

# WILLIAMSON COUNTY BID FORM

## MEDICAL SUPPLIES FOR WILLIAMSON COUNTY JAIL

**BID NUMBER: 11WCA026**

NAME OF BIDDER: Prime Source Services

Mailing Address: 386 Route 59, Suite 300

City: Airmont State: NY Zip: 10952

Email Address: matthewn@primesource.ny.com

Telephone: (845) 517-0020 x 26 Fax: (845) 517-0016

Mobile Phone: (203) 982-6598

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
<b>General medical supplies</b>						
1	60,000 EA	4 X 4 NON-STERILE GAUZE	3458	4,000 per Case	.00625	24.50/cs
2	50 BX	ALCOHOL PREP PADS MEDIUM 200 PACKS PER BOX	7147	200 per Pack	.00625	1.25/pc
3	20 PKG	CHEM STRIP - 10 TEST STRIPS	29865	100 per Box	.22	22.00/bx
4	5 CS	E.R. LACERATION TRAY SINGLE USE WITH TOOLS				
5	500 EA	INSTANT ICE PACKS 6" X 9"	3256	24 per Case	.44	10.56/cs
<b>Diabetic supplies</b>						
6	10 EA	GLUCOMETER KIT - TRUE TRACK SMART SYSTEM				
7	100 BTL	GLUCOMETER TEST STRIPES - TRUE TRACK SMART SYSTEM				
8	200 EA	INSTANT GLUCOSE - 15 GRAMS/TUBE				
9	50 BX	INSULIN SYRINGE W/NEEDLE 1CC 28GA 1/2INCH				
10	50,000 EA	LANCETS - UNISTICK 2				
<b>Gloves</b>						
11	15,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - SMALL	7368	1,000 per Case	.0435	43.50/cs
12	40,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - MEDIUM	5776	1,000 per Case	.0435	43.50/cs
13	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - LARGE	5485	1,000 per Case	.0435	43.50/cs
14	45,000 EA	GLOVES MICROFLEX DIAMOND GRIP, POWDER FREE - XL	25375	1,000 per Case	.0435	43.50/cs

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<b>OVER-THE-COUNTER DRUGS/MEDICATION</b>						
15	15 BTL	ACETAMINOPHEN 500 MG	3667	1,000 per Bottle	.00695	83.40/cs
16	20 BTL	ASA 325MG	3654	1,000 per Bottle	.00485	50.20/cs
17	5,000 EA	ASPRIN, BABY CHEWABLE TABLETS	6550	36 per Bottle	.02	8.75/cs
18	500 EA	CLOTRIMAZOLE CREAM 1 OZ	24514	1 per Tube	2.79	2.79/Tb
19	10 CS	ENSURE PLUS CHOCOLATE FLAVOR 8-OZ	4174	24 per Case	.523	12.55/cs
20	5 BTL	FOLIC ACID 1 MG		100 per Bottle	.0635	6.35/cs
21	300 EA	HYDROCORTISONE CREAM - 1 OZ TUBE	3841	1 per Tube	1.35	1.35/Tb
22	100 BTL	IBUPROFEN 200 MG	3662	100 per Bottle	.0153	1.53/BT
23	30 BTL	ODOFORM MEDICATED PACKING STRIP 1/4 INCH BY 5 YARDS				
24	10 EA	LICTROL SHAMPOO-1 GAL				
25	100 BX	IMODIUM AD 2MG	4088	24 per Bottle	.0604	17.40/bx
26	45 EA	MICONAZOL NITRATE VAG CREAM - 7 2% 45 GM				
27	30 CS	MILK OF MAGNESIA				
28	50 BTL	ONE-A-DAY MULTI-VITAMIN				
29	5 BX	ONE STEP HCG PREGNANCY TEST				
30	200 EA	ORABASE WITH BENZOCAINE 5 MG				
31	2,000 EA	ORAJEL MAX .25-OZ TUBE	29960	1 per Tube	5.55	5.55/Tb
32	2,000 EA	PRENATAL VITAMIN NATALINS-RX				
33	500 EA	TRIPLE ANTIBIOTIC CREAM 1 OZ	3850	1 per Tube	2.10	2.10/Tb
34	400 BX	TUMS/ANTACID	3741	96 per Bottle	.0192	1.84/BT

☒ 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).

Signature of Person Authorized to Sign Bid \_\_\_\_\_ Date of Bid: 07/14/10

Printed Name and Title of Signer: MATTHEW NETTLETON, Special Agent

**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 4 <sup>th</sup> 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 3-5 Business 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.