



Requests for Proposals EMS Supplies RFP (2022-036) Town of Salem NH

SALEM PURCHASING

Gia Faccadio, Purchasing Agent

Nicole McGee, Finance Director

Christopher Dillon, Town Manager

Prepared for and in coordination with the

Salem NH Fire Department

Doug Devine, Director of EMS

603-685-6518 (office)

ddevine@salemnh.gov

GENERAL TERMS AND CONDITIONS

PREPARATIONS OF BIDS/PROPOSALS: Proposals shall be submitted on the forms provided and must be signed by the Bidder or his authorized representative. The person signing the proposal shall initial any corrections to entries made on the attached forms.

Vendors must provide pricing on all items appearing on the bid forms unless specific directions in the advertisement, on the bid form or in the special provisions allowed for partial bids. Failure to provide pricing on all items may disqualify the bid. Alternative bids will be considered, unless otherwise stated, only if the alternate is described completely, including, but not limited to, sample, if requested and specifications sufficient so that a comparison to the request can be made.

Any questions or inquiries must be submitted in writing and must be received by the Purchasing Department no later than seven (7) calendar days before the Request for Proposal due date to be considered. Any changes to the Request for Proposal will be provided to all bidders of record.

The name of manufacturer, trade name, or catalog number mentioned in this request for bid description is for the purpose of designating a minimum standard of quality and type. Such references are not intended to be restrictive, although specified color, type of material and specified measurements may be mandatory.

Proposals will be considered for any brand that meets or exceeds the quality of the specifications listed. On all such proposals, the bidder shall specify the product they are proposing and shall supply sufficient data to enable a comparison to be made with the particular brand or manufacturer specified. Failure to submit the above may be sufficient grounds for rejection of the proposal.

SUBMITTED BIDS/PROPOSALS: Proposals must be submitted as directed in the Notice to Qualified Firms, and on the forms provided unless otherwise specified. Proposals must be typewritten or printed in ink. Proposals must be mailed or delivered in person. Proposals that are faxed or emailed will not be accepted.

WITHDRAWING BIDS/PROPOSALS: Proposals may be withdrawn prior to the opening date and time upon written request of the Proposer. Negligence on the part of the Proposer in preparing his/her proposal shall not constitute a right to withdraw a proposal subsequent to the proposal opening.

PROPOSAL EVALUATION: The Town reserves the right to reject any and all proposals received for the following reasons including but not limited to:

- Fails to adhere to one or more of the provisions established in the proposal.
- Fails to submit its proposal at the time or in the format specified herein or to supply the minimum information requested herein.
- Fails to meet the minimum evaluation criteria specified in this proposal.
- Fails to submit its proposal to the required address on or before the deadline date established by the Town.
- Misrepresents its services, experience, and personnel by providing demonstrably false information in its proposal or fails to provide material information.
- Fails to submit its cost on the enclosed bid form.
- Refuses a reasonable request for an interview.
- Refuses to provide clarification requested by the Town.

RECEIPT AND OPENING OF PROPOSALS: Proposals shall be submitted prior to the time fixed in the Request for Sealed Bids/RFP. Proposals received after the time so indicated shall be returned unopened.

PROPOSAL RESULTS: All sealed bids received will be considered confidential and not available for public review until after the bid opening is conducted. Bid and RFP openings will be scheduled and opened accordingly. Results will not be given over the phone. Please send your request in writing or send an email to gfaccadio@saalemnh.gov to receive sealed bid results after the public opening. All Bids, RFP's, and RFQ's will remain unofficial and if applicable confidential until the award has been posted on the Town website.

KNOWLEDGE AND EXPERIENCE: If and as requested per document, provide a description of the firm's knowledge and experience in the industry. Highlight your company's experience to provide the highest quality and effective product and reliable service and support.

REFERENCES: If and as requested per document, projects and accounts within the past ten years best illustrating current qualifications for this project.

AWARD OF CONTRACT: It is the policy of the Town of Salem, NH that contracts are awarded only to responsible bidders. In order to qualify as responsible, a prospective vendor must meet the following standards as they relate to this request:

- Have adequate financial resources for performance or have the ability to obtain such resources as required during performance.
- Have the necessary experience, organization, technical and professional qualifications, skills, and facilities.
- Be able to comply with the proposed or required time of completion or performance schedule; and
- Have a demonstrated satisfactory record of performance.
- Adhere to the specifications of this bid and provide all documentation required of this bid.

The contract will be awarded to the most responsive & responsible bidder based on the best cost, qualifications, and experience, including, the quality of the equipment/ product /materials/services to be provided and the support that the bidder offers during the duration of the contract terms.

EXECUTION OF AGREEMENT: The successful proposer shall sign (execute) the necessary agreements for entering into the contract and return such signed agreements to the town within ten (10) calendar days from the date mailed or otherwise delivered to the successful Proposer.

APPROVAL OF AGREEMENT: Upon receipt of the agreement that has been fully executed by the proposer, the owner will complete the execution of the agreement and return the agreement to the contractor. The Agreement accompanied by a Town issued purchase order will be delivered to the contractor and will constitute a mutual approval and agreement by both parties to abide by the terms and conditions of the agreement.

FAILURE TO EXECUTE AGREEMENT: Failure of the successful proposer to execute the agreement at the date and time agreed upon by the Town and the successful Proposer shall be just cause for cancellation of the award and forfeiture of all deposits.

CONTRACT TERMINATION: If at any time the proposer fails to provide proper services during the contract period, the Town of Salem, NH will have the option to terminate the contract at any time without notice.

RIGHT TO REJECT BIDS: The Town reserves the right to reject any and all sealed bids, should the Town deem it to be in the best interest of the public.

INSURANCE CERTIFICATES: Prior to award of this contract, the Contractor shall submit insurance certificates indicating coverage for all vehicles, public liability, and property damage in the following amounts:

Comprehensive General Liability	\$1,000,000/\$ 1,000,000
Auto Liability: Property Damage	\$1,000,000/\$ 1,000,000
Personal Injury	\$ 1,000,000/\$ 1,000,000
Workmen's Compensation	as required by the State of New Hampshire

PRICING: Unless otherwise specified all prices listed are firm for the term of the contract. All prices should include all labor and material costs, and any discounts offered. All fuel surcharges, delivery charges and miscellaneous charges that are not part of the terms and conditions of this contract will only hold up payment if they are added to the submitted invoice.

INVOICING: Invoices must be physically mailed and/or submitted (emailed invoices unacceptable) to Accounts Payable at:

Town of Salem
c/o Accounts Payable
33 Geremonty Drive
Salem NH 03079.

The invoice must include an itemization of all items, supplies, repairs, labor furnished, including unit list pricing, and net pricing, as identified in the bid award. The total amount due shall be clear and apparent on the invoice for proper payment. Payment terms are net thirty (30) days from the date of the invoice. General terms as allowable: Invoices received before the twentieth of each month should get processed for said month with payment available through said month check disbursement.

TAX: The Town is exempt from all sales and federal excise taxes. Our exemption number is 026000817 Please Invoice less these taxes.

DELIVERY: Deliveries are to be made only to the department or division indicated on the order and in accordance with accepted commercial practices, without extra charge for packing or containers.

GUARANTEES AND WARRANTIES: All parts and labor related to agreements must be guaranteed and include a warranty. If any work is unable to be guaranteed, the contractor must inform the Town, in writing, prior to the delivery of an item or any work being performed.

FORCE MAJEURE: Neither party shall be liable for any inability to perform its' obligations under any subsequent agreement due to war, riot, insurrection, civil commotion, fire, flood, earthquake, storm or any other act of God.

REQUEST FOR BIDS EMS SUPPLIES

You are cordially invited to submit a proposal for EMS Supplies In accordance with the attached specifications, terms, and conditions listed in RFP 2022-036 EMS Supplies, which can be obtained at: www.townofsalemnh.gov/purchasing. The Town is seeking to select a qualified Vendor for EMS Supplies with a need for a vendor supplied tracking system, this is either the vendor performing that function in person or supplying the software to be utilized by Salem Fire Department staff to accomplish this function. This will be a one (1) year bid, and the Town may, at its sole option and discretion, extend the contract with the Contractor on an annual basis for up to two (2) additional years. The Town reserves the right to pursue services with other companies at any time, should it determine it to be in its best interest. **FAXED/EMAILED COPIES WILL NOT BE ACCEPTED. All proposals/bids must be received by September 2, 2022, at 10:00 AM EST. Two (2) copies of the BID Sheet must be signed and submitted in a sealed envelope, plainly marked:**

**RFP 2022-036
EMS SUPPLIES
Town of Salem
Purchasing Office
33 Geremonty Drive
Salem NH 03079**

VENDOR PREFERRED REQUIREMENTS:

- An individual account Representative will be assigned to all three (3) stations of Salem Fire Department (SFD) for Salem Fire Department staff to coordinate all functions of the supplier relationship. If this account representative is changed, notification must be made in writing with notification of the new representative and updated contact information.
- Vendor will do quarterly review with all three (3) SFD of all supplies and services.
- Vendor must be able to supply most of the products listed. Some products must be ordered directly from manufacturer. Consideration in awarding the bid will consider the number of products available. The Town does reserve the right to order any products outside of this agreement.
- If items are on back order for more than seven (7) days, the vendor must inform SFD of the status and the reason for delay. In these situations, SFD has the right to cancel the order and purchase from another source.
- A restocking fee will not be allowed, and the vendor is responsible for all shipping charges on returned items if returned within a reasonable amount of time and reason for return is not due to SFD.
- Inventory management is an essential component of this contract, and the Vendor should be able to supply an inventory tracking system to SFD. A preference towards an inventory management software is preferred. Acceptable methods include an inventory management software or a field representative that comes on site to the three (3) Salem NH fire stations and performs inventory checks and orders supplies as needed. Please describe in the Inventory Management Services section of the Bid, and how your company will provide inventory management services and the lag time between when the order is placed and when it will arrive at the stations.
- Vendor will supply a monthly inventory sheet.

PREFERRED ITEM REQUIREMENTS: Estimates of specific items and quantities are listed in APPENDIX A, and payments will be made on actual items ordered and delivered. The list contains the items needed, and some with specific Vendor's Brand. Please attach a separate proposal to this completed Bid package with pricing.

SELECTION

The selection of one (1) Qualified Vendor will be based on the following with each category representing 20% based on the following:

<i>Highly Advantageous</i>	3-5 points	Response excels on the specific criterion
<i>Advantageous</i>	2 points	Response meets evaluation standard for the criterion
<i>Least Advantageous</i>	1 point	Response does not fully meet the criterion or leaves a question or issue not fully addressed
<i>Does Not Meet</i>	0 points	Does not address the criterion

- **List of Items Needed**
Includes a summary of products needed, some manufacturer specific. Please attach a separate Proposal with rates.
- **Facilities Description**
Provide a detailed summary describing your headquarters, and active supplier accounts you have credit with.
- **Inventory Management Services**
Describe how your company provides inventory management services, ordering process timelines, and delivery methods of products.
- **References**
Vendor will provide at least three (3) complete references from companies that have used the Vendor's services in the past. References must include the following information (must be current):
 1. Reference's organization or company name.
 2. Reference's physical mailing address, phone number and email address.
 3. Contact person.
 4. Description of services provided for each reference.
 5. Provide an Active Accounts/Contract Agreements you currently do work under.

APPENDICES

- A.** List of Items Needed
- B.** Facilities Description
- C.** Inventory Management Services
- D.** References
- E.** Proposal Rate Sheet
- F.** Acknowledgement Forms

APPENDIX A: LIST OF ITEMS NEEDED

LIST OF ITEMS NEEDED

Please attach separate proposal with rates (APPENDIX E)

<u>Products</u>	<u>Specific Vendors</u>	<u>Estimated Quantity</u>
Curaplex® Disposable Hydrophobic Suction Canister, 1200cc	Curaplex	30
Hard Suction Catheters		30
Sterile Suction Connecting Tubing, 9/32in ID x 6ft L		30
Suction Catheter, Disposable, Sterile, Coiled, 6fr		10
Suction Catheter, Disposable, Sterile, Coiled, 16fr		10
Suction Catheter, Disposable, Sterile, Coiled, 8fr		10
Suction Catheter, Disposable, Sterile, Coiled, 12fr		10
Suction Catheter, Disposable, Sterile, Coiled, 14fr		10
Suction Catheter, Disposable, Sterile, Coiled, 10fr		10
Gastric Sump Tube, 16Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 10Fr x 36in L, 3.3mm OD, PVC, Clear		5
Gastric Sump Tube, 18Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 14Fr x 48in L, 4.0mm OD, PVC, Clear		5
Gastric Sump Tube, 12Fr x 48in L, 4.0mm OD, PVC, Clear		5
Smart CapnoLine®, Oral-Nasal, Pediatric, O2 Tubing Female Connector	covidien	20
Smart CapnoLine® Plus, Oral-Nasal, Adult/Intermediate, Tubing Female Connector	covidien	300
FilterLine® H Set, Adult/Pediatric	covidien	50
Bulb Syringe, Non-sterile		10
Sterile Lube		20
Masimo SET® M-LNCS™ Adhesive Sensor, Neonate/Adult	PHYSIO-CONTROL, INC	50
Oxygen Regulator, 0 to 25lpm, with Hose Barb and DISS connection		5
Closed CPAP Mask for use with Zoll - Small		20
Closed CPAP Mask for use with Zoll - Medium		80
Closed CPAP Mask for use with Zoll - Large		80
I-Gel 1.0	INTERSURGICAL INCORPORATED	10
I-Gel 1.5	INTERSURGICAL INCORPORATED	10
I-Gel 2.0	INTERSURGICAL INCORPORATED	10
I-Gel 2.5	INTERSURGICAL INCORPORATED	10
I-Gel 3.0	INTERSURGICAL INCORPORATED	25
I-Gel 4.0	INTERSURGICAL INCORPORATED	50
I-Gel 5.0	INTERSURGICAL INCORPORATED	25
Adult Nebulizer Mask		30
Rusch® QuickTrach® Emergency Cricothyrotomy Kit, Adult	TELEFLEX MEDICAL	3
Chest Decompression Set		6
Adult BVM, Medium Mask		100
Pediatric BVM, Small Mask		5
Infant BVM, Infant Mask		5
Curaplex® Nebulizer Kit Plus	curaplex	50

Bag Assist Nebulizer Kit	Bound tree-Yvaire	40
Oxygen Connecting Tubing, 7ft L, 3/16in ID		6
Nasal Cannula Adult		100
Nasal Cannula Pediatric		30
Non-rebreather - Adult		150
Non-rebreather - Pediatric		30
Thomas ET Tube Holder	LAERDAL MEDICAL CORP.	30
Rescuer MVP Manual Vacuum Pump, Suction Unit, Handheld	Go MFG Innovations, Inc	5
Oral Airway, 90mm		10
Oral Airway, 100mm		10
Oral Airway, 110mm		10
Bougie-To-Go™ ET Tube Introducer with Coude Tip	SUN MED	25
Curaplex® GreenSpec 2 Fiber Optic Laryngoscope Blade, Mac 3	curaplex	5
Curaplex® GreenSpec 2 Fiber Optic Laryngoscope Blade, Mac 4	curaplex	10
Curaplex® Select Greenline/D Fiber Optic Miller Laryngoscope Blade, Large Adult, Size 4	curaplex	10
Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 3.0mm ID	SMITHS MEDICAL ASD, INC.	5
Aircare® Uncuffed Endotracheal Tube w/ Preloaded Stylet, 3.5mm	SMITHS MEDICAL ASD, INC.	5
Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 4.0mm ID	SMITHS MEDICAL ASD, INC.	5
Aircare® Uncuffed Endotracheal Tube with Preloaded Stylet, 4.5mm ID	SMITHS MEDICAL ASD, INC.	5
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 5.0mm	SMITHS MEDICAL ASD, INC.	5
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 5.5mm	SMITHS MEDICAL ASD, INC.	5
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 6.0mm	SMITHS MEDICAL ASD, INC.	5
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 6.5mm	SMITHS MEDICAL ASD, INC.	5
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 7.0mm	SMITHS MEDICAL ASD, INC.	15
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 7.5mm	SMITHS MEDICAL ASD, INC.	15
Aircare® Cuffed Endotracheal Tube with Preloaded Stylet, 8.0mm	SMITHS MEDICAL ASD, INC.	15
Rusch® Nasal Airways, 105mm L, 22fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 110mm L, 24fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 118mm L, 26fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 125mm L, 28fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 127mm L, 30fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 140mm L, 32fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 155mm L, 34fr, Sterile	TELEFLEX MEDICAL	5
Rusch® Nasal Airways, 170mm L, 36fr, Sterile	TELEFLEX MEDICAL	5

Squared Safety Glasses, Clear Lens, Clear Frame		50
Emesis Bags, 1000cc, Standard		100
Exam Gloves, XL		100
Exam Gloves, Large		550
Exam Gloves, Medium		250
Exam Gloves, Small		20
Procedure Face Mask with Ear Loop, Blue, Non-sterile		5000
Antimicrobial Hand Sanitizer, 15oz		50
Polyethylene Coated Shoe Cover, White, One Size Fits All		500
Isolation Gown, Universal, White		2000
fluid resistant mask with faceshield		500
PDI Sani-Cloth Plus Low Alcohol Disposal Wipes, Large, 6in x 6 3/4in	NICE-PAK	200
3M V-Flex Particulate Respirator 9105	3M HEALTH CARE	500
Edge System™ Quik Combo® Electrodes, Adult, 24in L Leadwire	PHYSIO-CONTROL, INC.	80
Edge System™ Quik Combo® RTS Electrodes, Pediatric, 10.2cm x 8.9cm	PHYSIO-CONTROL, INC.	35
Ambu® BlueSensor SP, 50 Pouch	AMBU	300
ECG Chart Paper, Red Grid, LP11, LP12, LP15, 108mm		
Edge System™ Quik Combo® RTS Electrodes, Pediatric, 10.2cm x 8.9cm	PHYSIO-CONTROL, INC.	30
Suction Cup for LUCAS 2	PHYSIO-CONTROL, INC.	60
Fracture Bedpan, Female		10
Urinal with Cover, 32oz		10
Biohazrd Bags 7-10 gal		200
Emergency Blanket, 52in x 84in		200
System 5 Multicuff BP Kits	AMERICAN DIAGNOSTIC CORP.	3
Aneroid Sphygmomanometer, Adult		5
OB Kit with Umbilical Scissors, Boxed		10
Disposable Pen Lights		30
Stethoscope		7
Dual Head Infant Stethoscope		2
Evencare G2 Test Strip, 50 Count Bottle	medline industries	60
Evencare G2 Blood Glucose Meter	medline industries	5
safety lancets		10
Disposable Probe Covers, For SureTemp 690 Thermometers	similar/Bound tree-smith medical	20
Morgan Lens™ Disposable Eye Therapeutic	MORTAN CORPORATION INC	5
Safety control seals		200
Hot Pack, Large		30
Cold Pack, Medium		150
Normal Saline, USP, 500mL		150
Cloth Tape, 1 in x 10 yds		75
Cloth Tape, 3 in x 10 yds		20
Oral glucose		80

Curaplex® Patient Transporter, 1800lb Capacity, 14 Handles	curaplex	5
Wash Basin, Graphite, 6qt		10
Soft restraints		20
Facial Tissue, 100 Sheets/Box		20
Nose Clip, Plastic		20
Ring Cutter		5
via valve Catheter, 22ga x 1in L, Blue	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 16ga x 1-1/4in L, Gray	SMITHS MEDICAL ASD, INC.	5 Boxes of 50
via valve Catheter, 24ga x 3/4in L, Yellow	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 18ga x 1-1/4in L, Green	SMITHS MEDICAL ASD, INC.	10 Boxes of 50
via valve Catheter, 20ga x 1-1/4in L, Pink	SMITHS MEDICAL ASD, INC.	30 Boxes of 50
via valve Catheter, 14ga x 1-1/4in L, Orange	SMITHS MEDICAL ASD, INC.	5 Boxes of 50
Duo-Vent IV Solution Set, 92in L, Clearlink Luer Activated Valve, Interlink Injection Site, Male Luer Lock Adapter	BAXTER HEALTHCARE- DMG	1000
IV Start Kits		1000
Pre-filled Flush Syringes with 0.9% Sodium Chloride, 10mL Fill in 12mL		1200
IV Solution, Sodium Chloride 0.9%, 100ML Bag		100
0.9% Sodium Chloride, 250ml Bag		10
IV Solution 0.9% Sodium Chloride, 500ml Bag		200
Sodium Chloride 0.9%, 1000ml IV Bag		700
0.9% Sodium Chloride Injection, USP, 50mL, Flexible Container		20
3-Way Stopcock, 0.26mL, Spin-lock Connector		20
Patriot IV Extension Set, 8in	CODAN INC	1200
Disposable IV Armboard, 3in x 12in		10
IV Armboards, 1 x 4in		10
Disposable IV Armboard, 2in x 6in		10
IV Armboards, 3 x 9in		10
Infu-Surg® Disposable Pressure Infusion Bag with Bulb and Gauge, 1000cc	ETHOX MEDICAL, LLC	50
Curaplex® Sharps Container, Mailbox/Rotating Lid, 5.4 Quart	curaplex	40
SharpSafety Transportable Sharp Container, 1qt, Red	CARDINAL HEALTH	25
Alcohol Prep Pad, Sterile, Medium		30
Hypodermic Needle-Pro® w/ Safety, Orange, 18G x 1-1/2in	SMITHS MEDICAL ASD, INC.	50
Needle-Pro® Hypodermic Needle with Edge Safety Device, Orange, 25G x 5/8in	SMITHS MEDICAL ASD, INC.	50
Hypodermic Needle, 22ga x 1-1/2in, Black Hub	SMITHS MEDICAL ASD, INC.	50
Syringe Luer-Lok™, 10 mL	BECTON DICKINSON	100
Monoject™ Smart Tip Needleless Vial Access Combination, 16ga Needle, 3 mL Syringe	CARDINAL HEALTH	50
Luer Lock Tip General Purpose Syringe without Needle, 3mL		60
Luer Lock Tip General Purpose Syringe with Cap, 5 to 6mL		60

Luer Lock Tip Hypodermic Syringe without Needle, 20cc		60
Luer-slip Tip Tuberculin Syringe with Needle, 1cc, 27ga x 1/2in	EXEL INTERNATIONAL, INC.	50
MAD Nasal™ Intranasal Mucosal Atomization Device without Syringe	TELEFLEX MEDICAL	70
Blunt Fill Needle w/ 5 micron Filter, 18ga x 1.5in		50
Interlink® Vial Access Cannula, 15ga	BECTON DICKINSON	50
Tegaderm™ Wound Care Dressing, 2-3/8in x 2-3/4in	3M	25
Aspirin Chewable Tablets, 81mg, Orange Flavor, 36/BT		25
2-piece Polyester Vinyl Restraint Strap with Metal Push Button Buckle and Loop-Lok Ends, 7ft L x 2in W, Blue		15
SAM Pelvic Sling™ II, Large	SAM MEDICAL	2
SAM Pelvic Sling™ II, Medium, Orange/Blue	SAM MEDICAL	2
SAM Pelvic Sling™ II, Small	SAM MEDICAL	2
Trauma Shears		10
Prosplint Combo Splint Kit, Adult and Child	MEDSPEC	20
Stifneck® Pedi-Select™ Extrication Collar, Pediatric	LAERDAL MEDICAL CORP.	25
Stifneck® Select™ Extrication Collar, Adult	LAERDAL MEDICAL CORP.	50
2-piece Nylon Restraint Strap with Metal Push Button Buckle and Swivel Speed Clip Ends, 5ft L x 2in W, Yellow		20
Curaplex® Instant Head Immobilizer, Adult	curaplex	5
Curaplex® Instant Head Immobilizer, Child	curaplex	5
Curaplex® Quick-Connect Carrier	CURAPLEX	10
Piston Irrigation Syringe, 60cc	DYNAREX CORPORATION	5
IV Tourniquet, Blue		20 boxes of 100
Combat Application Tourniquet, Tactical Black	NORTH AMERICAN RESCUE PRODUCTS	10
QuikClot Combat Hemostatic Gauze, Black, 3in x 4yd	Z-MEDICA LLC	20
Abdominal Combine Dressing, Sterile, 8in x 10in		10 boxes of 25
Abdominal Combine Dressing, Sterile, 5in x 9in		10 boxes of 25
Sterile Sponge, Non-Woven, 4-ply, 2in x 2in		100
Non-Sterile Sponge, Non-Woven, 4-ply, 4in x 4in		100
Burn Sheet, 60in x 90in		20
SAM Chest Seal with Valve Slim Pack	SAM MEDICAL	20
Rolled Gauze Bandage, Sterile, 6in		200
Conforming Non-sterile Stretch Gauze Bandage, 4in		100
Conforming Non-sterile Stretch Gauze Bandage, 2in		100
Multi-purpose Trauma Dressing, 12in x 30in		35
QuikClot® EMS Rolled Gauze, 3in x 4ft	Z-MEDICA LLC	15
Triangular Bandage, 40in x 40in x 56in		70
SAM® Splint, Aluminum/Foam Folded, Orange/Blue	SAM MEDICAL	20
Vacuum Splint Random Only		40
0.9% Sodium Chloride Solution For Irrigation, 500mL		50

Cohesive Elastic Bandage, 2in, Blue		30
Band-Aid® Adhesive Bandage, 1in x 3in		20 boxes of 100

APPENDIX B: FACILITIES DESCRIPTION

FACILITIES DESCRIPTION

Provide a detailed summary describing headquarters, active supplier accounts you have credit with.

[illegible]

APPENDIX C:
INVENTORY MANAGEMENT SERVICES

INVENTORY MANAGEMENT SERVICES

Describe how your company provides services, ordering process, timelines, and delivery:

[illegible]

APPENDIX D: REFERENCES

PLEASE PROVIDE THREE REFERENCES AS REQUIRED IN BID PACKAGE:

1. Reference's organization or company name.
2. Reference's physical mailing address, phone number and email address.
3. Contact person.
4. Description and/or type(s) of services provided for each reference.

REFERENCE 1:

REFERENCE 2:

REFERENCE 3:

APPENDIX E: PROPOSAL RATE SHEET

PROPOSAL RATE SHEET

Please refer to List of Items Needed (APPENDIX A), and list any additional information needed, and proposed cost should be for quantity listed.

[illegible]

APPENDIX F : ACKNOWLEDGEMENT FORMS

SIGNATORY DECLARATION

I, the undersigned, acknowledge completion and receipt of the Authorized Signatory Declaration Form, and fully understand my responsibility as an Authorized Signatory on this document and all subsequent forms thereof requiring signature. In particular I understand rules regarding the referencing, checking, and verification as necessary for disclosure to award this bid or proposal as requested and defined within this document. The bid document as submitted has not been altered knowing all information must be filled out correctly for consideration. It is hereby understood that the Town of Salem reserves the right to reject any and all proposals or parts of proposals; to waive any defects, information, and minor irregularities; to accept exceptions to these specifications; to award contracts, or to cancel this request, if it is in the Town's best interest to do so.

Written Name of Authorized Signatory: _____

Title: _____

Signature: _____

Date: _____

Company: _____

Address: _____

Phone: _____

Email: _____

NON-COLLUSION STATEMENT

By Submission of the Bid or Proposal, the Bidder Certifies that:

1. This bid or proposal has been independently arrived at without collusion with any other competitor or potential competitor;
2. This bid proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the opening of bids or proposals for this project, to any other bidder, competitor, or potential competitor;
3. No attempt has been made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal;
4. The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as well as to the person signing in its behalf;
5. That attached hereto (if a corporate bidder) is a certified copy of a resolution authorizing the execution of the certificate by the signatory of this bid or proposal on behalf of the corporate bidder.

Signature: _____

Date: _____

INDEMNIFICATION AGREEMENT

The successful vendor agrees to indemnify, investigate, protect, defend, and save harmless the Town of Salem, NH, it's officials, officers, agents, and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers and any other person, firm or corporation furnishing or supplying work, services, materials, equipment or supplies in connection with the performance of this contract and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the vendor in the performance of this contract. In any case, the forgoing provisions concerning indemnification shall not be construed to indemnify the Town for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the Town or its employees. This indemnification shall survive the expiration or early termination of this contract.

Signature: _____

Date: _____

NO BID QUESTIONNAIRE

If you choose not to bid, please complete the questionnaire below and return it with your response by the bid opening date. Your assistance in helping us to analyze no bid rationale is very much appreciated.

A no bid is submitted in reply to the Town of Salem, NH invitation in reference to:

Given the following:

_____ Item not supplied by our company

_____ Bid Specification (Provide reason)

_____ Profit Margin too low

_____ Past experience with the Town of Salem (Provide reason)

_____ Insufficient time allowed to prepare and respond to bid request

_____ Bid requirements (Provide reason)

_____ Priority of other business opportunities limits time

_____ Other reason(s): _____

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.