



MEMORANDUM

Purchasing #15-030  
December 19, 2014

To: Dennis W. Beach, City Manager  
Through: Otis J. Thomas, General Services Director *OT*  
From: Jeffrey English, Purchasing Agent  
Subject: Award Bid E-04-15, Pharmaceuticals for EMS

Contract Need/Background

Bid E-04-15 was issued to establish an annual, open-end contract for the purchase of various pharmaceuticals used by the EMS Division of the Fire Department. The Fire Chief recommends the contract be awarded to the low bidder, Bound Tree Medical LLC. Attached you will find copies of the memorandum and bid award recommendation form submitted by the Fire Department, copies of the bid tabulation, and bid solicitation document.

Bidders List

The Bidders List was created by using companies suggested by the requesting department, companies that have responded to prior bids, companies that have requested their names be placed on the Bid List, and companies from appropriate listings in other source books.

- Number of firms responding with complete bids ..... 1
- Number of firms responding with incomplete bids..... 1

Advertising

The Bid was advertised in the Sun Sentinel, and notices were sent to bid notice agencies throughout the nation. Bid notices are also posted on the City's web page.

Funding

The total annual value of this contract, based on the unit prices from the low bidder, and the estimated quantity of pharmaceutical items that might be required, is \$100,035.91. Pharmaceuticals will be ordered, as needed, from budgeted funds in account 140-2231-522.52-52, EMS Special District Fund/EMS Pharmaceutical Supplies.

Award Recommendation

After reviewing the responses to this bid with the Fire Department, it is recommended that a one-year contract award be made to the low bidder, Bound Tree Medical LLC, at the unit prices bid. The contract period will be one (1) year, commencing upon award by the Commission, with possible renewal, subject to the terms and conditions contained in the bid specifications.

cc: file



**Pompano Beach  
Fire Rescue**

**FIRE ADMINISTRATION  
MEMO # 15-A030**

**To:** Otis Thomas, Purchasing Department  
**From:** Michael Hohl, Division Chief *MH*  
**Date:** 12/18/14  
**Re:** Pharmaceutical Bid Award

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It is recommended that the Pharmaceutical Bid E-04-15 be awarded to Bound Tree Medical, which is the lowest responsive bid. This bid award is necessary in order to purchase the pharmaceuticals needed to provide advanced life support emergency medical services (EMS) in Pompano Beach.

Cc. John Jurgle, Fire Chief

BID AWARD RECOMMENDATION FORM

From: Purchasing Division Jeff English Date 12/11/14

To: Fire Department Attn.: Michael Hohl

Subject: Bid No. E-04-15 Item/service: Pharmaceuticals for EMS

Attached is the Bid Tabulation for subject item/service requisitioned by your department. Please complete this form in order that proper presentation and recommendations may be made to the City Commission for its approval, as appropriate. Your response should be typed. Please return this form to the Purchasing Division within three weeks of receipt.

This form must be accompanied by a memorandum explaining the item/service to be purchased, what it will be used for, stating that it is either a replacement or an additional item, and any other pertinent information which might be requested by the City Commission. This memo should also contain a detailed justification if you are rejecting a low bidder (see below).

1. SOURCE OF FUNDS:

Budgeted Code: 140-2231-522.52-52

Title: EMS Pharmaceutical Supply

2. RECOMMENDATION:

(a) Which bidder do you recommend?

Bound Tree Medical LLC

(b) Is the recommended bid the lowest bid received?

Yes X No       

Note: If you recommend award to other than the low bidder detailed justification must be furnished for rejection of all lower bids, in an accompanying memorandum.

(c) If references were required, were they checked?

Yes        No        Not applicable for this bid X

Signature:  Date: 12-16-2014

Title: Fire Chief  
(Department Head)

CITY OF POMPANO BEACH -- BID TABULATION

Bid #: E-04-15 Title: Pharmaceuticals for EMS

Date 12/11/2014

|          |                   | <b>Bidder:</b>  | <b>Bound Tree Medical LLC<br/>5000 Tuttle Crossing<br/>Dublin, OH 43016</b> | <b>Moore Medical LLC<br/>1690 New Britain Ave.<br/>Farmington, Ct. 06034</b> |
|----------|-------------------|---|---|--|
| Item No. | Est. Annual Usage | Description   |   |  |
| 1        | 125 each          | Adenocard Injection, 3mg/mL, 2mL pre-filled syringe, Fujisawa<br>NDC #00469-823-412   | \$33.95   |  |
|          |                   | Total for 125:  | \$4,243.75  |  |
|          |                   | Mfr. & NDC # quoted:  | Sagent, NDC #25021-0301-67  |  |
| 2        | 50 each           | Adenocard Injection, 3mg/mL, 4mL pre-filled syringe, Fujisawa<br>NDC #00469-823-414   | \$48.00   |  |
|          |                   | Total for 50:   | \$2,400.00  |  |
|          |                   | Mfr. & NDC # quoted:  | Sagent, NDC #25021-0301-68  |  |
| 3        | 30 boxes          | Albuterol sulfate solution for inhalation, strength 0.083%, 3mL plastic vial, 25 vials/box, Dey<br>(this item purchased by the box) | \$3.95  |  |
|          |                   | Total for 30:   | \$118.50  |  |
|          |                   | Mfr. & NDC # quoted:  | Nephron 0487-9501-25  |  |
| 4        | 100 each          | Amiodarone, 50mg/ml 3ml, Needleless pre-filled syringe, IMS   | \$12.49   |  |
|          |                   | Total for 100:  | \$1,249.00  |  |
|          |                   | Mfr. & NDC # quoted:  | Sagent NDC #25021-0302-66   |  |
| 5        | 100 bottles       | Aspirin, baby chewable, 81 mg/tablet, 36 tablets/bottle, Goldline   | \$0.73  |  |
|          |                   | Total for 100:  | \$73.00   |  |
|          |                   | Mfr. & NDC # quoted:  | Geri-Care NDC # 5796-911-36   |  |

CITY OF POMPANO BEACH -- BID TABULATION

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Date 12/11/2014

|          |                   | <b>Bidder:</b>   | <b>Bound Tree Medical LLC<br/>5000 Tuttle Crossing<br/>Dublin, OH 43016</b> | <b>Moore Medical LLC<br/>1690 New Britain Ave.<br/>Farmington, Ct. 06034</b> |
|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
| 6        | 235 each          | Atropine Sulfate Injection, 1mg/10mL, 10mL pre-filled syringe, Abbott NDC #0074-4911-34                          | \$4.81  |  |
|          |                   | Total for 235:   | \$1,130.35  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS 76329-339-1   |  |
| 7        | 10 boxes          | Atropine Sulfate, 0.4mg/1mL, 20mL Multi-dose Vial, box of 10, NDC #0641-2210-43 (this item purchased by the box) | \$434.90  |  |
|          |                   | Total for 10:  | \$4,349.00  |  |
|          |                   | Mfr. & NDC # quoted:   | West-Ward Pharma, NDC 0641-6006-10  |  |
| 8        | 33 each           | Calcium Chloride Injection, 10%, 1 gm 10mL, Needleless pre-filled syringe, IMS                                   | \$5.45  |  |
|          |                   | Total for 33:  | \$179.85  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS NDC #0548-3304-00   |  |
| 9        | 100 each          | Calcium Gluconate Injection, 10%, 1gm/10mL Vial, NDC #0517-3910-25   | \$4.68  |  |
|          |                   | Total for 100:   | \$468.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Frsernius (Abraxis) 63323-0311-10   |  |
| 10       | 20 each           | Cetacaine Spray, 56 grams, WH  | \$78.75   |  |
|          |                   | Total for 20:  | \$1,575.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Cetylite Industries 10223-0201-01   |  |
| 11       | 4 boxes           | Cardizem 5mg/ml, 25mg, VIAL (box of 10) (this item purchased by the box)   | \$24.00   |  |

CITY OF POMPANO BEACH -- BID TABULATION

Bid #: E-04-15 Title: Pharmaceuticals for EMS

Date 12/11/2014

|          |                   | <b>Bidder:</b>   | <b>Bound Tree Medical LLC<br/>5000 Tuttle Crossing<br/>Dublin, OH 43016</b> | <b>Moore Medical LLC<br/>1690 New Britain Ave.<br/>Farmington, Ct. 06034</b> |
|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
|          |                   | Total for 4:   | \$96.00   |  |
|          |                   | Mfr. & NDC # quoted:   | West-Ward Pharma, NDC 0641-6013-10  |  |
| 12       | 30 each           | Dextrose (infant solution) 2.5 gm, 25%, 10mL Needleless pre-filled syringe, IMS  | \$9.05  |  |
|          |                   | Total for 30:  | \$271.50  |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-1775-10  |  |
| 13       | 325 each          | Dextrose 25gm, 50%, 50mL Needleless pre-filled syringe, IMS  | \$8.72  |  |
|          |                   | Total for 325:   | \$2,834.00  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS Limited, 76329-3301-1   |  |
| 14       | 10 boxes          | Diazepam Injection, 5mg/mL, 2mL LL Slim-Pak (Carpject), (box of 10), Abbott NDC #0074-1273-32 (this item purchased by the box) | \$192.00  |  |
|          |                   | Total for 10:  | \$1,920.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-1273-32  |  |
| 15       | 70 each           | Diphenhydramine Hydrochloride Injection, 50mg/mL, 1mL pre-filled syringe, IMS NDC #0548-1390-00                                | \$2.15  |  |
|          |                   | Total for 70:  | \$150.50  |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira, #0409-2290-31  |  |
| 16       | 60 each           | Dopamine Hydrochloride in 5% Dextrose Injection, 250mL pre-mixed bag, Abbott NDC #0074-7809-22                                 | \$12.75   |  |

CITY OF POMPANO BEACH -- BID TABULATION

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|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
|          |                   | Total for 60:  | \$765.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Baxter Healthcare-DMG 0338-1007-02  |  |
| 17       | 90 each           | Epinephrine 1:1000 Injection, 1mg/mL, 30mL vial  | \$8.45  |  |
|          |                   | Total for 90:  | \$760.50  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS Limited 76329-9061  |  |
| 18       | 350 each          | Epinephrine Injection 1:10,000, 0.1mg, 10mL pre-filled syringe, Abbott NDC #0074-4921-34 | \$6.81  |  |
|          |                   | Total for 350:   | \$2,383.50  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS Limited, 76329-3316-1   |  |
| 19       | 70 each           | Glucagon 1mg/ml VIAL with diluent  | \$175.95  |  |
|          |                   | Total for 70:  | \$12,316.50   |  |
|          |                   | Mfr. & NDC # quoted:   | Capital Wholesales, NDC 05539-0004-01                                       |  |
| 20       | 50 each           | Glucose (Insta-Glucose) 15gm Tubes #3  | \$1.16  |  |
|          |                   | Total for 50:  | \$58.00   |  |
|          |                   | Mfr. & NDC # quoted:   | Boulder Brands Level Foods  |  |
| 21       | 10 each           | Hydroxocobalamine (Cyano-kit) 5g, single VIAL kit, Meridian NDC #11704-370-01            | \$914.75  |  |
|          |                   | Total for 10:  | \$9,147.50  |  |
|          |                   | Mfr. & NDC # quoted:   | Meridian Medical, NDC11704-0370-01  |  |

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|          |                   | <u>Bidder:</u>   | <b>Bound Tree Medical LLC<br/>5000 Tuttle Crossing<br/>Dublin, OH 43016</b> | <b>Moore Medical LLC<br/>1690 New Britain Ave.<br/>Farmington, Ct. 06034</b> |
|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
| 22       | 20 boxes          | Ipratropium Bromide Solution for Inhalation, 0.02%, 2.5mL plastic vial, 30 vials/box, Nephron (this item purchased by the box) | \$4.54  |  |
|          |                   | Total for 20:  | \$90.80   |  |
|          |                   | Mfr. & NDC # quoted:   | Nephron 0487-9801-30  |  |
| 23       | 20 each           | Lidocaine 2%, Jelly, 30ml, WH  | \$10.75   |  |
|          |                   | Total for 20:  | \$215.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Akorn 17478-711-30  |  |
| 24       | 30 each           | Magnesium Sulfate 50%,5g/10ml Needleless pre-filled syringe Abbott   | \$22.54   |  |
|          |                   | Total for 30:  | \$676.20  |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-1754-10  |  |
| 25       | 20 each           | Methylene Blue 1%,10mg/ml VIAL NDC #61703-402-32   | \$65.90   |  |
|          |                   | Total for 20:  | \$1,318.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Akorn 17478-0504-10   |  |
| 26       | 4 boxes           | Midazolam (Versed) 1mg/ml, 2ml LL Slim-Pak (Carpject) (10/box) (this item purchased by the box)                                | \$18.75   |  |
|          |                   | Total for 4:   | \$75.00   |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-2306-62  |  |
| 27       | 4 boxes           | Midazolam (Versed) 5mg/ml, 5ml MDV (10/box) (this item purchased by the box)   | \$16.75   |  |
|          |                   | Total for 4:   | \$67.00   |  |
|          |                   | Mfr. & NDC # quoted:   | West-Ward 0641-6059-10  |  |

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|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
| 28       | 3 boxes           | Morphine Sulfate Injection, 10mg/mL, 1mL Slim-Pak (Carpject) (10/box) (this item purchased by the box)   | \$25.70   |  |
|          |                   | Total for 3:   | \$77.10   |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-1893-01  |  |
| 29       | 215 each          | Naloxone Hydrochloride Injection (Narcan), 1mg/mL, 2mL pre-filled syringe, IMS NDC #0548-1469-00         | \$37.95   |  |
|          |                   | Total for 215:   | \$8,159.25  |  |
|          |                   | Mfr. & NDC # quoted:   | IMS, NDC 76329-3369-1   |  |
| 30       | 50 each           | Nitrolingual Pump Spray, 400mcg/spray, 12gm bottle of 200 metered doses, First Horizon NDC #59630-300-20 | \$199.95  |  |
|          |                   | Total for 50:  | \$9,997.50  |  |
|          |                   | Mfr. & NDC # quoted:   | Akrimax, #24090-0410-08   |  |
| 31       | 20 each           | Pralidoxime (Protopam Chloride) 1 gram VIAL, NDC #0046-0374-06   | \$105.75  |  |
|          |                   | Total for 20:  | \$2,115.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Baxter 60977-0141-01  |  |
| 32       | 20 each           | Scopolamine 0.25% Ophthalmic Solution 10 ml, NDC #0469-0268-25   | \$9.75  |  |
|          |                   | Total for 20:  | \$195.00  |  |
|          |                   | Mfr. & NDC # quoted:   | Frsenius (Abraxis) 63323-0268-01  |  |

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|----------|-------------------|---|---|--|
| Item No. | Est. Annual Usage | Description   |   |  |
| 33       | 30 each           | Sodium Bicarbonate Injection, 4.2%, 10mL pre-filled syringe, Abbott NDC #0074-5534-34   | \$12.50   |  |
|          |                   | Total for 30:   | \$375.00  |  |
|          |                   | Mfr. & NDC # quoted:  | Hospira 00409-5534-34   |  |
| 34       | 90 each           | Sodium Bicarbonate Injection, 8.4%, 50mL pre-filled syringe, Abbott NDC #0074-6637-34   | \$9.95  |  |
|          |                   | Total for 90:   | \$895.50  |  |
|          |                   | Mfr. & NDC # quoted:  | IMS Limited, 76329-3352-1   |  |
| 35       | 40 each           | Sodium Thiosulfate 25%, 12.5g/50ml VIAL, NDC #62174-532-74  | \$98.75   |  |
|          |                   | Total for 40:   | \$3,950.00  |  |
|          |                   | Mfr. & NDC # quoted:  | Hope Pharmaceuticals 60267-0705-50  |  |
| 36       | 2 boxes           | Tetracaine Hydrochloride Ophthalmic Solution, drops, 0.5%, unit dose bottle, 12 bottles/box, Bausch & Lomb NDC #24208-920-64 (this item purchased by the box) | \$107.88  |  |
|          |                   | Total for 2:  | \$215.76  |  |
|          |                   | Mfr. & NDC # quoted:  | Capital Wholesale, NDC #24208-920-64  |  |
| 37       | 75 each           | Vasopressin Injection USP Synthetic, 20U/mL, 1mL vial, APP NDC #0517-1020-25  | \$2.34  |  |
|          |                   | Total for 75:   | \$175.50  |  |

CITY OF POMPANO BEACH -- BID TABULATION

Bid #: E-04-15 Title: Pharmaceuticals for EMS

Date 12/11/2014

|          |                   | <b>Bidder:</b>   | <b>Bound Tree Medical LLC</b><br><b>5000 Tuttle Crossing</b><br><b>Dublin, OH 43016</b> | <b>Moore Medical LLC</b><br><b>1690 New Britain Ave.</b><br><b>Farmington, Ct. 06034</b>   |
|----------|-------------------|--|---|--|
| Item No. | Est. Annual Usage | Description  |   |  |
|          |                   | Mfr. & NDC # quoted:   | Fresenius Abraxis 63323-0302-01   |  |
| 38       | 1,000 boxes       | Bacteriostatic NAACL injection, 0.9%, 20mL vial, 25 vials/box, Abbott NDC #0074-1966-07 (this item purchased by the box) | \$24.75   |  |
|          |                   | Total for 1000:  | \$24,750.00   |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira 0409-1966-07  |  |
| 39       | 100 each          | Ondanestron HCL (Zofran) 4mg/2ml VIAL  | \$0.49  |  |
|          |                   | Total for 100:   | \$49.00   |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira, 0409-4755-03   |  |
| 40       | 30 each           | Ketamine HCL 50mg/ml, 10ml VIAL  | \$4.995   |  |
|          |                   | Total for 30   | \$149.85  |  |
|          |                   | Mfr. & NDC # quoted:   | Hospira, NDC 0409-2053-10   |  |
|          |                   | GRAND TOTAL:   | <b>\$100,035.91</b>   |  |
|          |                   | Delivery time ARO:   | 2-3 calendar days   |  |
|          |                   | Addendum Acknowledged  | Yes, Addendum #1  |  |
|          |                   | Notes:   | Lines 20, 31, and Grand Total were corrected for tabulation.                            | Bid cannot be considered or evaluated, did not price all items as per Detail Specifications section J (1) and is being deemed as non-responsive. |



**City of Pompano Beach, Purchasing Division  
1190 N.E. 3rd Avenue, Building C  
Pompano Beach, Florida, 33060**

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**BID E-04-15 -- PHARMACEUTICALS FOR EMS**

November 14, 2014

The City of Pompano Beach is currently soliciting bids to establish an annual contract for the purchase of pharmaceuticals for use by the Fire Department, Emergency Medical Services. Sealed bids will be received until 2:00 p.m. (local), December 11, 2014, in the Purchasing office at 1190 North East 3rd Avenue, Building C, Pompano Beach, Florida. These bids will then be publicly opened at the above time and date in the presence of City officials. Bid openings are open to the public. All bidders and/or their representatives are invited to be present. Bids may not be submitted by facsimile.

Once opened, the bids will be tabulated, evaluated, and presented to the appropriate City officials for contract award.

There are three (3) sections in this bid: Specifications/Special Conditions, General Conditions, and Proposal. Please read all sections thoroughly. Complete the bid in accordance with the instructions and return all numbered pages, initialed at the bottom of each page, when you submit your bid package. Failure to do so may result in the rejection of your bid.

If you need any additional information regarding this bid, please contact Jeff English, Purchasing Agent, at (954) 786-4098.

**SECTION I - SPECIFICATIONS/SPECIAL CONDITIONS**

**A. Intent**

The intent of this bid is to establish an annual, open-end contract for the purchase of pharmaceuticals to be used by the Fire Department, EMS Division, delivered, as and when needed.

**B. Contract Period**

The initial contract period shall be one year, commencing upon award by the appropriate City officials.

The City reserves the right to renew this agreement for two (2) additional one-year periods subject to vendor acceptance, satisfactory performance, and determination that renewal will be in the best interest of the City. All terms, prices and conditions shall remain firm for the initial period of the contract, and any renewal period.

In the event delivery/service is scheduled to end because of the expiration of this contract, the Contractor shall continue to deliver/service upon the request of the General Services Director. The extension period shall not extend for more than ninety (90) days beyond the expiration date of the existing contract. The Contractor shall be compensated for the product/service at the rate in effect when this extension clause is invoked by the City.

C. Quantities

No warranty or guarantee is given or implied as to the total amount to be purchased as a result of this contract. The quantities stated in this bid are estimates of annual usage, to be used for bid comparison purposes only. All Pharmaceuticals will be ordered as needed.

D. Basis of Award

Award will be made to the lowest responsive, responsible bidder based on the grand total. The City requires a source of supply that is experienced in providing pharmaceuticals to Fire/EMS departments; bidders who do not have this experience will not be considered responsible.

E. Pricing

All prices bid shall be F.O.B. destination (freight prepaid and allowed)/delivered to the City of Pompano Beach Fire Department, Fire Administration, 120 S.W. 3rd Street, Pompano Beach, Florida, 33060, or other location within the City specified on an order.

No minimum order quantities shall be stipulated by bidders.

F. Delivery/Completion

Delivery of any item ordered must be completed within two (2) working days after vendor's receipt of order via telephone or other method.

Bidders are to state the number of calendar days after receipt of an order required for delivery. The City seeks a source of supply that will provide accurate and timely delivery. The awarded bidder must adhere to delivery schedules. If, in the opinion of the General Services Director, the successful bidder(s) fail at any time to meet the requirements herein, including the delivery requirements, then the contract may be cancelled upon written notice. See Section II - General Conditions, (6) "Delivery," and (10) "Default," for additional information.

G. Addenda

The issuance of a written addendum is the only official method whereby interpretation, clarification, or additional information can be given. If any addenda are issued to this Bid solicitation the City will attempt to notify all known prospective Bidders, however, it shall be the responsibility of each Bidder, prior to submitting their bid, to contact the City Purchasing Office at (954) 786-4098 to determine if addenda were issued and to make such addenda a part of their Bid proposal. Addenda will be posted to the City's website.

H. Small Business Enterprise Program

The Pompano Beach City Commission has established a voluntary Small Business Enterprise (SBE) Program to encourage and foster the participation of Small Business Enterprises in the central procurement activities of the City. The City of Pompano Beach is strongly committed to ensuring the participation of Small Business Enterprises (SBE's) as contractors and subcontractors for the procurement of goods and services. The definition of a SBE, for the purpose of the City's voluntary program, is taken from the State of Florida Statute 288.703(1).

As of the date of publication of this solicitation, a small business means an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than \$5 million or any firm based in Florida that has a Small Business Administration 8(a) certification. As applicable to sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.

The City encourages all firms to undertake good faith efforts to identify appropriate Small Business Enterprise partners. Sources of information on certified Small Business Enterprises include the Broward County Small Business Development Division, the State of Florida Office of Supplier Diversity, South Florida Water Management District, and other agencies throughout the State. The City includes links to these organizations from the City's website [www.pompanobeachfl.gov](http://www.pompanobeachfl.gov). Please indicate in your response if your firm is a certified Small Business Enterprise.

**Please note that, while no voluntary goals have been established for this solicitation, the City encourages small business participation in *all* of its procurements.**

I. Local Business Program

On March 23, 2010, the City Commission approved a Resolution establishing a Local Business Program, a policy to increase the participation of City of Pompano Beach businesses in the City's procurement process.

You can view the list of City businesses that have a current Business Tax Receipt on the City's website, and locate local firms that are available to perform the work required by the bid specifications. The business information, sorted by business use classification, is posted on the webpage for the Business Tax Receipt Division:

[http://pompanobeachfl.gov/pages/department\\_directory/development\\_services/business\\_tax\\_receipt\\_division/business\\_tax\\_receipt\\_division.html.php](http://pompanobeachfl.gov/pages/department_directory/development_services/business_tax_receipt_division/business_tax_receipt_division.html.php)

**Please note that, while no voluntary goals have been established for this solicitation, the City encourages Local Business participation in *all* of its procurements.**

J. Detail Specifications

1. General

The City will award one contract as a result of this bid. Bidders must be able to provide all items as listed in the bid Proposal section.

2. Order Placement

Orders will be placed as needed, in unit packaging as specified for each item. Delivery must be completed two (2) working days after vendor's receipt of order via telephone or other method. Prices to be quoted F.O.B. delivered to the City of Pompano Beach, Fire Administration, 120 S.W. 3rd Street, Pompano Beach, Florida, 33060, or other various locations within the City of Pompano Beach.

Bidders are to provide detail in their bid proposal on the method to place orders.

3. Return Policy

At a minimum, bidders must agree to the following return policy for expired pharmaceuticals:

- A credit of at least 50% of the cost of the item will be allowed for returned expired pharmaceuticals.
- Pharmaceuticals returned for credit will only be those purchased from your firm, and will be returned within sixty days after expiration.
- Controlled substances will not be returned.
- Credits issued to the City will be valid for at least sixty days.

Bidders are to provide detail in their bid proposal on their return/credit policy for expired pharmaceuticals.

4. Items Required

The bid Proposal section contains a description of each item required, and the estimated quantity of each item to be purchased by the City each year.

Items will be ordered as described (individual pre-filled syringe, bottle, etc.) The vendor will stipulate no minimum order.

Items are described with concentration, packaging, and NDC number if known. All products bid must be equivalent to those specified. Bidders are to furnish complete descriptive information for all items, including the NDC number of the item offered, in their bid proposal.

5. Changes in Protocol

If, during the term of the contract, changes are made to the drug protocol used by the Fire Department, items may be deleted or added to this contract. For additional item(s), the City will request a firm price quote on the item(s) for the remainder of the contract period. If this price is acceptable to the City, a change order will be issued to reflect the revised list of item(s) to be purchased from this contract. The City reserves the right to procure the additional item(s) from another source if the price quoted is considered excessive.

6. References

Bidders are to provide reference information in their bid proposal for other Fire/EMS departments that currently, or have in the past, purchased a similar assortment and volume of pharmaceuticals from your firm. Bidders must have experience in supplying pharmaceuticals to Fire/EMS departments.

K. Insurance

The contractor shall not commence operations, construction and/or installation of improvements pursuant to the terms of this agreement until certification or proof of insurance, detailing terms and provisions of coverage, has been received and approved by the City of Pompano Beach Risk Manager.

The following insurance coverage shall be required.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees). The Contractor further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance

- 1) Naming the City of Pompano Beach as an additional insured, on General Liability Insurance only, in connection with work being done under this contract.
- 2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

C. Real & Personal Property Insurance

The Contractor is responsible for any loss or damage to tools, equipment and supplies at the job site and is also responsible for any loss or damage to buildings being constructed until that building is completed and a certificate of occupancy is issued.

**LIMITS OF LIABILITY**

| Type of Insurance                   | each<br>occurrence                                    | aggregate |
|-------------------------------------|---|-----------|
| <b>GENERAL LIABILITY</b>            | <b>MINIMUM \$1,000,000 OCCURRENCE/AGGREGATE</b>       |           |
| XX comprehensive form               |   |           |
| XX premises - operations            | bodily injury   |           |
| — explosion & collapse              |   |           |
| — hazard                            | property damage                                       |           |
| — underground hazard                |   |           |
| XX products/completed               |   |           |
| operations hazard                   | bodily injury and                                     |           |
| XX contractual insurance            | property damage                                       |           |
| XX broad form property              | combined  |           |
| damage                              |   |           |
| XX independent contractors          |   |           |
| XX personal injury                  | personal injury                                       |           |
| -----                               |   |           |
| <b>AUTOMOBILE LIABILITY</b>         | <b>MINIMUM \$1,000,000 OCCURRENCE/AGGREGATE</b>       |           |
|                                     | bodily injury   |           |
|                                     | (each person)   |           |
|                                     | bodily injury   |           |
|                                     | (each accident)                                       |           |
| XX comprehensive form               | property damage                                       |           |
| XX owned                            |   |           |
| XX hired                            | bodily injury and                                     |           |
| XX non-owned                        | property damage                                       |           |
|                                     | combined  |           |
| -----                               |   |           |
| <b>REAL &amp; PERSONAL PROPERTY</b> |   |           |
| XX comprehensive form               | Organization must show proof they have this coverage. |           |
| -----                               |   |           |

Bidder Name \_\_\_\_\_

**EXCESS LIABILITY**

|                       |                                      |              |              |
|-----------------------|--------------------------------------|--------------|--------------|
| — umbrella form       | bodily injury and<br>property damage |              |              |
| — other than umbrella | combined                             | \$2,000,000. | \$2,000,000. |

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The certification or proof of insurance must contain a provision for notification to the City ten (10) days in advance of any material change in coverage or cancellation.

The successful bidder shall furnish to the City the certification or proof of insurance required by the provisions set forth above, within ten (10) days after notification of award of contract. Certificate(s) to be issued to City of Pompano Beach, Attention Risk Manager, 100 West Atlantic Boulevard, Pompano Beach, Florida, 33060.

L. Questions And Communication

All questions regarding the solicitation are to be submitted in writing to the Purchasing Office, 1190 N.E. 3rd Avenue, Building C (Front), Pompano Beach, Florida 33060, fax (954) 786-4168 or email [purchasing@copbfl.com](mailto:purchasing@copbfl.com). All questions must include the inquiring firm's name, address, telephone number and solicitation name and number. Questions must be received at least seven (7) calendar days before the scheduled solicitation opening. Oral and other interpretations or clarifications will be without legal effect. Any addendum necessary to answer questions will be posted to the City's website, and it is the Proposer's responsibility to obtain all addenda before submitting a response to the solicitation.

SECTION II - GENERAL CONDITIONS

- 1. Submission and Receipt of Bids
  - 1.1. Bidders must use the form furnished by the City.
  - 1.2. Bids having any erasures or corrections must be initialed by the bidder in ink. Bid shall be typewritten or filled in with pen and ink. Manual signature must be in ink.
  - 1.3. It will be the sole responsibility of the bidder to have their bid delivered to the Purchasing office before the closing hour and date shown for receipt of bids.
  - 1.4. Your sealed bid envelope should show the following information:
    - 1.4.1. Your return mailing address in the upper left-hand corner.
    - 1.4.2. Bid Number - write or type the bid number that appears on the first page of the bid form on the line for it on the front of the envelope.
    - 1.4.3. Bid Items - write or type the title of the bid on line "Sealed bid for: \_\_\_\_\_".
  - 1.5. Use the following address for delivery of bids:

City of Pompano Beach  
Purchasing Division  
1190 N.E. 3rd Avenue, Building C  
Pompano Beach, FL 33060
  - 1.6. Late bids will not be considered and will be returned unopened.
  - 1.7. Bids transmitted by email or facsimile will not be accepted.
- 2. Completion of Bid Forms

Bidder is to fill in all of the blank spaces on the bid forms and return all numbered pages. Bidder should initial each page at the bottom to indicate he has read and understands the provisions contained on that page.
- 3. Signature Required

All bids must show the company name and be signed by a company officer or employee who has the authority to bind the company or firm by their signature. UNSIGNED BIDS WILL BE REJECTED. All manual signatures must be original - no rubber stamp, photocopy, etc.
- 4. Prices to be Firm

Bidder certifies that prices, terms and conditions in the bid will be firm for acceptance for a period of ninety (90) days from the date of bid opening unless otherwise stated by the City. Bids may not be withdrawn before the expiration of ninety (90) days. Prices shall be firm, with no escalator clauses unless specified by the City. Bids may be withdrawn after ninety (90) days only upon written notification to the City.

- 5. Extensions

If there is an error in extensions (mathematical calculations), unit prices will prevail.
- 6. Delivery
  - 6.1. All items are to be bid F.O.B. delivered with freight charges prepaid and included, to designated addresses as specified by the City on its purchase order(s) or in letter(s) of authorization.
  - 6.2. Bidder must state specific number of calendar days required for delivery of each item bid in appropriate space on the bid pages for consideration of award of this bid.
  - 6.3. Delivery time will be a factor for any orders placed as a result of this bid. The City reserves the right to cancel such order(s) or any part thereof, without obligation, if delivery is not made within the time(s) specified herein and hold the vendor in default. (See Section 10.)
- 7. Signed Bid Considered an Offer

This signed bid is considered an offer on the part of the bidder, which offer shall be considered accepted upon approval by the City Commission of the City of Pompano Beach (if required). The City of Pompano Beach will issue a purchase order or a letter of authorization to the successful bidder, as authorization for delivery of the items awarded subject to requirements of detailed specifications and those contained herein.

In the event of default on the part of the bidder after such acceptance, the City may take such action as it deems appropriate including legal action for damages or specific performance.
- 8. Quality

All materials used for the manufacture or construction of any supplies, materials or equipment covered by this bid shall be new. The items bid must be new, the latest model, of the best quality and highest grade workmanship unless otherwise specified in this bid by the City.
- 9. Brand Names

Whenever proprietary names are used, (whether or not followed by the words "or approved equal"), the item(s) will be subject to acceptance and/or approval by authorized City personnel, and said personnel will deem it their prerogative to select the item(s) which are lowest bid, item by item, meeting specifications from the information furnished by the bidder with the bid and/or sample inspection or testing of the item(s) called for herein.
- 10. Default Provisions

In the event of default by the bidder, the City reserves the right to procure the item(s) bid from other sources and will hold the bidder responsible for excess costs incurred as a result. A contractor who defaults on a

City contract may be banned from doing business with the City for a period of 36 months from the date of default.

11. Samples

Samples, when requested, must be furnished at, or before, bid opening, (unless otherwise specified), and will be delivered at no charge to the City. If not used and/or destroyed in testing, said sample(s) will, at bidder's request, be returned within thirty (30) days of bid award at bidder's expense. If requested by the City, samples and/or inspection of like items are to be made available in the southeast Florida area.

12. Acceptance of Materials

The material delivered as a result of this bid shall remain the property of the seller until a physical inspection and actual usage of the item(s) is made and thereafter deemed acceptable to the satisfaction of the City, in compliance with the terms and specifications contained herein. In the event that the item(s) supplied to the City is/are found to be defective, or does/do not conform to specifications, the City reserves the right to cancel the order upon written notice to the seller and return the item(s) to the seller at the seller's expense.

13. Manufacturers' Certifications

The City reserves the right to obtain separate manufacturer certification of all statements made in the bid.

14. Copyrights and Patent Rights

Bidder warrants that there has been no violation of copyrights or patent rights in manufacturing, producing and/or selling the item(s) ordered or shipped as a result of this bid, and successful bidder agrees to hold the City harmless from any and all liability, loss or expense by any such violation.

15. Laws and Regulations

All applicable laws and regulations of the Federal government, the State of Florida, and ordinances of the City of Pompano Beach will apply to any resulting bid award.

16. Taxes

The City of Pompano Beach is exempt from any taxes imposed by the State and Federal government. Exemption certificates will be provided upon request. State sales tax exemption certificate #85 8012621672C-6 and Federal exemption tax #59 74 0083K apply and appear on each purchase order.

17. Conflict of Instructions

If a conflict exists between the General Conditions and instructions contained herein, and the Specific Conditions and instructions contained herein, the specifics shall govern.

18. Exceptions to Specifications

For purposes of evaluation, bidder must indicate any exception to the specifications, terms, and/or conditions, no matter how minor. This includes any agreement or contract forms supplied by the bidder that are required to be signed by the City. If exceptions are not stated by the bidder, in his bid, it will be understood that the item(s)/services fully comply with the specifications, terms and/or conditions stated by the City. Exceptions are to be listed by the bidder on an attachment included with his bid. The City will not determine exceptions based on a review of any attached sales or manufacturer's literature.

19. Warranties

The City of Pompano Beach will not accept any disclaimer of the warranties of merchantability and fitness for a particular purpose for the product(s) offered. Proposals will clearly state any additional warranties and guarantees against defective materials and workmanship. A copy of the complete manufacturer's warranty statement is to be submitted with the bid.

20. Retention of Records and Right to Access Clause

The successful bidder shall preserve and make available all financial records, supporting documents, statistical records, and any other documents pertinent to this contract for a period of five (5) years after termination of this contract; or if an audit has been initiated and audit findings have not been resolved at the end of these five (5) years, the records shall be retained until resolution of audit finding.

21. Qualifications/Inspection

Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The General Services Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.

22. Anti-collusion Statement

By submitting this bid, the bidder affirms that this bid is without previous understanding, agreement, or connection with any person, business, or corporation submitting a bid for the same materials, supplies, or equipment, and that this bid is in all respects fair, and without collusion or fraud.

Additionally, bidder agrees to abide by all conditions of this bid and certifies that they are authorized to sign this bid for the bidder. In submitting a bid to the City of Pompano Beach, the bidder offers and agrees that if the bid is accepted, the bidder will convey, sell, assign or transfer to the City of Pompano Beach all rights, title and interest in and to all causes of action it may now or hereafter acquire under the Anti trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the City of Pompano Beach. At the City's discretion, such assignment shall be made

and become effective at the time the City tenders final payment to the bidder.

23. Indemnification

Contractor covenants and agrees that it will indemnify and hold harmless the City and all of the City's officers, agents, and employees from any claim, loss, damage, costs, charge or expense arising out of any act, action, neglect or omission by contractor during the performance of the contract, whether direct, or indirect, and whether to any person or property to which the City of said parties may be subject, except that neither the contractor nor any of its sub-contractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of City or any of its officers, agents, or employees.

24. Reservation for Rejections and Award

The City reserves the right to accept or reject any or all bids or parts of bids, to waive irregularities and technicalities, and to request re-bids. The City also reserves the right to award the contract on such items the City deems will best serve the interests of the City. The City further reserves the right to award the contract on a "split order" basis, or such combination as shall best serve the interests of the City unless otherwise specified.

25. Interpretations

Any questions concerning the conditions and specifications contained in this bid should be submitted in writing and received by the Purchasing Division no later than seven (7) calendar days prior to the bid opening. The City of Pompano Beach shall not be responsible for oral interpretations given by any City personnel or representative or others. The issuance of a written addendum is the only official method whereby interpretation, clarification or additional information can be given.

26. Failure to Respond

If you elect not to bid, please return enclosed "Statement of No Response" form by the bid due date, and state your reason(s) for not bidding. Failure to respond, either by submitting a bid, or by submitting a "Statement of No Response" form, may result in your name being removed from our mailing list.

27. Bid Tabulations

Tabulations are posted to the Purchasing page of the City's website. Bidders who wish to receive a copy of the bid tabulation should request it by enclosing a stamped, self addressed envelope with their bid, or by requesting a tabulation be sent to their fax machine. Bid results will not be given out by telephone. The City does not notify unsuccessful bidders of contract awards.

28. Assignment

Successful bidder may not assign or transfer this contract, in whole or part, without prior written approval of the City of Pompano Beach.

29. Termination for Convenience of City

Upon seven (7) calendar days written notice delivered by certified mail, return receipt requested, to the successful bidder, the City may without cause and without prejudice to any other right or remedy, terminate the agreement for the City's convenience whenever the City determines that such termination is in the best interest of the City. Where the agreement is terminated for the convenience of the City the notice of termination to the successful bidder must state that the contract is being terminated for the convenience of the City under the termination clause and the extent of the termination. Upon receipt of such notice, the contractor shall promptly discontinue all work at the time and to the extent indicated on the notice of termination, terminate all outstanding sub-contractors and purchase orders to the extent that they relate to the terminated portion of the contract and refrain from placing further orders and subcontracts except as they may be necessary, and complete any continued portions of the work.

30. Public Entity Crimes

In accordance with Florida State Statute 287.133 (2)(a): A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided s. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

31. Governing Procedures

This bid is governed by the applicable sections of the City's General Services Procedures Manual. A copy of the manual is available for review at the City Purchasing office.

32. Identical Tie Bids

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process.

Established procedures for processing tie bids will be followed if none of the tied vendors have a Drug-free Workplace Program. In order to have a Drug-free Workplace Program, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States of any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.
33. Invoicing/Payment  
  
All invoices should be sent to City of Pompano Beach, Accounts Payable, P.O. Drawer 1300, Pompano Beach, Florida, 33061. In accordance with Florida Statutes, Chapter 218, payment will be made within 45 days after receipt of merchandise and a proper invoice. The City will attempt to pay within fewer days if bidder offers a payment discount. The City cannot make advance payments, make deposits in advance of receipt of goods, or pay C.O.D.
34. Optional Contract Usage  
  
As provided in Section 287.042(17), Florida Statutes, State of Florida agencies may purchase from a contract resulting from this solicitation, provided the Department of Management Services, Division of Purchasing, has certified its use to be cost effective and in the best interest of the State. Contractor(s) may sell such commodities or services certified by the Division to State of Florida agencies at the contractor's option.
35. Non Discrimination  
  
There shall be no discrimination as to race, color, religion, gender, national origin, ancestry, and physical or mental disability in the operations conducted under

- this contract. Included as applicable activities by the contractor under this section are the solicitation for, or purchase of, goods or services, or the subcontracting of work in performance of this contract.
36. Notice To Contractor  
  
The employment of unauthorized aliens by any contractor is considered a violation of Section 274A(e) of the Immigration and Nationality Act. If the contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract.
  37. Costs Incurred by Bidders  
  
All expenses associated with the preparation and/or presentation and submission of bids to the City, or any work performed in connection therewith, shall be the sole responsibility of the Bidder and shall not be reimbursed by the City.
  38. Public Records
    - 1) Any material submitted in response to this solicitation will become a public document pursuant to Section 119.071, Florida Statutes. This includes material which the responding bidder/proposer might consider to be confidential or a trade secret. Any claim of confidentiality is waived upon submission, effective after opening pursuant to Section 119.071, Florida Statutes.
    - 2.1) The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law. Specifically, the Contractor shall:
      - a. Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service;
      - b. Provide the public with access to such public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed that provided in chapter 119, Fla. Stat., or as otherwise provided by law;
      - c. Ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed except as authorized by law; and
      - d. Meet all requirements for retaining public records and transfer to the City, at no cost, all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the City in a format that is compatible with the information technology systems of the agency.
    - 2.2) The failure of Contractor to comply with the provisions set forth in this Article shall constitute a Default and Breach of this Agreement and the City shall enforce the Default in accordance with the provisions set forth herein.

Bidder Name \_\_\_\_\_

SECTION III - PROPOSAL

**IMPORTANT!!!**  
**BID MUST BE SIGNED TO BE CONSIDERED FOR AWARD**  
**PER GENERAL CONDITIONS SECTION 3**

| Item No. | Est. Annual Usage | Description   | Unit Price      | Total Price |
|----------|-------------------|---|-----------------|-------------|
| 1.       | 125 each          | Adenocard Injection, 3mg/mL, 2mL<br>Needleless pre-filled syringe,<br>Fujisawa NDC #00469-823-412<br>Mfr. & NDC # quoted: _____   | \$ _____ each   | \$ _____    |
| 2.       | 50 each           | Adenocard Injection, 3mg/mL, 4mL<br>Needleless pre-filled syringe,<br>Fujisawa NDC #00469-823-414<br>Mfr. & NDC # quoted: _____   | \$ _____ each   | \$ _____    |
| 3.       | 30 boxes          | Albuterol sulfate solution for<br>inhalation, strength 0.083%, 3mL<br>plastic vial, 25 vials/box, Dey (this<br>item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$ _____ box    | \$ _____    |
| 4.       | 100 each          | Amiodarone, 50mg/ml 3ml,<br>Needleless pre-filled syringe, IMS<br>Mfr. & NDC # quoted: _____  | \$ _____ each   | \$ _____    |
| 5.       | 100 bottles       | Aspirin, baby chewable, 81<br>mg/tablet, 36 tablets/bottle, Goldline<br>Mfr. & NDC # quoted: _____  | \$ _____ bottle | \$ _____    |
| 6.       | 235 each          | Atropine Sulfate Injection,<br>1mg/10mL, 10mL Needleless<br>pre-filled syringe, Abbott NDC<br>#0074-4911-34<br>Mfr. & NDC # quoted: _____                               | \$ _____ each   | \$ _____    |

\_\_\_\_\_ Initial

Bidder Name \_\_\_\_\_

| Item No. | Est. Annual Usage | Description  | Unit Price   | Total Price |
|----------|-------------------|--|--------------|-------------|
| 7.       | 10 boxes          | Atropine Sulfate, 0.4mg/1mL, 20mL Multi-dose Vial, box of 10, NDC #0641-2210-43 (this item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$_____ box  | \$_____     |
| 8.       | 33 each           | Calcium Chloride Injection, 10%, 1 gm 10mL, Needleless pre-filled syringe, IMS<br>Mfr. & NDC # quoted: _____                                   | \$_____ each | \$_____     |
| 9.       | 100 each          | Calcium Gluconate Injection, 10%, 1gm/10mL Vial, NDC #0517-3910-25<br>Mfr. & NDC # quoted: _____   | \$_____ each | \$_____     |
| 10.      | 20 each           | Cetacaine Spray, 56 grams, WH<br>Mfr. & NDC # quoted: _____  | \$_____ each | \$_____     |
| 11.      | 4 boxes           | Cardizem 5mg/ml, 25mg, VIAL (box of 10) (this item purchased by the box)<br>Mfr. & NDC # quoted: _____   | \$_____ box  | \$_____     |
| 12.      | 30 each           | Dextrose (infant solution) 2.5 gm, 25%, 10mL Needleless pre-filled syringe, IMS<br>Mfr. & NDC # quoted: _____                                  | \$_____ each | \$_____     |
| 13.      | 325 each          | Dextrose 25gm, 50%, 50mL Needleless pre-filled syringe, IMS<br>Mfr. & NDC # quoted: _____  | \$_____ each | \$_____     |

\_\_\_\_\_ Initial

Bidder Name \_\_\_\_\_

| Item No. | Est. Annual Usage | Description  | Unit Price    | Total Price |
|----------|-------------------|--|---------------|-------------|
| 14.      | 10 boxes          | Diazepam Injection, 5mg/mL, 2mL LL Slim-Pak (Carpject), (box of 10), Abbott NDC #0074-1273-32 (this item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$ _____ box  | \$ _____    |
| 15.      | 70 each           | Diphenhydramine Hydrochloride Injection, 50mg/mL, 1mL Needleless pre-filled syringe, IMS NDC #0548-1390-00<br>Mfr. & NDC # quoted: _____                     | \$ _____ each | \$ _____    |
| 16.      | 60 each           | Dopamine Hydrochloride 400mg in 5% Dextrose Injection, 250mL pre-mixed bag, Abbott NDC #0074-7809-22<br>Mfr. & NDC # quoted: _____                           | \$ _____ each | \$ _____    |
| 17.      | 90 each           | Epinephrine 1:1000 Injection, 1mg/mL, 30mL vial<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 18.      | 350 each          | Epinephrine Injection 1:10,000, 1mg/10mL Needleless pre-filled syringe, Abbott NDC #0074-4921-34<br>Mfr. & NDC # quoted: _____                               | \$ _____ each | \$ _____    |
| 19.      | 70 each           | Glucagon 1mg/ml VIAL with diluent<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 20.      | 50 each           | Glucose (Insta-Glucose) 15gm Tubes #3<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 21.      | 10 each           | Hydroxocobalamine (Cyano-kit) 5g, single VIAL kit, Meridian NDC #11704-370-01<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |

\_\_\_\_\_ Initial

Bidder Name \_\_\_\_\_

| Item No. | Est. Annual Usage | Description  | Unit Price    | Total Price |
|----------|-------------------|--|---------------|-------------|
| 22.      | 20 boxes          | Ipratropium Bromide Solution for Inhalation, 0.02%, 2.5mL plastic vial, 30 vials/box, Nephron (this item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$ _____ each | \$ _____    |
| 23.      | 20 each           | Lidocaine 2%, Jelly, 30ml, WH<br>Mfr. & NDC # quoted: _____  | \$ _____ box  | \$ _____    |
| 24.      | 30 each           | Magnesium Sulfate 50%,5g/10ml<br>Needleless pre-filled syringe Abbott<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 25.      | 20 each           | Methylene Blue 1%,10mg/ml VIAL<br>NDC #61703-402-32<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 26.      | 4 boxes           | Midazolam (Versed) 1mg/ml, 2ml LL Slim-Pak (Carpject) (10/box) (this item purchased by the box)<br>Mfr. & NDC # quoted: _____                                | \$ _____ each | \$ _____    |
| 27.      | 4 boxes           | Midazolam (Versed) 5mg/ml, 5ml MDV (10/box) (this item purchased by the box)<br>Mfr. & NDC # quoted: _____   | \$ _____ box  | \$ _____    |
| 28.      | 3 boxes           | Morphine Sulfate Injection, 10mg/mL, 1mL Slim-Pak (Carpject) ) (10/box) (this item purchased by the box)<br>Mfr. & NDC # quoted: _____                       | \$ _____ box  | \$ _____    |
| 29.      | 215 each          | Naloxone Hydrochloride Injection (Narcan), 1mg/mL, 2mL Needleless pre-filled syringe, IMS NDC #0548-1469-00<br>Mfr. & NDC # quoted: _____                    | \$ _____ box  | \$ _____    |

\_\_\_\_\_ Initial

Bidder Name \_\_\_\_\_

| Item No. | Est. Annual Usage | Description   | Unit Price    | Total Price |
|----------|-------------------|---|---------------|-------------|
| 30.      | 50 each           | Nitrolingual Pump Spray, 400mcg/spray, 12gm bottle of 200 metered doses, First Horizon NDC #59630-300-20<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 31.      | 20 each           | Pralidoxime (Protopam Chloride) 1 gram VIAL, NDC #0046-0374-06<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 32.      | 20 each           | Scopolamine 0.25% Ophthalmic Solution 10 ml, NDC #0469-0268-25<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 33.      | 30 each           | Sodium Bicarbonate Injection, 4.2%, 10mL Needleless pre-filled syringe, Abbott NDC #0074-5534-34<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 34.      | 90 each           | Sodium Bicarbonate Injection, 8.4%, 50mL Needleless pre-filled syringe, Abbott NDC #0074-6637-34<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 35.      | 40 each           | Sodium Thiosulfate 25%, 12.5g/50ml VIAL, NDC #62174-532-74<br>Mfr. & NDC # quoted: _____  | \$ _____ each | \$ _____    |
| 36.      | 2 boxes           | Tetracaine Hydrochloride Ophthalmic Solution, drops, 0.5%, unit dose bottle, 12 bottles/box, Bausch & Lomb NDC #24208-920-64 (this item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$ _____ each | \$ _____    |
| 37.      | 75 each           | Vasopressin Injection USP Synthetic, 20U/mL, 1mL vial, APP NDC #0517-1020-25<br>Mfr. & NDC # quoted: _____  | \$ _____ box  | \$ _____    |

\_\_\_\_\_ Initial

Bidder Name \_\_\_\_\_

| Item No.                     | Est. Annual Usage | Description   | Unit Price    | Total Price     |
|------------------------------|-------------------|---|---------------|-----------------|
| 38.                          | 1,000 boxes       | Bacteriostatic NACL injection, 0.9%, 20mL vial, 25 vials/box, Abbott NDC #0074-1966-07 (this item purchased by the box)<br>Mfr. & NDC # quoted: _____ | \$ _____ each | \$ _____        |
| 39.                          | 100 each          | Ondanestron HCL (Zofran) 4mg/2ml vial<br>Mfr. & NDC # quoted: _____   | \$ _____ each | \$ _____        |
| 40.                          | 30 each           | Ketamine HCL 50mg/ml, 10ml vial<br>Mfr. & NDC # quoted: _____   | \$ _____ each | \$ _____        |
| <b>GRAND TOTAL . . . . .</b> |                   |   |               | <b>\$ _____</b> |

State manufacturer/model bid: \_\_\_\_\_

(Include complete descriptive literature with your bid)

A copy of the complete manufacturer's warranty statement is to be submitted with the bid.

State location for obtaining parts and service during and after the warranty period:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_

Delivery time after receipt of order \_\_\_\_\_ calendar days.

If awarded the contract resulting from this bid, will your company agree to extend the same prices, terms and conditions to other governmental entities? (Note -- Optional, agreement not required for contract award.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If awarded the contract resulting from this bid, will your company agree to sell additional items at the awarded contract price? Yes \_\_\_\_\_ No \_\_\_\_\_

State the time period applicable for such additional purchases: \_\_\_\_\_

Conflict of Interest: For purposes of determining any possible conflict of interest, all bidders must disclose if any City of Pompano Beach employee is also an owner, corporate officer, or employee of their business. Indicate either "Yes" (a City employee is also associated with your

Bidder Name \_\_\_\_\_

business), or "No". If yes, give person(s) name(s) and position(s) with your business. (Note: If answer is "Yes", you must file a statement with the Supervisor of Elections, pursuant to Florida Statutes 112.313.)

No \_\_\_ Yes \_\_\_ Name & position \_\_\_\_\_

Drug-Free Workplace: Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. If bidder's company has a Drug-free Workplace Program as outlined in General Conditions, section 32., so certify below:

Yes, bidder has a drug-free workplace program \_\_\_ No \_\_\_\_\_

Is your company a Small Business Enterprise? (if yes, please provide a copy of your certification)

Yes \_\_\_ No \_\_\_\_\_

Name & address of company submitting bid:

.....  
.....  
..... zip .....

Federal Employer Identification #: .....

Telephone number: .....

"Fax" number: .....

Email: .....

Acknowledgment of the following Addenda is noted:

Addendum Number(s) \_\_\_\_\_ Date(s) Issued \_\_\_\_\_

**Manual signature of company officer:** .....

IMPORTANT!!! -- SIGN IN BOX ABOVE ↑, TYPE OR PRINT NAME BELOW ↓

Signer's name (typed or printed): .....

Bidder Name \_\_\_\_\_

Title of signer: .....

\*\*\* Submit one (1) original bid, and one (1) copy. Submit two (2) original copies of all enclosures such as brochures, manuals, etc.

\*\*\* Submit copy of the manufacturers' warranty.

Bidder Name \_\_\_\_\_

**STATEMENT OF NO RESPONSE  
E-04-15, PHARMACEUTICALS FOR EMS**

If you do not intend to bid on this requirement, please complete and return this form by the bid opening deadline to the City of Pompano Beach Purchasing Division, Building C, 1190 N.E. 3<sup>rd</sup> Avenue, Pompano Beach, Florida 33060; this form may be faxed to (954) 786-4168. Failure to respond, either by submitting a bid, or by submitting a "Statement of No Response" form, may result in your firm's name being removed from our mailing list.

WE, the undersigned, have declined to bid on this solicitation for the following reason(s):

- \_\_\_\_\_ We do not offer this product or an equivalent
- \_\_\_\_\_ Our workload would not permit us to perform
- \_\_\_\_\_ Insufficient time to respond to the Invitation for Bid
- \_\_\_\_\_ Unable to meet specifications (explain below)
- \_\_\_\_\_ Other (specify below)

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SIGNATURE/TITLE \_\_\_\_\_

DATE \_\_\_\_\_