of "all" items only	If left blank	low item will a	anniv \
	all of Hotte Dasis	. (VVIII accept award t	n an items only.	II IEIL DIZIIK.	1000 ILEHI WILL A	auuiv. j

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 Bids Appendiage Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

Contract Administration Manager

Date of Bid: 7/19/10

Signature of Person Authorized to Sign Bid

Printed Name and Title of Signer-

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

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.