

CITY OF NORTH PORT PURCHASING DIVISION

EMS SUPPLIES, EQUIPMENT, AND PHARMACEUTICALS

BID NO. 2025-37

DUE - APRIL 12, 2025 2:00PM

5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

June 10, 2025

City of North Port Purchasing Division 4970 City Hall Boulevard Room 337A North Port, FL 34286

Dear Purchasing:

Bound Tree Medical is pleased to offer the attached proposal for the City of North Port EMS SUPPLIES, EQUIPMENT, AND PHARMACEUTICALS Bid No. 2025-37. Please review the following proposal for Bound Tree's competitive bid pricing. We want to emphasize our continued commitment to you to provide the most complete offering of products and services.

The proposal includes the following:

Bid Proposal

- Bid General Provisions & Specifications
- Signed Bid Document
- Proposal Information & Pricing
- Bound Tree Medical Item Numbers, Descriptions and Selling Unit of Measure/Prices

About Bound Tree Medical

- Additional Customer References
- Bound Tree Distribution Network
- Customer Service Information
- Return & Warranty Information
- Online Ordering Capabilities
- Bound Tree Certificates of Insurance
- Bound Tree W-9

Solutions and Services

- BTM Pharmaceutical Advantage & VAWD Certification
- Curaplex and Kitting
- Bound Tree Subscriptions
- Inventory Management
- EMS Advocacy
- Disaster Program Information
- Access to Continuing Education

We thank you again for the opportunity to provide all your EMS equipment and information needs. If you require additional information, our contact information is below.

Rick Braun
Account Manager
614.932.2098
Rick Braun@boundtree.com

Dwight Lowry
Pricing Analyst, Bids and Contracts
614.760.5235
Dwight.Lowry@boundtree.com

SECTION III. Check list followed by attachments 1-17

| BIDDER CHECKLIST ATTACHMENTS TO BE COMPLETED AND RETURNED WITH BID | SUBMIT THIS CHECKLIST |
|---|-----------------------|
| SEALED RFB ENVELOPE LABEL | |
| | Check (√) |
| ATTACHMENT 1: Excel Tabulation Price Sheet (must complete and Submit in Excel format on USB DRIVE). DO NOT RECREATE THIS FORM | / |
| ATTACHMENT 2: Insurance Requirements and Acknowledgement (page 34 acknowledgment to be submitted) | √ |
| ATTACHMENT 3: Bid Form | V_ |
| ATTACHMENT 4: Statement of Organization | V_ |
| ATTACHMENT 5: Addenda Form | √ |
| ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List | NOT REQUIRED |
| ATTACHMENT 7: Qualifications and References | |
| ATTACHMENT 8: Non-Collusive Affidavit | V . |
| ATTACHMENT 9: Conflict of Interest | V , |
| ATTACHMENT 10: Public Entity Crime Information | V. |
| ATTACHMENT 11: Drug-Free Workplace Form | √ |
| ATTACHMENT 12: Affidavit Claiming Status as a Local Business or North Port Local Business Status (If not claiming, state N/A) | N/A |
| ATTACHMENT 13: Scrutinized Company Certification Form | √ , |
| ATTACHMENT 14: Lobbying Certification | V / |
| ATTACHMENT 15: Vendor's Certification For E-Verify System | \ , |
| ATTACHMENT 16: FOREIGN ENTITY AFFIDAVIT | V/ |
| ATTACHMENT 17: HUMAN TRAFFICKING AFFIDAVIT | |

ENVELOPES MUST BE MARKED "SEALED BID ENVELOPE LABEL BELOW (NEXT PAGE)".

PLEASE NOTE: Courier Packages (Fedex, UPS, etc.) shall be clearly marked.

If not using label provided on the next page, please include the following on the outside envelope: COMPANY NAME, RFB #, RFB TITLE, DATE DUE, TIME DUE, SUBMITTED BY, NAME OF COMPANY, E-MAIL ADDRESS, TELEPHONE.

| Date: | 06/10/2025 | |
|------------|-------------------------------------|--------------------------------|
| Signed (Pe | erson authorized to bind the compan | v): |
| , | , | |
| Name (pri | inted):Corey Case | Title: Chief Marketing Officer |

ATTACHMENT 1:

EXCEL TABULATION

SEPARATE ATTACHMENT

- DO NOT RECREATE
- COMPLETE AND SUBMIT IN EXCEL FORMAT ON USB DRIVE

It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or less than those shown.

Preparation of Bid Schedules: Contractor <u>MUST</u> use the City provided <u>excel spreadsheet</u>. DO NOT RECREATE FORM. All blank spaces in the Bid Form to be filled. Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the blocks. Bidder must identify a monetary amount for each <u>UNIT COST</u> (unless the unit price is "x" out by the City). UNIT COST prevails over EXTENDED COST. Failure to identify a monetary amount in any of the UNIT COST line items shall cause Bidder to be deemed non-responsive and bid response be rejected. In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.

Attachment A Bid Schedule for RFB 2025-37

| \$4.22 Sub: Item# 118043 - Sold as EA/1 \$4.22 | \$4.22 | Ea | 690 | ampton | Blanket, emergency, disposible, 60" x 90", yellow |
|---|-----------|-----------|----------------------------------|---------------|---|
| | \$0.40 | בי ב | 4010T | ADC | Bite stick |
| 9 Sold as EA/1 \$1.59 | \$1.59 | Ea | DYNC8522 | ne Industries | |
| 4 Sold as EA/1 \$144.64 | \$144.64 | Ea | 780800 | | Battery, Laerdal Suction Unit |
| \$194.45 Item# LPT757 - Sold as EA/1 \$194.45 | \$194.45 | Ea | | | Bariatric Transfer Sheet |
| 0 Sold as BX/12 \$4.8 | \$0.40 So | Ea | 3680 | Dynarex | |
| 2 Sold as BX/12 \$1.44 | \$0.12 | Ea | 3104 | Dynarex | × 4' |
| So | \$0.01 | Ea | 3611 | | Bandage, adhesive (Band-aid), 3/4"x 3" |
| 9 Sold as EA/1 \$0.49 | \$0.49 | Ea | 3664 | | |
| ס | NO BID | Ea | 45-50 | Medegen | Bag, infectious waste, red, 1.25 mil, 16gal |
| 3 Sold as EA/1 \$135.43 | \$135.43 | Ea | Ultra Vue 18, Blue, Without Pins | Iron Duck | Backboard, plastic |
| ₹ | \$79.36 | Ea | | | //case |
| Sc | \$22.76 | Ea | 0409491134 | Hospira | .0ml |
| 4 ltem# 911316 - Sold as BT/36 \$0.74 | \$0.74 | Bottle/36 | | | Aspirin, Chewable, 81mg, 36 count |
| 4 Sold as EA/1 \$10.14 | \$10.14 | Ea | | | |
| 0 Sold as BX/10 \$2.6 | \$2.60 | Box | 62022 | Safetec | |
| 5 Sold as PK/25 \$61.25 | \$2.45 | vial | | | Amiodarone 150mg, 50mg/ml, 3ml Vial |
| S | \$7.04 | Box/30 | 0487-9501-01 | armaceuticals | Albuterol Sulfate 0.083% 2.5mg, 3ml, Individually Wrapped |
| S | \$25.66 | Ea | 8705030 | | Airway, supraglottic, size 5, Resus Pack |
| 6 Sold as EA/1 \$25.66 | \$25.66 | Ea | 8704030 | | Airway, supraglottic, size 4, Resus Pack |
| 6 Sold as EA/1 \$25.66 | \$25.66 | Ea | 8703030 | | Airway, supraglottic, size 3, Resus Pack |
| 7 Sold as EA/1 \$15.57 | \$15.57 | Ea | 8202000 | | Airway, supraglottic, size 2 |
| S | \$15.57 | Ea | 8215000 | | Airway, supraglottic, size 1.5 |
| 7 Sold as EA/1 \$15.57 | \$15.57 | Ea | 8201000 | Intersurgical | Airway, supraglottic, size 1 |
| ₹ : | \$0.18 | Ea | | | Airway, oropharyngeal, 100mm |
| ₹ [| \$0.18 | Fa | | | Airway, oropharyngeal, 80mm |
| | \$0.18 | Ea | | | Airway, oropharyngeal, 70mm |
| | \$0.18 | Ea | | | Airway, oropharyngeal, 60mm |
| .8 Item# 2010-34050 - Sold as EA/1 \$0.18 | \$0.18 | Ea | | | Airway, oropharyngeal, 50mm |
| ₹I | \$0.18 | Ea | | | Airway, oropharyngeal, 40mm |
| S | \$2.71 | Ea | 123336 | | Airway, nasopharyngeal, 36fr |
| | \$3.21 | Ea | 123334 | | |
| 5 Sold as EA/1 \$2.45 | \$2.45 | Ea | 123332 | | |
| .2 Sold as EA/1 \$3.22 | \$3.22 | Ea | 123330 | | |
| 1 Sold as EA/1 \$3.21 | \$3.21 | Ea | 123328 | | |
| | \$3.22 | Ea | 123326 | | Airway, nasopharyngeal, 26fr |
| S | \$2.45 | Ea | 123324 | | |
| .2 Sold as EA/1 \$3.22 | \$3.22 | Ea | 123322 | | |
| .2 Sold as EA/1 \$3.22 | \$3.22 | Ea | 123320 | Rusch | |
| 2 Sold as EA/1 \$3.22 | \$3.22 | Ea | 123318 | | |
| 5 Sold as EA/1 \$2.45 | \$2.45 | Ea | 123316 | | Airway, nasopharyngeal, 16fr |
| 0 Sold as EA/1 \$2.7 | \$2.70 | Ea | 123314 | | Airway, nasopharyngeal, 14fr |
| S | \$2.45 | Ea | 123312 | | Airway, nasopharyngeal, 12fr |
| | \$1.44 | Ea | 170080 | | |
| S | \$1.44 | Ea | 170070 | | |
| Su | \$1.44 | Ea | 170060 | | Airway, endotracheal, 6.0mm, cuffed |
| S۱ | \$1.44 | Ea | 170055 | | Airway, endotracheal, 5.5mm, cuffed |
| Sı | \$1.24 | Ea | 150050 | | Airway, endotracheal, 5.0mm, uncuffed |
| Sı | \$1.24 | Ea | 150045 | | Airway, endotracheal, 4.5mm, uncuffed |
| S | \$1.24 | Ea | 150040 | | Airway, endotracheal, 4.0mm, uncuffed |
| S | \$1.24 | Ea | 150035 | | Airway, endotracheal, 3.5mm, uncuffed |
| S | \$1.2 | Ea | 150030 | | Airway, endotracheal, 3.0mm, uncuffed |
| S | \$1.24 | Ea | 150025 | Rusch | Airway, endotracheal, 2.5mm, uncuffed |
| S | \$4.01 | vial | | | Adenocard (Adenosine) 6mg, 3mg/ml, 2ml |
| 15 Sold as BX/10 \$71.5 | \$7.1 | vial | | | Adenocard (Adenosine) 12mg, 3mg/ml, 4ml |
| Substitute/Equivalent | Rid Price | MOL | Part UPC | Manufacturer | Description |

| Sold as BX/100 \$20.95 | | Case | | Ansell Healthcare LifeStar | Glove, Nitrile, High Risk, X-Large |
|---|------------|---------|-----------------|-------------------------------|---|
| Sold as BX/100 \$20.95 | | Case | | Ansell Healthcare LifeStar | ilove, Nitrile, High Risk, Small |
| Sold as BX/100 \$20.95 | | Case | | Ansell Healthcare LifeStar | ilove, Nitrile, High Risk, Medium |
| Sold as BX/100 \$20.95 | | Case | LSE-104-L C | Ansell Healthcare LifeStar | love, Nitrile, High Risk, Large |
| Item# 0284-25 - Sold as BX/25 \$46 | | vial | < | | urosemide (Lasix) 100mg, 10mg/ml, 10ml |
| Item# 0128 - Sold as EA/1 \$2.86 | | a | Ea | | orceps, Magill, child |
| Item# 0129 - Sold as EA/1 \$3.88 | \$3.88 | a | Ea | | orceps, Magill, adult |
| Sold as CS/50 \$91 | \$1.82 | a | 92-EFORCE Ea | Taylor Healthcare Products | itted Sheet(Stretcher) |
| Sold as EA/1 \$3.21 | \$3.21 | a | | Laerdal | T Tube Holder, Thomas, Pediatric |
| Sold as EA/1 \$3.21 | \$3.21 | a | 600-10000 Ea | Laerdal | T Tube Holder, Thomas, Adult |
| Sold as EA/1 \$5.04 | \$5.04 | a | 9-0211-70 Ea | SunMed | T Introducer, Bougie, Coude Tip, Pediatric |
| Sold as EA/1 \$5.04 | \$5.04 | a | 9-0212-70 Ea | SunMed | T Introducer, Bougie, Coude Tip, Adult |
| Item# 103-10 - Sold as PK/10 \$128.3 | \$12.83 | Ampule | P | | pinephrine 1:1000 1mg, 0.1mg/ml, 1ml |
| Item# 4933-10 - Sold as BX/10 \$137.8 | \$13.78 | a | Ea | | pinephrine 1:10,000 1mg, 0.1mg/ml, 10ml |
| Sold as PK/25 \$11.82 | \$11.82 | Pack | 1071-10202 P | Curaplex | mesis Bag |
| Sold as RL/1 \$2.35 | \$2.35 | a | 2745-10108 Ea | Curaplex | CG paper for Lifepak, 3 channel, 100mm |
| Sold as PR/1 \$100.49 | \$100.49 | Ea | 16 | Physio-Control | CG electrode/pacing/defib, pediatric for LP1000 |
| Sold as PR/1 \$38.05 | \$38.05 | ۵ | 11996-000093 Ea | Physio-Control | CG electrode/pacing/defib, pediatric for LP15 |
| Sold as PK/1 \$22.88 | | Ea | | Physio-Control | CG electrode/pacing/defib, adult |
| Sold as BX/30 \$6.3 | \$0.21 | Ea | 1620-003 E | ConMed | CG electrode, pediatric/neonate, 3/pk |
| Sold as PK/50 \$10.44 | \$10.44 | Bag/50 | SP-00-S/50 | Ambu | CG electrode, adult |
| Sold as EA/1 \$444.02 | \$444.02 | Ea | 11113-000004 E | Physio-Control | CG Cable, Quik-Combo Therapy for LP15 |
| Sold as EA/1 \$439.36 | \$439.36 | Ea | 11111-000018 | Physio-Control | CG Cable for LP15, 4-wire Limb Leads |
| Sold as EA/1 \$176.93 | \$176.93 | Ea | 11111-000022 | Physio-Control | CG Cable for LP15, 6-wire Precordial Leads |
| Sub: Item# 36002MS - Sold as BX/100 \$17.23 | \$17.23 | Box/100 | 705-4431 B | ConMed | Pressing, Veni-Gard, IV, adult |
| Sold as TR/36 \$6.44 | \$6.44 | Tray/36 | 7196D T | Covidien | Dressing, 5" x 9", sterile |
| Sold as BX/50 \$2 | \$0.04 | Ea | | Dynarex | Dressing, 4" x 4", sterile |
| Sold as BX/50 \$9 | \$0.18 | Ea | 1050 E | Covidien | Dressing, 3" x 4", non-adhering, sterile (TELFA) |
| Sold as BG/200 \$0.97 | \$0.97 | Ea | | Dynarex | Dressing, 2" x 2", non-sterile |
| Sold as EA/1 \$0.92 | \$0.92 | Ea | 3532 | Dynarex | Dressing, 12" x 30", sterile |
| ltem# 101-25 - Sold as BX/25 \$24.75 | \$0.99 | vial | ٠ | | Diphenhydramine (Benadryl) 50mg, 50mg/ml, 1ml |
| ltem# 319-05 - Sold as BX/10 \$36.8 | \$3.68 | vial | | | Diltiazam (Cardizem) 25mg, 5mg/ml, 5ml |
| Sold as EA/1 \$6.7 | \$6.70 | Bag | | Baxter | Dextrose 10%, 250ml |
| Sold as EA/1 \$5.17 | \$5.17 | Ea | 34810 | Safetec (SaniZide Plus) | Detergent/disinfectant, alcohol-free, 32oz Spray |
| Item# 0310-11 - Sold as EA/1 \$1230.58 | \$1,230.58 | Ea | | | -yanokit 5g |
| Sold as EA/1 \$49.17 | \$49.17 | Ea | (N-1 | Pulmodyne | _PAP(Bi Trak) O2 Max Guard, Medium Adult mask |
| Sold as EA/1 \$21.82 | \$21.82 | Ea | | Pulmodyne | 3iTrac ED Mask with Standard Headgear, Adult Large |
| Sold as EA/1 \$21.82 | \$21.82 | Ea | | Pulmodyne | BiTrac ED Mask with Standard Headgear, Adult Medium |
| Sold as EA/1 \$4.06 | \$4.06 | Ea | | Ambu | Collar, adjustable, infant/pediatric |
| Sold as EA/1 \$4.06 | \$4.06 | Ea | 000281000 | Ambu | Collar, adjustable, adult |
| Sub: Item# 220227 - Sold as EA/1 \$0.57 | \$0.57 | Ea | | Microdotcs (Rapid Deployment) | Cold pack, regular, 6" x 9" |
| Sold as EA/1 \$15.7 | \$15.70 | Ea | 3-00 | The Quick Fix, Inc | Cricothyrotomy Kit, Ped |
| Sold as EA/1 \$13.3 | \$13.30 | Ea | 11 | Curaplex | Cricothyrotomy Kit |
| Sold as EA/1 \$5.67 | \$5.67 | Ea | | EMI | Case, glove, 4" x 3" black |
| Sold as EA/1 \$5.5 | \$5.50 | Ea | 301-5707F-SE | Curaplex | Capnography, Smart CapnoLine Plus Nasal Cannula, Adult |
| Sold as EA/1 \$7.69 | \$7.69 | Ea | | Curaplex | Capnography, Smart CapnoLine Nasal Cannula, Pediatric |
| Sold as EA/1 \$6.1 | \$6.10 | Ea | 301-5107ET | Curaplex | Capnography, FilterLine Set EtCO2 Airway Adapter |
| Item# 373304 - Sold as BX/10 \$120.1 | \$12.01 | Ea | | | Calcium Chloride, 100mg/mL, 10mL Luer Jet Prefilled Syringe |
| Sub: Item# 30061MS - Sold as EA/1 \$2.16 | \$2.16 | Ea | 30-01 | GAM Industries | Burn sheet, 60" x 96" |
| Sold as EA/1 \$1.02 | \$1.02 | Ea | | Busse | Bulb syringe, sterile, 20z, latex free |
| Sold as EA/1 \$25.21 | \$25.21 | Ea | | ADC | BP cuff, nylon, thigh |
| Sold as EA/1 \$18.2 | \$18.20 | Ea | | ADC | BP cuff, nylon, infant |
| Sold as EA/1 \$18.2 | \$18.20 | Ea | | ADC | BP cuff, nylon, child |
| | \$18.20 | Ea | BK | ADC | BP cuff, nylon, adult |
| | \$0.15 | Ea | 50 | Arkray | Blood glucose, test strips |
| | \$0.13 | Ea | | HTL-STREFA | Blood glucose, lancet, 1.8mm, 21g |
| Sold as EA/1 \$5.97 | \$5.97 | Ea | 01 | Arkray | Blood glucose monitor |
| Sub: Item# 12945 - Sold as EA/1 \$0.45 | \$0.45 | Ea | 3537 | Dynarex | pidinact, ciliciBelley, space, salvival, 52 × 64 |

| NILL-II- LII-JA DIAU VY-I NAMA | Ansell Healthcare LifeStar | LSE-104-XXL | Case | \$209.50 s | Sold as BX/100 \$20.95 |
|--|----------------------------|--------------|------------|------------|---|
| Slove, Nitrile, High Risk, XXX-Large | Ansell Healthcare LifeStar | LSE-104-XXXL | Case | | Sold as BX/90 \$20.95 |
| ucagon, 1mg/ml | | | - A | | Item# 0593-03 - Sold as EA/1 \$188.41 |
| /dromorphone (Dilaudid) 2mg, 2mg/ml, 1ml | | 00000 | r, vidi | \$4.53 0 | Sirb: Item# 264036 - Sold as EA/1 \$4 53 |
| mobilizer device, plastic w/2 straps | Ambu Berton-Dickinson | D001001 | Ea Ca | | Sold as EA/1 \$664.65 |
| terosseous Needle, Adult, 25mm (Blue) w/Stabilizer and Extension Set | Becton-Dickinson | D015251NK | Ea | | Sold as EA/1 \$135 |
| terosseous Needle, Large Adult, 45mm (Yellow) w/Stabilizer and Extension Set | Becton-Dickinson | D015451NK | Ea | \$135.00 S | Sold as EA/1 \$135 |
| terosseous Needle, Pediatric, 15mm (Pink) w/Stabilizer and Extension Set | Becton-Dickinson | D015151NK | Ea | | old as EA/1 \$135 |
| ratroprium Bromide 0.02%, 2.5ml, Individually Wrapped | Nephron Pharmaceuticals | 0487-9801-01 | Box/30 | | Sold as BX/30 \$9.63 |
| olation Kits | Morrison Medical | 6300 | Ea | | Sold as EA/1 \$7.17 |
| ELEC-3, 3-in-1 IV Administration Set, 10/15/60 Drop | Biomedix | B30-102 | Ea | \$5.47 \$ | Sold as EA/1 \$5.47 |
| , 3-Way Stopcock w/Swivel Male Luer Lock | Smiths Medical | MX5311L | Ea | | Sold as EA/1 \$1.18 |
| , admin set, needleless, 10 drop, 83" | | | Ea | \$1.27 | Item# 1712-10830 - Sold as EA/1 \$1.27 |
| , admin set, needleless, 15 drop, 2 sites, 86" | BBraun | US1150 | Ea | | Sub: Item# 1712-15830 - Sold as EA/1 \$1./3 |
| admin set, needleless, 60 drop, 2 sites, 86" | BBraun | 3523/9A | F Ca | \$1.01 | |
| catheter w/blood control 14g x 1-1/4" | Curaplex | 1613-86214 | Ea | | Sold as EA/1 \$1.57 |
| catheter w/hlood control 16g x 1-1/4" | Curaplex | 1613-86216 | Ea | | Sold as EA/1 \$1.57 |
| , catheter, w/blood control, 18g x 1-1/4" | Curaplex | 1613-86218 | Ea | | Sold as EA/1 \$1.57 |
| , catheter, w/blood control, 20g x 1" | Curaplex | 1613-862202 | Ea | 1 | Sold as EA/1 \$1.57 |
| , catheter, w/blood control, 22g x 1" | Curaplex | 1613-86222 | Ea | - | Sold as EA/1 \$1.57 |
| , catheter, w/blood control, 24g x 5/8" | Curaplex | 1613-86224 | Ea | - | Sold as EA/1 \$1.57 |
| , Extension Set w/Connector, 6.5" | BBraun | 473444 | Ea | _ | Sold as EA/1 \$2:52 |
| , pressure infusor, w/gauge, disp, 1000ml | Recton-Dickinson | 303367 | Ea Ca | \$0.39 | Sold as EA/1 \$0.39 |
| drick Extrination Device Wistraps, bag. 500lb | Ferno-Washington | IE1250 | Ea | - | Sold as EA/1 \$150.45 |
| docaine, 2%, 2ml Vial | | | Ea | _ | |
| erdal Suction Unit, 1200ml | Laerdal | 78002001 | Ea | - | Sold as EA/1 \$1093.33 |
| ryngoscope, blade, stainless, Macintosh #1 | Rusch | 008601100 | Ea | | Sub: Item# 2145-13401 - Sold as EA/1 \$4.62 |
| ryngoscope, blade, stainless, Macintosh #2 | Rusch | 002503300 | F C | \$4.62 | Sub: Item# 2145-13403 - Sold as EA/1 \$4.62 |
| aryngoscope, blade, stainless, Macintosn #3 | Rusch | 008604400 | Ea | 10 | Sub: Item# 2145-13404 - Sold as EA/1 \$4.62 |
| ryngoscope, blade, stainless, Miller #0 | Rusch | 008615050 | Ea | 10 | Sub: Item# 2145-13501 - Sold as EA/1 \$4.62 |
| aryngoscope, blade, stainless, Miller #1 | Rusch | 008616100 | Ea | \$4.62 | Sub: Item# 2145-13502 - Sold as EA/1 \$4.62 |
| ryngoscope, blade, stainless, Miller #2 | Rusch | 008617200 | Ea | 10 | Sub: Item# 2145-13503 - Sold as EA/1 \$4.62 |
| aryngoscope, blade, stainless, Miller #3 | Rusch | 008618300 | Ea | 10 | Sub: Item# 2145-13504 - Sold as EA/1 \$4.62 |
| ryngoscope, blade, stainless, Miller #4 | Rusch | 008619400 | Ea | - | Sub: Item# 2145-13505 - Sold as EA/1 \$4.62 |
| aryngoscope, handle, chrome, medium/standard | Rusch | 008621000 | י ב | 5 25 3C | Sub: Item# 2141-13510 - Soid as EA/ 1 \$11.65 |
| aryngoscope, handle, chrome, small/penlight | Rusch | 0086298300 | D 12 | - | ITEM IS DISCONTINUED |
| ryngoscope, replacement buib, large | Rusch | 008629100 | E I | - | ITEM IS DISCONTINUED |
| ubricant Water Soluable, 2.7gm | PDI | T00137 | Ea | - | Sub: Item# 1340-27000 - Sold as BX/144 \$5.76 |
| /lask, Surgical w/o faceshield | Kimberly-Clark | 47107 | Ea | \$0.20 | Sold as BX/40 \$8 |
| ethylprednisone Sod. Suc. (Solu-Medrol) 125 mg, 2 | | | vial | \$10.32 | Item# 0409-0047-22 - Sold as BX/25 \$258 |
| idazolam (Versed) 5mg/ml 1ml | | | vial | - | Item# 2308-01 - Sold as BX/10 \$14.3 |
| lucosal Atomizer Device | Curaplex | 2170-20300 | Ea | \$5.05 | Sold as EA/1 \$5.05 |
| aloxone (Narcan), 2mg, 1mg/ml, 2ml | | | Ea | | Item# 373369 - Sold as CS/10 \$105.8 |
| ebulizer to BVM Adapter Kit | Curaplex | 30059 | Ea | | Sold as EA/1 \$2.55 |
| eedle, Filter, Blunt, 18g x 1 1/2" (Red) | Becton-Dickinson | 305211 | Ea | 50.41 | Sold as EA/1 \$0.41 |
| eedle, Safety 23g x 1" | Covidien | 8881850310 | Ea | | Sold as BX/50 \$15 |
| IIBP cuff for LP15, adult | Physio-Control | 11160-000015 | r a | | Sold as EA/1 \$35.59 |
| IIBP cuff for LP15, child | Physio-Control | 11160-000013 | ta ta | 1 4 | Sold as EA/1 \$28.59 |
| IBP cuff for LP15, large adult | Physio-Control | 21300-008148 | F 2 | \$106.73 | Sold as FA/1 \$106.73 |
| vibr (uping, coiled, 2-3 reet | - ilbano constant | | Bottle/100 | \$10.46 | Item# 0639-01 - Sold as BT/100 \$10.46 |
| 2 connector, nipple/nut (xmas tree), emerald green | | | Ea | +3 | Item# 11187 - Sold as EA/1 \$0.24 |
| 22 cylinder. "D" tank. aluminum. w/toggle | | | Ea | 7 | Item# D4150 - Sold as EA/1 \$66.17 |
| cylliaci, o tairs, alailliain, w/ cobbic | | | | L | |

| O2 cylinder, Jumbo "D" tank, aluminum, w/toggle | | | Ea | \$161.30 lt | Item# D4151 - Sold as EA/1 \$161.3 |
|--|--------------------------------|---|------|-------------|---|
| O2 cylinder, replacement toggle handle with pin | | | Ea | | |
| O2 flowmeter, click-style, 0-25LPM | Precision Medical | /MFAI1051C | Ea | | Sold as EA/1 \$28.44 |
| Oz nowinetel, tabe, representant infant | Teleflex | RSH396218 | Ea | \$1.50 \$ | Sold as EA/1 \$1.5 |
| 22 mask, partial non-rebreather, pediatric | Teleflex | 1058 | Ea | | Sold as EA/1 \$2.09 |
| 22 mask, total non-rebreather, adult | Teleflex | 1060 | Ea | \$1.99 S | Sold as EA/1 \$1.99 |
| 32 nebulizer, w/tubing, mouthpc, tee, 5" flex tube (Micro Mist Neb) | Medline Industries | HUDRHS883U | Ea | \$0.97 | Sold as EA/1 \$0.97 |
| O2 regulator, brass, 0-25 lpm, with gauge, hose barb outlet | Allied Healthcare Products | L370-220-R | Ea | NO BID IT | TEM IS DISCONTINUED |
| D2 regulator, fixed flow with gauge, 2 check valves | Life Support Products | L106-260 | Ea | NO BID IT | ITEM IS DISCONTINUED |
| 22 regulator, CGA870, 0 to 25 LPM, 1 Barb Outlet, 2 DISS Outlets, brass | Curaplex | 14288 | Ea | | Sold as EA/1 \$61.99 |
| OB kit | Dynarex | 4902 | Ea | | Sold as EA/1 \$7.16 |
| Ondansetron (Zofran) 4mg, 2mg/ml, 2ml | | | vial | | Item# 6130-05 - Sold as BX/25 \$9.5 |
| ndansetron(Zofran)Tablets 4MG | Covidien | 5033 | Box | \$3.68 \$ | Sub: Item# 1330-86100 - Sold as BX/100 \$1.84 |
| Penlight disposable. W/pupil gauge | | | Ea | | ltem# 32762 - Sold as PK/6 \$3.9 |
| et Oxygen Mask Kit | | | Ea | NO BID | |
| illow, disposable, 18" x 24" | Medline Industries | 1824-15 | Ea | | Sold as EA/1 \$3.01 |
| neumothorax Spear, Turkel | North American Rescue Products | 10-0051 | Ea | | Sold as EA/1 \$29.73 |
| azor, prep, weighted | Medline Industries | DYND70837 | Ea | | Sold as EA/1 \$0.26 |
| espirator, N95, Duckbill, Universal | Kimberly-Clark | PFR95 | Ea | | Sold as BX/35 \$41.3 |
| espirator, N95, Molded, Large | Innovel | 1513-N95 | Ea | \$1.42 \$ | Sold as BX/20 \$28.4 |
| espirator, N95, Molded, Medium | Innovel | 1512-N95 | Ea | _ | old as 8X/20 \$28.4 |
| espirator, N95, Molded, Small | Innovel | 1511-N95 | 7 2 | _ | Sold as EA/1 \$8 77 |
| esuscitator, adult | Ambu | 540212000 | E 2 | \$9.37 \$ | Sold as EA/1 \$9.37 |
| esuscitator, pediatric | Ambu | 530213000 | Ea | | old as EA/1 \$9.37 |
| ng Cutter | | | Ea | _ | tem# 2832-20518 - Sold as EA/1 \$7.76 |
| ocuronium (Zemuron) 50mg, 10mg/ml, 5ml | | | vial | | tem# 3189-10 - Sold as BX/10 \$44.3 |
| issors, Trauma, 7 1/4" | North American Rescue Products | ZZ-0063 | Ea | | Sub: Item# 2811-05524 - Sold as EA/1 \$0.88 |
| coop Stretcher w/ straps | Ferno-Washington | 00065EXL | 7 6 | 1 6 | Old dv EA/ 1 31005:43 |
| ensor Extension Cable, Masimo Rainbow, 3' - Please quote both type of cables | Masimo | 111/1-0003/ (2406)/11996-000510 (40/2) | E E | \$64.44.2 | 2406 = \$95.47, 4072 = \$154.59 2710 = \$64 44/\$cld as BY/10 \$644 40) 4037 = \$53 70 |
| ensor, Masimo Rainbow, Adhesive, Neo-L - Please quote both type of cables | Masimo | 11171-000041 (2219)/11196-000516 (4057) | E 6 | 1 1 | 2217 - 304.44 (3010 da 20) 10 3044.40), 4037 - 333.70 |
| ensor, Masimo Sanda Adhesiva Neonate-I - Please quote both type of cables | Masimo | 11171-000042 (2514)/11171-000063 (4003) | E 1 | | 2514 = \$14.88, 4003 = \$14.29 |
| ensor. Masimo SpO2. Reusable. Adult - Please quote both type of cables | Masimo | 11171-000046 (2501)/11996-000508 (4052) | Ea | 2 | 501 = \$142.86, 4052 = \$148.81 |
| harps container, 1qt plastic red | Covidien | 8900SA | Ea | \$1.68 \$ | Sold as EA/1 \$1.68 |
| arps container, 8qt clear-lid | Becton-Dickinson | 305344 | Ea | 1.0 | Sold as EA/1 \$4.67 |
| odium Bicarbonate 8.4% 50ml | | | Ea | - | tem# 371035 - Sold as PK/10 \$221.2 |
| dium Chloride, 0.9%, 1000ml Bag | | | Bag | - | Item# NACL1000 - Sold as EA/1 \$3.06 |
| odium Chloride, 0.9%, 10ml Flush | | | BX | - | Item# 1920-16010 - Sold as EA/1 \$0.28 |
| dium Chloride, 0.9%, 250ml Bag | | | Bag | - | Item# NACL250 - Sold as EA/1 \$2.59 |
| odium Chloride, 0.9%, 100ml Bag | | | Bag | - | tem# 358437 - Sold as EA/1 \$2.4 |
| AM Pelvic Sling | SAM Medical Products | PS301-OB-EN | Ea | _ | Sold as EA/1 \$61.9 |
| plint, SAM, 4 1/2" x 36", orange/blue | SAM Medical Products | SP1121 | Ea | | sold as EA/1 \$7.53 |
| olint, traction, adult | Dyna-Med | \$1008 | Ea | | Sub: Item# 95001 - Sold as EA/1 \$162.16 |
| plint, traction, pediatric | Faretec | QD-3 | Ea | 100 | Sold as EA/1 \$184.52 |
| ethoscope, adult, black | ADC | 603BK | Ea | _ | Sold as EA/1 \$31.63 |
| tethoscope, pediatric, pink | ADC | 604P | Ea | _ | Sold as EA/1 \$37.3 |
| trap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, White | DMS | 27152-WH | T Ea | _ | Sub: Item# 1390WH - Sold as EA/1 \$1.97 |
| strap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, Red | DMIS | | 7 2 | \$6.33 | Sold as PR/1 \$6.23 |
| otrap, z pc, 5°, loop end, riastic side Release, Polypropylene, Tellow | DNAS | | ב נ | _ | Sold as FA/1 \$6.23 |
| trap, 2 pc, 5; loop end, Plastic Side Kelease, Polypropylene, Green | DIVID | | ב נ | - | Sold as FA/1 \$38.95 |
| tran padded thick foam double stran limb holder | Posev | 2520 | Ea | - | Sub: Item# 3176-25300 - Sold as PR/1 \$6.59 |
| scinylcholine (Quelicin) 200mg, 20mg/ml, 10ml | | | vial | _ | Item# 9-0301-10 - Sold as BX/10 \$66.7 |
| uction catheter, 06fr, whistle tip w/control | Covidien | 30620 | Ea | \$0.85 | Sold as EA/1 \$0.85 |
| | Covidien | 30820 | Ea | \$0.74 | Sold as EA/1 \$0.74 |

| Condition Condition S1220 Ea 50.75 | Suction catheter, 10fr, whistle tip w/control | Covidien | 31020 | Ea | \$0.73 Sold as EA/1 \$0.73 | \$0.73 |
|--|--|---|----------------------------------|--------|----------------------------|---|
| Covidin | Suction catheter, 12fr, whistle tip w/control | Covidien | 31220 | Ea | | \$0.7 |
| Covidin | Suction catheter, 14fr, whistle tip w/control | Covidien | 31420 | Ea | | \$0.51 |
| Covidien | Suction catheter, 16fr, whistle tip w/control | Covidien | 31620 | Ea | | \$0.62 |
| Curaplex S600-01344 Ea 54.66 | Suction catheter, 18fr, whistle tip w/control | Covidien | 31820 | Ea | | \$0.67 |
| Bemis 484410 Ea 53.42 Covidien 8882569060 Ea 53.42 Covidien 8882569293 Ea 52.49 Covidien 8882569293 Ea 52.49 Covidien 8882569296 Ea 52.45 Becton-Dickinson 309520 Ea NO BID Beton-Dickinson 4617053V-02 Ea 50.12 Beraun 4617053V-02 Ea 50.23 Beraun 4617053V-02 Ea 50.24 Welchallyn 50234 50.23 Disaster Management Systems 504500000 Ea 50.23 Disaster Management Systems 5045000000 Ea 50.23 Disaster Management Systems 504000000 Ea 50.23 Medline Industries 504072 Ea 50.23 Gis PROVIDED IN THE EXCEL SPRADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.23 Gis PROVIDED IN THE EXCEL SPRADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.23 Gis PROVIDED IN THE EXCEL SPRADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.23 Gis PROVIDED IN THE EXCEL SPRADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.23 Gis Province Insert Inse | Suction Kit w/SSCOR DuCanto Catheter | Curaplex | 8600-01344 | Ea | | \$4.66 |
| Covidien 8888268060 Ea \$8.91 Covidien 88882649911 Ea \$2.49 Covidien 8888264991 Ea \$1.55 Covidien 8888264995 Ea \$1.55 Covidien 305280 Ea \$2.46 Bertan-Dickinson 305280 Ea \$2.46 Bertan-Dickinson 305280 Ea \$2.46 Beraun 46172070-02 Ea \$1.19 Baraun 46172070-02 Ea \$0.12 Baraun 1538-1 Ea \$0.12 Baraun 1538-1 Ea \$0.12 Brysio-Control 1538-1 Ea \$0.12 Physio-Control 1527-1 Ea \$0.29 WelchAllyn 1527-1 Ea \$0.29 WelchAllyn 05031 Ea \$0.23 WelchAllyn 05331 Ea \$0.23 WelchAllyn 05283-000 Ea \$0.23 WelchAllyn 05283-000 Ea | Suction unit, replacement cannister w/ lid, 1200cc | Bemis | 484410 | Ea | | \$3.42 |
| Covidien 8888264911 E3 \$2.49 Covidien 8888264929 E6 \$1.55 Covidien 8888264926 E6 \$1.55 Covidien 8888264926 E6 \$1.55 Covidien 8888264926 E6 \$2.46 Covidien 305260 E6 \$2.46 Bertain 305270 E6 \$3.00 Bertain 4617050V-02 E6 \$0.12 BBraun 4617200V-02 E6 \$0.12 BBraun 1538-1 E6 \$0.29 3M 1538-1 E6 \$0.29 BBraun 1539-1 E6 \$0.29 BBraun 1538-1 E6 \$0.29 BBraun 1539-1 E6 \$0.29 BBraun 1539-1 E6 \$0.29 BBraun 1538-1 E6 \$0.29 BBraun 1538-1 E6 \$0.29 BBraun 1538-1 E6 \$0.29 BBr | Suction, nasogastric, salem sump, O6fr | Covidien | 8888268060 | Ea | | \$8.91 |
| Covidien 8882264923 Ea \$1.55 Covidien 8882264945 Ea \$1.55 Covidien 8882264986 Ea \$1.55 Covidien 8882264986 Ea \$2.246 Becton-Dickinson 305780 Ea NO BID Berton-Dickinson 309620 Ea \$0.10 Berton-Dickinson 46170534-02 Ea \$0.10 Berton-Dickinson 46172070-02 Ea \$0.11 Berton-Dickinson 46172070-02 Ea \$0.11 Berton-Dickinson 46172070-02 Ea \$0.29 BBraun 46172070-02 Ea \$0.29 3M 1538-1 Ea \$0.29 3M 1527-1 Ea \$0.72 Physio-Control 1523-001365 Ea \$0.72 Physio-Control 2530-001365 Ea \$0.72 Physio-Control 2530-000 Ea \$0.93 WelchAllyn 05031 Ea \$0.94 WelchAllyn< | Suction, nasogastric, salem sump, 10fr | Covidien | 8888264911 | Ea | \$2.49 Sold as EA/1 | \$2.49 |
| Covidien 8888264945 Ea \$1.55 Covidien 8888264996 Ea \$2.46 Becton-Dickinson 305780 Ea NO BID Berton-Dickinson 305780 Ea \$1.19 Beraun 4617053V-02 Ea \$0.10 BBraun 4617207V-02 Ea \$0.12 BBraun 4617207V-02 Ea \$0.27 3M 1538-1 Ea \$0.72 BBraun 1527-1 Ea \$0.72 BBraun 1527-1 Ea \$0.72 BWalchallyn 1527-1 Ea \$0.72 Welchallyn 2539-000 Ea \$0.25 Welchallyn 02892-000 Ea \$0.25 Welchallyn 02892-000 Ea \$0.25 Welchallyn 02892-000 Ea \$0.94 Welchallyn 02892-000 Ea \$0.94 Welchallyn 02892-000 Ea \$0.94 Welchallyn 02892-000 Ea | Suction, nasogastric, salem sump, 12fr | Covidien | 8888264929 | Ea | \$1.55 Sold as EA/1 | \$1.55 |
| Covidien Covidien 88822649856 Ea \$2.46 Becton-Dickinson 305780 Ea 0.0810 Berton-Dickinson 305780 Ea \$1.10 BBraun 4617053V-02 Ea \$0.10 BBraun 4617207V-02 Ea \$0.12 BBraun 4617207V-02 Ea \$0.12 BBraun 1558-1 Ea \$0.12 BM 1527-1 Ea \$0.12 Bhysio-Control 1330-001365 Ea \$0.75 Physio-Control 21330-001365 Ea \$0.75 WelchAllyn 1527-1 Ea \$0.75 WelchAllyn 05031 Box/25 \$0.25 WelchAllyn 02892-000 Ea \$323.33 WelchAllyn 02892-000 Ea \$323.33 WelchAllyn 02892-000 Ea \$99.17 North North Am \$299.17 North Am \$0.0023 Ea \$99.17 Wel | Suction, nasogastric, salem sump, 14fr | Covidien | 8888264945 | Ea | \$1.55 Sold as EA/1 | \$1.55 |
| Becton-Dickinson 305780 Ea NO BID | Suction, nasogastric, salem sump, 18fr | Covidien | 8888264986 | Ea | \$2.46 Sold as EA/1 | \$2.46 |
| Berton-Dickinson 309620 Ea 51.19 | Syringe and Needle, 1cc, LL, 25g x 5/8" | Becton-Dickinson | 305780 | Ea | NO BID | |
| Biraun 4617053V-02 Ea 50.10 | Syringe, Catheter tip, 60cc | Becton-Dickinson | 309620 | Ea | \$1.19 Sold as CS/16 | 50 \$190.4 |
| BBraun 4617100V-02 Ea 50.12 | Syringe, Luer-Lok tip, 05cc | BBraun | 4617053V-02 | Ea | \$0.10 Sold as EA/1 | \$0.1 |
| Baraun 4617207V-02 Ea 50.29 | Syringe, Luer-Lok tip, 10cc | BBraun | 4617100V-02 | Ea | \$0.12 Sold as EA/1 | \$0.12 |
| 3M 1538-1 Ea 50.72 3M 1538-1 Ea 50.73 3M 21527-1 Ea 50.73 3M 21527-1 Ea 50.73 3M 21527-1 Ea 50.73 4Physio-Control 2133-001365 Ea 53.93 4VelchAllyn 05931 Ea 523.33 4VelchAllyn 05931 Ea 523.33 4VelchAllyn 05931 Ea 59.17 4VelchAllyn 02892-000 Ea 599.17 4VelchAllyn 02892-000 Ea 599.17 5VelchAllyn 02892-000 Ea 59.08 5VelchAllyn 02892-000 Ea 59.08 5VelchAllyn 02892-000 Ea 59.07 5VelchAllyn 02892-000 02892-000 Ea 59.07 5VelchAllyn 02892-000 | Syringe, Luer-Lok tip, 20cc | BBraun | 4617207V-02 | Ea | \$0.29 Sold as EA/1 | \$0.29 |
| SM 1527-1 Ea 50.75 Physio-Control 1530-001365 Ea 5130-031 WelchAllyn SureTemp Plus 690 Ea 5130-93 WelchAllyn 05031 Ea 5223.33 WelchAllyn 05031 Ea 5223.33 WelchAllyn 02893-000 Ea 599.17 Physio-Court 02893-000 Ea 599.17 WelchAllyn 02893-000 Ea 599.17 Dynarex 03139 Ea 50.08 Dynarex 03139 Ea 50.08 Dupont 0400000 Ea 50.08 Dupont 04000000 Ea 000 BID Dupont 040000000 Ea 000 BID Medline Industries 070080347 Ea 50.72 PDI 054072 Ea 50.21 BOUND TREE MEDICAL, LIC 054072 Ea 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 BOUND TREE MEDICAL, LIC 054072 Ea 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* 50.22 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* | Tape, cloth/silk, 1" | 3M | 1538-1 | Ea | \$0.72 Sold as BX/1: | 2 \$8.64 |
| Physic Control 21330-001365 Ea \$130-93 WelchAllyn SureTemp Plus 690 Ea \$233-33 WelchAllyn 05931 Box/25 \$293-34 WelchAllyn 02893-000 Ea \$99.17 WelchAllyn 02893-000 Ea \$99.17 WelchAllyn 02892-000 Ea \$99.17 WelchAllyn 02892-000 Ea \$99.17 WelchAllyn 02892-000 Ea \$99.17 Ophrarex 3139 Ea \$99.17 Disaster Management Systems DMS-05006F Ea \$99.17 Disaster Management Systems FC454SGY00010000 Ea \$1.20 Dupont Dupont TC545GY00010000 Ea \$1.20 Medline Industries DYND80234 Ea \$0.80 Medline Industries DYND80347 Ea \$0.90 Ophrarex PDI PEASE INSERT "NO BID" FOR THE LINE TEM* BOUND TREE MEDICAL, LIC P54072 Ea \$9.17 BOUND TREE MEDICAL, LIC P54072 E | Tape, plastic, 1" | ME | 1527-1 | Ea | \$0.75 Sold as BX/1: | 2\$9 |
| Welchallyn SureTemp Plus 690 Ea \$323.33 Welchallyn 05031 8ov/25 50.44 Welchallyn 02893-000 Ea 599.17 Welchallyn 02892-000 Ea 599.17 North American Rescue Products 30-0023 Ea 599.17 North American Rescue Products 30-0023 Ea 59.17 Dynarex 3139 Ea 525.80 Dupant Fc45458700010000 Ea 51.10 Dupont Fc45458700010000 Ea 51.10 Dupont PrynosoxyH00020000 Ea NO BID Medline Industries DYND80234 Ea NO BID Medline Industries DYND80347 Ea 50.20 More Type For THE LINE TEM* Ea 50.21 GIS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE TEM* Ea 50.12 | Test Load | Physio-Control | 21330-001365 | Ea | \$130.93 Sold as EA/1 | \$130.93 |
| Welchallyn 05031 Bov/25 59.47 Welchallyn 02893-000 Ea 599.17 Welchallyn 02892-000 Ea 599.17 North American Rescue Products 30-0002 Ea 599.17 North American Rescue Products 30-00023 Ea 525.80 Dynarex 3139 Vial 53.11 Dupont Dupont Fc454507000000 Ea NO BID Dupont Fc454507000000 Ea NO BID Medline Industries DYND80347 Ea NO BID Medline Industries DYND80347 Ea 50.50 Medline Industries DYND80347 Ea 50.50 PDI PS4072 Ea 53.24 PDI PS4072 Ea 50.20 BOUND TREE MEDICAL, LIC Ea 50.20 BOUND TREE MEDICAL, LIC Ea 50.21 | Thermometer | WelchAllyn | SureTemp Plus 690 | Ea | | \$323.33 |
| Welchallyn 02893-000 Ea \$99.17 Welchallyn 02892-000 Ea \$99.27 North American Rescue Products 30-0023 Ea \$93.27 Dynarex 3139 Ea \$0.08 Disaster Management Systems DMS-05006F Vial \$3.11 Dupont FC454S(970001000 Ea \$1.20 Dupont PC454S(970001000 Ea NO BID Medline Industries DYND802347 Ea \$0.20 Medline Industries DYND80347 Ea \$0.20 PDI PS4072 Ea \$0.21 BOUND TREE MEDICAL, LIC P54072 Ea \$0.21 BOUND TREE MEDICAL, LIC S0.22 \$0.22 | Thermometer Probe Covers for SureTemp | WelchAllyn | 05031 | Box/25 | | 50 \$9.4 |
| Welchallyn 02892-000 Ea \$99.17 North American Rescue Products 30-02023 Ea \$25.80 Dynarex 3139 Ea \$0.08 Disaster Management Systems DMS-05006F Ea \$3.11 Dupont FC454SGY0001000 Ea NO BID Dupont Industries DYND80234 Ea NO BID Medline Industries DYND802347 Ea \$0.72 PDI P54072 Ea \$3.24 PDI P54072 Ea \$3.24 BOUND TREE MEDICAL, LIC P54072 Ea \$0.12 | Thermometer Probe, Oral | WelchAllyn | 02893-000 | Ea | | \$99.17 |
| Rorth American Rescue Products 30-0023 Ea \$25.80 | Thermometer Probe, Rectal | WelchAllyn | 02892-000 | Ea | | \$99.17 |
| Dynarex 3139 Ea 50.08 | Tourniquet, Combat Application | North American Rescue Products | 30-0023 | Ea | \$25.80 Sold as EA/1 | \$25.8 |
| Disaster Management Systems DMS-05006F Vial S3.11 | Tourniquet, latex free, 1" x 18" x 0.025", flat | Dynarex | 3139 | Ea | | 14000 - Sold as BG/250 \$20 |
| Disaster Management Systems DMS-05006F Ea \$1.20 | Tranexamic Acid, 100mg/mL, 10mL Vial | | | Vial | \$3.11 Sold as BX/10 | 0 \$31.1 |
| Dupont FC45450700010000 E3 NO BID | Triage tag, bar coded, Florida SERT | Disaster Management Systems | DMS-05006F | Ea | \$1.20 Sold as PK/50 | 0 \$60 |
| Dupont TYSOSWH00020000 Ea | Tyvek, Bootie | Dupont | FC454SGY00010000 | Ea | NO BID | |
| Medline Industries DYND80234 Ea 50.50 | Tyvek, Sleeve | Dupont | TY500SWH00020000 | Ea | NO BID | |
| Medline Industries | Urinal, plastic, male, w/cover, 1 quart | Medline Industries | DYND80234 | Ea | \$0.50 Item# 50507 | 73 - Sold as EA/1 \$0.5 |
| PDI P54072 Ea \$3.24 PDI P54072 Ea \$0.12 G IS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM" BOUND TREE MEDICAL, LIC CONTROL OF THE LINE ITEM" | Wash basin, plastic, 8 quart, mauve | Medline Industries | DYND80347 | Ea | \$0.72 Sold as EA/1 | \$0.72 |
| PDI | Sodium Chloride for Irrigation, Sterile, USP 250ml Bottle | | | Ea | \$3.24 Sold as EA/1 | \$3.24 |
| "IF A LINE ITEM IN THE BID SCHEDULE IS NOT BEING BID OR NO PRICING IS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM* COMPANY NAME: BOUND TREE MEDICAL, LIC SIGNED (PERSON AUTHORIZED TO BIND THE COMPANY HARD COPY): COMPANY HARD COPY): | Wipe, Germicidal Disposable Cloth, Bleach | PDI | P54072 | Ea | \$0.12 Sold as TB/7 | 5\$9 |
| "IF A LINE ITEM IN THE BID SCHEDULE IS NOT BEING BID OR NO PRICING IS PROVIDED IN THE EXCEL SPREADSHEET, PLEASE INSERT "NO BID" FOR THE LINE ITEM." COMPANY NAME: SIGNED [PERSON AUTHORIZED TO BIND THE COMPANY-HARD COPY]: CONCACT CHUT A AUTHORIZED TO BIND THE COMPANY-HARD COPY): | このできるというというというできたい | A PROPERTY OF THE PROPERTY OF | | | | 三日 · 日本 · |
| GOMPANY NAME: SIGNED (PERSON AUTHORIZED TO BIND THE COMPANY-HARD COPY): SIGNED (PERSON AUTHORIZED TO BIND THE COMPANY-HARD COPY): | *IF A LINE ITEM IN THE BID SCHEDULE IS NOT BEING BID OR NO PRICING IS PROVID | ED IN THE EXCEL SPREADSHEET, PLEASE INS | SERT "NO BID" FOR THE LINE ITEM* | | | |
| | COMPANY NAME: | BOUND TREE MEDICAL, LLC | | | | |
| | SIGNED (PERSON AUTHORIZED TO BIND THE COMPANY-HARD COPY): | | 12/11/21 | | | |

ATTACHMENT 2:

INSURANCE REQUIREMENTS

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The City in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this Contract by the Contractor, his agents, representatives, employees, or subcontractors. Contractor is free to purchase such additional insurance as may be determined necessary.

<u>LIMITS OF INSURANCE</u> - Contractor shall provide coverage with limits of liability not less than those stated below. An excess liability policy or umbrella liability policy may be used to meet the minimum liability requirements provided that the coverage is written on a "following form" basis.

Requirements:

1. Commercial General Liability – Occurrence Form (CG 00 01)

Policy shall include bodily injury, property damage, broad form contractual liability, and Explosion, Collapse and Underground (XCU) coverage. The general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

The Contractor shall procure and maintain, and require all subcontractors to procure and maintain a comprehensive general liability policy, including, but not limited to

- General Aggregate \$1,000,000
- Each Occurrence \$1,000,000
- products and completed ops \$1,000,000
- damage to rented premises \$100,000
- a) The policy shall be endorsed to include the following additional insured language: "City of North Port and it officers, employees, agents and volunteers" shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor.
- b) Contractor's subcontractors shall be subject to the same minimum requirements identified above.
- c) Policy shall be endorsed for a waiver of subrogation against the City of North Port.

2. Commercial Automobile Liability

Bodily injury and property damage for any owned, hired, and non-owned vehicles used in the performance of this Contract. Automobile liability must be written on a standard ISO form (CA 00 01) covering any auto (Code 1), or if Contractor has no owned autos, hired (Code 8) and non-owned (Code 9) autos.

- Combined Single Limit (CSL) (Ea Accident) \$500,000
- Bodily Injury (per person) \$500,000
- Bodily Injury (per accident) \$500,000
- Property Damage (per accident) \$500,000

- a. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- b. Policy shall contain a waiver of subrogation against the City of North Port.

3. Worker's Compensation and Employers' Liability (PER CHAPTER 440. FLORIDA STATUTES)

The Contractor shall procure and maintain Worker's Compensation insurance for all his employees to be engaged in work on the project under this Contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation insurance for all of the latter's employees to be engaged in such work unless such employees are covered by protection afforded by the Contractor's Workers Compensation insurance. For additional information contact the Department of financial Services, Workers' Compensation Division at 850.413.1601 or on the web at www.fldfs.com. In case any class of employees engaged in hazardous work on the project under this Contract is not protected under the Worker's Compensation Statute, the Contractor shall provide, and shall cause each subcontractor to provide, Employer's Liability Insurance for the protection of such of his employees not otherwise protected under such provisions. The minimum liability limits of such insurance shall not be less than herein specified or in that amount specified by law for that type of damage claim.

Proof of such insurance shall be filed by the Contractor with the City within ten (10) days after the execution of this Contract.

Workers' Compensation Employers' Liability

- Each Accident, each employee, bodily injury or disease \$500,000.00
- a. Policy shall contain a waiver of subrogation against the City of North Port.
- b. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- c. If the contractor has no employees, the contractor must submit to the City the Workers Compensation Exemption from the State of Florida.

GENERAL REQUIREMENTS:

A. The City of North Port is to be named additional insured on **Comprehensive Commercial General Liability Policy and Auto Policy.** All certificates of insurance must be on file with and approved by the City before commencement of any work activities under this Contract.

Any and all deductibles to the above referenced policies are to be the responsibility of the Contractor. The Contractor's insurance is considered primary for any loss regardless of any insurance maintained by the City. The Contractor is responsible for all insurance policy premiums, deductibles, or SIR (self-insured retentions) or any loss or portion of any loss that is not covered by any available insurance policy.

All insurance policies must be issued by companies of recognized responsibility licensed to do business in Florida and must contain a provision that prohibits cancellation unless the City is provided notice as stated within the policy. It is the Contractor's responsibility to provide notice to the City.

B. WAIVER OF SUBROGATION: All required insurance policies, with the exception of Workers Compensation, are to be endorsed with a waiver of subrogation. The insurance companies, by proper endorsement or thru other means, agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers, and the City's insurance carriers, for losses paid under the terms of these polices that

arises from the contractual relationship or work performed by the Contractor for the City. It is the Contractor's responsibility to notify their insurance company of the Waiver of Subrogation and request written authorization or the proper endorsement. Additionally, the Contractor, its officers, officials, agents, employees, volunteers, and any Subcontractors, agrees to waive all rights of subrogation against the City and its insurance carriers for any losses paid, sustained or incurred, but not covered by insurance, that arise from the contractual relationship or work performed. This waiver also applies to any deductibles or self-insured retentions the Contractor or its agents may be responsible for.

C. POLICY FORM:

- 1. All policies, required by this Contract, with the exception of Workers Compensation, or unless specific approval is given by Risk Management through the City's Purchasing Office, are to be written on an occurrence basis, shall name the City of North Port, its Commissioners, officers, agents, employees and volunteers as additional insured as their interest may appear under this Contract. Insurer(s), with the exception of Professional Liability and Workers Compensation, shall agree to waive all rights of subrogation against the City of North Port, its Commissioners, officers, agents, employees, or volunteers.
- 2. Insurance requirements itemized in this Contract, and required of the Contractor, shall be provided by or on behalf of all subcontractors to cover their operations performed under this Contract. The Contractor shall be held responsible for any modifications, deviations, or omissions in these insurance requirements as they apply to subcontractors.
- 3. Each insurance policy required by this Contract shall:
 - a. Apply separately to each insured against whom claim is made and suit is brought, except with respect to limits of the insurer's liability.
 - b. Be endorsed to state that coverage shall not be suspended, voided or cancelled by either party except after notice is delivered in accordance with the policy provisions. The Contractor is to notify the City Purchasing Office by written notice via certified mail, return receipt requested.
- 4. The City shall retain the right to review, at any time, coverage, form, and amount of insurance.
- 5. The procuring of required policies of insurance shall not be construed to limit Contractor's liability nor to fulfill the indemnification provisions and requirements of this Contract. The extent of Contractor's liability for indemnity of the City shall not be limited by insurance coverage or lack thereof, or unreasonably delayed for any reason, including but not limited to, insurance coverage disputes between the Contractor and its carrier.
- 6. The Contractor shall be solely responsible for payment of all premiums for insurance contributing to the satisfaction of this Contract and shall be solely responsible for the payment of all deductibles and retentions to which such policies are subject, whether or not the City is an insured under the policy.
- 7. Claims Made Policies will be accepted for professional and hazardous materials and such other risks as are authorized by the City's Risk Office. All Claims Made Policies contributing to the satisfaction of the insurance requirements herein shall have an extended reporting period option or automatic coverage of not less than two (2) years. If provided as an option, the Contractor agrees to purchase

- the extended reporting period on cancellation or termination unless a new policy is affected with a retroactive date, including at least the last policy year.
- 8. Certificates of Insurance Evidencing Claims Made or Occurrences form coverage and conditions to this Contract, as well as the contract number and description of work, are to be furnished to the City's Purchasing Office (4970 City Hall Boulevard, Suite 337, North Port, FL 34286) prior to commencement of work AND a minimum of thirty (30) calendar days prior to expiration of the insurance contract when applicable. All insurance certificates shall be received by the City's Purchasing Office before the Contractor will be allowed to commence or continue work. The Certificate of Insurance issued by the underwriting department of the insurance carrier shall certify compliance with the insurance requirements provided herein.

<u>Bidders should carefully review their existing insurances and consider their ability to meet these requirements prior to submission. The requirements should be forwarded to their agent, broker, and insurance providers for review</u>

Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors comply with the same insurance requirements spelled out above.

All certificates of insurance must be on file with and approved by the City of North Port Risk Division before the commencement of any work activities.

Bidder Statement:

| We understand the requi | rements requested a | and agree to | fully comply. |
|-------------------------|---------------------|--------------|---------------|
|-------------------------|---------------------|--------------|---------------|

AUTHORIZED SIGNATURE DATE

Chief Marketing Officer

DATE

6/10/2025

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 3: BID FORM

| Name of Bidder/Company Name: Bound Tree Medical, LLC. |
|---|
| Business Address: 5000 Tuttle Crossing Blvd. |
| City/State/Zip Code: Dublin, OH 43016 |
| Bidder/Company Telephone Number: 800.533.0523 |
| E-mail Address: submitbids@boundtree.com |
| Contractor License #:N/A |
| FEID#: 31-1739487 |
| To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bi Instructions to Bidders, and the other documents relating thereto, the undersigned Bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the play where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expended equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the play and specifications and other Contract documents for the prices hereinafter set forth. |
| The undersigned, as Bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provision Special Provisions, Technical Specifications & Conditions, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plans, and any other reports or documentation for: <i>RFB 2025-37 EMS SUPPLIES, EQUIPMENT, AN PHARMACEUTICALS</i> and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price litems as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the BidForm. The undersigned as Bidder, declares that the only persons or parties interested in this submittal as principals are those named here that this submittal is made without collusion with any person, firm, or corporation: and he/she proposes and agrees, if the proposes |
| is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she vaccept in full payment thereof the following prices, to wit: |
| PROJECT TOTAL: s See included Bid schedule |
| |
| Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than one hundre twenty (120) DAYS from the date of the official bid opening. |
| Date:06/10/2025 |
| Signed (Person authorized to bind the company): |
| Name (printed): Corey Case Title: Chief Marketing Officer |
| |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 4:

STATEMENT OF ORGANIZATION

The following information will be provided to the City of North Port for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, and capitalization is exactly as registered with the state or federal government.

| Company Name | Bound Tree Me | dical, LLC. | | | | |
|----------------------------------|----------------------|------------------------|--------------------|----------|--------------------------------|-----------|
| 800.533.0523 | sub | mitbids@boundtree | e.com | 877.311 | 1.2437 | |
| Telephone # 5000 Tuttle Cross | | Mail | Fax # | | | |
| Main Office Address Dublin | | ОН | 43016 | | | |
| City | | State | Zip Co | de | | |
| Address of Office Serv | ricing City of Nort | h Port, if different t | han above: 🛚 X S | AME AS | S ABOVE | |
| Office Address | | | | | | |
| City | | State | Zip Co | ode | | |
| Telephone # | E-mail | | Fax # | | | |
| Name & Title of Firm | Representative | | | | | |
| Federal Identification | Number: _ | 31-1739487 | | | | |
| Bidder shall submit polaw. | roof that it is auth | orized to do busin | ess in the State o | f Florid | a unless registration is not r | equired b |
| | | | (Please Check | One) | | |
| Is this a Florida | Corporation: | | Yes or | XN | o | |
| If not a Florida | Corporation, | | | | | |
| In what | state was it creat | ed: | OHIO | | | |
| Name a | s spelled in that S | tate: | Bound T | ree Me | edical, LLC. | |
| What kind of co | orporation is it: | | X "For Profit | " or | "Not for Profit" | |
| Is it in good sta | nding: | | XYes | or | □No | |
| Authorized to t | ransact business | n Florida: | X Yes | or | No | |

| State of Florida Depart | ment of State Certif | ficate of Auth | ority Documer | nt No.: | M01000002310 |
|---|---|----------------|------------------|-------------|-----------------------------|
| Does it use a registere | d fictitious name: | | Yes | or | XNo |
| Names of Officers: | | | | | |
| President: | Rob Meriweather | | _Secretary: | Darrell H | lughes |
| Vice President | : | | Treasurer: | Shawn | Saylor |
| Director: Jo | n McGrew - Associa | ite VP Pricing | _Director: | | |
| Other:Bria | n LaDuke - CEO | | _Other:Core | y Case - C | hief Marketing Officer |
| Name of Corporation (| (As used in Florida): | : | | | |
| Вои | und Tree Medical, L | LC | | | |
| (Spelled | exactly as it is regis | tered with th | e state or fede | ral gover | nment) |
| Corporate Address: | | | | | |
| Post Office Box | x: _ | N/A | | , | |
| City, State Zip: | _ | N/A | | | |
| Street Address | s: _ | | | l | |
| City, State, Zip | · _ | Dublin, OF | 1 43016 | | |
| STATE OF FLORIDA | | | | | |
| COUNTY OF OH | | | | | |
| Sworn to (or affirmed) | and subscribed bef | ore me by me | eans of 🛛 phys | ical prese | nce or □ online notarizatio |
| 10 day of JUNE | | | | · | |
| SON OF OHO | KRYSTA K MARTIN Notary Public State of Ohio My Comm. Expires November 8, 2028 | K | otary Public – S | State of FI | orida |
| Personally Known X Type of Identification P | | | | | |
| Date:06/10/202 | i. | | 111 | | |
| Signed (Person authoriz | | any): | | (| |
| Name (printed): Co | rey Case | | Title | e: Chief I | Marketing Officer |

ATTACHMENT 5

ADDENDA ACKNOWLEDGEMENT

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

| Addendum No. | 1 | Dated | May 20, 2025 | Addendum No. | Dated | |
|--------------|---|-------|--------------|--------------|-------|--|
| Addendum No. | 2 | Dated | May 30, 2025 | Addendum No. | Dated | |
| Addendum No. | 3 | Dated | May 20, 2025 | Addendum No. | Dated | |
| Addendum No. | 4 | Dated | June 3, 2025 | Addendum No. | Dated | |

| Date: | 06/10/2025 | | | | |
|---|-------------------|--------|-------------------------|--|--|
| Signed (Person authorized to bind the company): | | any): | | | |
| Name (pri | nted): Corey Case | Title: | Chief Marketing Officer | | |
| ranic (pri | | | | | |

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

ATTACHMENT 7:

QUALIFICATIONS AND REFERENCES

Vendor shall submit a minimum of two (2) recent (within the past five (5) years) references of projects of similar size and scope involving chemical deliveries and product consistency.

| 1. Business/Customer Name:Sarasota County, FL | | | |
|---|--|--|--|
| Name of Contact Person/Title:Stephen Cantu | | | |
| Telephone# 941.861.5000 Fax N/A E-mail SCANTU@scgov.net | | | |
| Address1660 Ringling Blvd, Sarasota, FL 34236 | | | |
| Phone Number941.861.5000 | | | |
| Duration of Contract or business relationship Customer since 2006 | | | |
| Type of Services Provided Providing Emergency Medical Supplies | | | |
| Contract Period: FROM Aug, 2020 TO Ongoing-2026 | | | |
| Contract Price \$ ~\$480,000.00 annual Contract Price at Completion of the Project \$ Still active | | | |
| 2. Business/Customer Name: Manatee County, FL | | | |
| Name of Contact Person/Title: Chris Latham | | | |
| Telephone# Secondard Ferson, Fide Pax | | | |
| Address 1112 Manatee Ave W, Bradenton, FL 34205 | | | |
| Phone Number 941.749.3500 ext 1658 | | | |
| 2 | | | |
| Duration of contract of basiness relationship | | | |
| Type of Services Provided <u>Providing Em</u> ergency Medical Supplies Contract Period: FROM Dec, 2021 TO Ongoing-2026 | | | |
| | | | |
| Contract Price \$ ~\$549,000.00 annual Contract Price at Completion of the Project \$ Still active | | | |
| Date:6/10/2025 | | | |
| Signed (Person authorized to bind the company): | | | |
| Name (printed): Corey Case Title: Chief Marketing Officer | | | |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

| 3. Business/Customer Name: Lee County, FL | | | | |
|---|--|--|--|--|
| Name of Contact Person/Title: Brian Olive | | | | |
| Telephone# 239-788-7794 Fax N/A E-mail bolive@leegov.com | | | | |
| Address2115 Second St 1st Floor, Fort Myers, FL 33901 | | | | |
| Contract Period: FROM TOOngoing | | | | |
| Contract Price \$ _^\$114,000.00 annual _ Contract Price at Completion of the Project \$ _ Still Active | | | | |
| Phone Number 239-788-7794 | | | | |
| Duration of Contract or business relationship Customer since 2006 | | | | |
| Type of Services Provided Providing Emergency Medical Supplies | | | | |
| Contract Period: FROM 2019 TO Ongoing | | | | |
| Contract Price \$ _~\$114,000.00 annual _ Contract Price at Completion of the Project \$ _ Still Active | | | | |
| 4. Business/Customer Name: | | | | |
| Name of Contact Person/Title: | | | | |
| Telephone#FaxE-mail | | | | |
| Address | | | | |
| Phone Number | | | | |
| Duration of Contract or business relationship | | | | |
| Type of Services Provided | | | | |
| Contract Period: FROM TO | | | | |
| Contract Price \$ Contract Price at Completion of the Project \$ | | | | |
| | | | | |
| Date: 6/10/2025 | | | | |
| | | | | |
| Signed (Person authorized to bind the company): | | | | |
| Name (printed): Corey Case Title: Chief Marketing Officer | | | | |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 8:

NON-COLLUSIVE AFFIDAVIT

Before me, the undersigned authority ("Affiant"), personally appeared:

| me, the undersigned authority (Amant) | ,, personally appeared. | | |
|---|---|--|--|
| orey Case | who, being first duly sworn, deposes and says that: | | |
| Affiant is the Chief Marketing Officer Agent] of Bound Tree Medical, L Respondent that has submitted the atta | LC, [insert name of Contractor] the | | |
| Affiant is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply; | | | |
| Such reply is genuine and is not a collusi | ive or sham reply; | | |
| employees or parties in interest, including agreed, directly or indirectly, with any creply in connection with the work for manner, directly or indirectly sought by any respondent, firm, or person to fix the or to fix any overhead, profit, or cost | y of its officers, partners, owners, agents, representatives, ng this affiant, have in any way colluded, conspired, connived or other respondent, firm, or person to submit a collusive or sham which the attached reply has been submitted: or have in any agreement or collusion, or communication or conference with a price or prices in the attached reply or of any other respondent, a elements of the reply price or the reply price of any other collusion, conspiracy, connivance, or unlawful agreement any erson interested in the reply work. | | |
| l, sealed, and delivered on June 10th | Signature Corey CAse Printed Name Chief Marketing Officer | | |
| | Affiant is the Chief Marketing Officer Agent] of Bound Tree Medical, L Respondent that has submitted the atta Affiant is fully informed respecting the pertinent circumstances respecting such Such reply is genuine and is not a collust Neither the said Respondent nor an employees or parties in interest, including agreed, directly or indirectly, with any creply in connection with the work for manner, directly or indirectly sought by any respondent, firm, or person to fix the or to fix any overhead, profit, or cost respondent, or to secure through any advantage against (Recipient), or any person to fix the content of the cost respondent. | | |

Title

SWORN ACKNOWLEDGMENT

| STATE OFOHIO | | |
|---|---|-------|
| COUNTY OF FRANKLIN | | |
| | | |
| Sworn to (or affirmed) and subscribed before motarization, this 10th day of June 202_ | ne by means of X physical presence or o | nline |
| | Luntal Mattin | |
| Personally Known <u>X</u> OR Produced Identification Type of Identification Produced | Notary Public Notary Public Notary Public State of Ohio My Comm. Expires November 8, 2028 | |

ATTACHMENT 9: CONFLICT OF INTEREST FORM

Florida Statutes Section 112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City of North Port, Florida ("City") either directly or indirectly.

| PART I. [Select and complete all that apply]: |
|---|
| I am an employee, public officer, or advisory board member of the City. |
| Identify the position and/or board: |
| I am the spouse or child of an employee, public officer, or advisory board member of the City. |
| Identify the name of the spouse or child: |
| I am an employee, public officer or advisory board member of the City, or my spouse or child, is an officer, partner, director, or proprietor of Respondent/Contractor or has a material interest in Contractor. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of Florida Statutes Section 112.313, indirect ownership does not include ownership by a spouse or minor child. |
| Identify the name of the person and the entity |
| Bidder/Contractor employs or contracts with an employee, public officer, or advisory board member of the City. Identify the name of the employee, public officer, or advisory board member |
| |
| None of the Above |
| PART II: Will you request an advisory board member waiver? |
| I WILL request an advisory board member waiver under §112.313(12) |
| I WILL NOT request an advisory board member waiver under §112.313(12) |
| XN/A |
| The City will review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any Contractor whose conflicts are not waived or exempt. Signature of Person Authorized to Bind the Contractor |
| Corey Case |

| Printed Name |
|-------------------------|
| Chief Marketing Officer |
| Title |
| 06/10/205 |
| Date |

This page must be completed and submitted

ATTACHMENT 10: PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, 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 in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

| I,Corey Case, | being an a | uthorized | representative of 1 | the Respondent |
|---|------------|---------------------|--|--------------------------------------|
| Bound Tree Medical, LLC | | | | |
| Located at:5000 Tuttle Crossing Blvd. | | | | |
| City: State: | OH 7 | Zip Code: | 43016 | , have read and |
| understand the contents above. I further certify | that Respo | ndent is r | not disqualified from | replying to this |
| solicitation because of F.S. §287.133. | | | | |
| Signature: | <u> </u> | _Date: | 06/10/2025 | |
| Telephone #:800.533.0523 | | _Fax #: | 877.311.2437 | |
| Federal ID #:31-1739487 | | _E-mail: | submitbids@bound | ltree.com |
| State of OH | | | | |
| County of FRANKLIN | | | STATE OF THE PARTY | KRYSTA K MARTIN |
| STATE OF OH | | | The contract of the contract o | Notary Public State of Ohio |
| COUNTY OF FRANKLIN | | | Ton 3 | My Comm. Expires November 8, 2028 |
| Sworn to (or affirmed) and subscribed before me by means of □ physical presence or □ online notarization, this 10th day of 2025, by Corey Case Notary Public – State of _OH | | | | |
| Personally Known \underline{X} OR Produced Identificatio | | | | |
| Type of Identification Produced | | 7 | | |
| Signed (Person authorized to bind the company): | | | 4 | |
| Name (printed): Corey Case | | Title: ⁽ | Chief Marketing Officer | |

ATTACHMENT 11:

DRUG-FREE WORKPLACE FORM The undersigned, in accordance with Florida Statutes Section 287.087, hereby certifies that the Contractor,

| | Bound Tree Medical, LLC. | (Company Name): |
|----|--|--|
| 1. | Publishes a statement notifying employees that the un possession, or use of a controlled substance is prohibited i will be taken against employees for violations of such proh | n the workplace and specifying the actions that |
| 2. | Informs employees about the dangers of drug abuse in the a drug free workplace, any available drug counseling, reh and the penalties that may be imposed upon employees for | abilitation, and employee assistance programs, |
| 3. | Gives each employee engaged in providing the commodit copy of the statement specified in subsection (1). | ies or Contractual services that are under bid a |

- 4. In the statement specified in subsection (1), notifies 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 or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5. Imposes 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. Makes a good faith effort to continue to maintain a drug free workplace through implementation of this section.

Check one:

| X | As the person authorized to sign this requirements. | statement, I certify that this firm complies fully with | above |
|---|---|---|-------|
| | As the person authorized to sign this requirements. | statement, this firm does not comply fully with the | above |
| | | Signature | |
| | | Corey Case | |
| | | Printed Name | |
| | | Title Chief Marketing Officer | |
| | | Date 6/10/2025 | |

THIS PAGE MUST BE COMPLETED AND SUBMITTE

NOT APPLICABLE

ATTACHMENT 12: AFFIDAVIT

Claiming Status as a LOCAL BUSINESS

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS

| State of |
|--|
| County of |
| Before me, the undersigned authority, personally appeared: |
| before the, the undersigned duthontry, personally appear out. |
| |
| who, being first duly sworn, deposes and says that: |
| 1. I am the (Owner, Partner, Officer, Representative or Agent) of |
| , the Bidder that has submitted the attached proposal: |
| AND CONTRACTOR OF THE PROPERTY |
| 2. I am fully informed respecting the operation and employees of the Bidder: |
| |
| AND |
| 3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte |
| County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates |
| or performs business. The qualifying local address is: |
| |
| |
| |
| AND |
| 4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by |
| the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of |
| North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this |
| affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive. |
| Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any |
| City Contracts for a period of three (3) years. |
| STATE OF |
| STATE OF |
| COUNTY OF |
| Sworn to (or affirmed) and subscribed before me by means of \Box physical presence or \Box online notarization, this |
| day of 2025, by |
| uuy oi |
| Notary Public – State of |
| Personally Known OR Produced Identification |
| Type of Identification Produced |
| This page to be returned ONLY if Contractor is claiming a Local Business Status. |

NOT APPLICABLE

AFFIDAVIT

Claiming Status as a North Port Local Business **CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS**

| State of | |
|---|---|
| SS. County of | |
| | |
| Before me, the undersigned authority, personally appeared: | |
| who, being first duly sworn, deposes and says that: | |
| 1. I am the (Owner, Partner, Officer, Representative or Agent) of, the Bidder that has submitted the attached bid: | |
| <u>AND</u> | |
| 2. I am fully informed respecting the operation and employees of the Bidder: AND | |
| 3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is | |
| | |
| AND | |
| AND 4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. | |
| If requested by the City, the Bidder will be required to provide documentation substantiating the information give in this affidavit. City of North Port reserves the right to request supporting documentation as evidence t substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission bein deemed non-responsive. | 0 |
| Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years. | |
| STATE OF | |
| COUNTY OF | |
| Sworn to (or affirmed) and subscribed before me by means of □ physical presence or □ online notarization, this day of 2025, by | |
| Notary Public – State of | |
| Personally Known OR Produced Identification Type of Identification Produced This page to be returned ONLY if Contractor is claiming a North Port Local Business Status. | |

ATTACHMENT 13:

SCRUTINIZED COMPANY CERTIFICATION FORM

| Contracto | r Name: | | Bound Tree | e Medical, L | .LC. | | | | | | |
|---------------------------------|--|------------------------------|--|---|----------------------------------|---|---------------------------------|---------------------------------|--------------------------------|------------------------------|---|
| Authorize | ed Repres | entati | ve Name ar | nd Title: | Chief I | Marketing O | fficer | | | | |
| | | | Crossing Blv | | _City: _ | Dublin | | State: | ОН | _ZIP: _ | 43016 |
| Phone Nu | ımber: | 800.53 | 3.0523 | | Emai | l Address: | submi | tbids@ | bound | tree.co | <u>m</u> |
| the City of | of North I tering int | Port fo | or goods or enewing suc | services of th Contract, | any am the cor | ount if, at th | ne time the Scru | of bido itinized | ding on Compa | i, subm anies th | a Contract with itting a proposal at Boycott Israel |
| the City of proposal Activities | of North for, or e in Suda | Port f ntering n List, | or goods o g into or re the Scruti | r services o enewing suc nized Comp | of \$1 mi ch Cont panies v | llion or mor ract, the cor vith Activitie | e if, at npany i es in th | the tim s on th e Iran | ne of b ie Scrui Petrole | idding tinized eum En | a Contract with on, submitting a Companies with ergy Sector List, perations in Cuba |
| CHOOSE | ONE OF | THE FO | OLLOWING | | y | | | | | | |
| to s | ign on be | ehalf o | f the above | e-named co | mpany, | | ired by | Florida | Statut | tes Sect | erson authorized ion 287.135(5), |
| autl 287 on t | norized to .135(5), I the Scruti | o sign hereb inized | on behalf y certify th Companies | of the above at the above with Activi | e-name e-name ities in S | ed company, d company is | and as s not pa the Sc | requir irticipat rutinize | ed by ting in a ed Com | Florida a boyco panies | re. As the persor Statutes Section tt of Israel, is not with Activities ir r Syria. |

I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the Contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs.

| Certified By: |
|--|
| MANO |
| Signature of Contractor's Authorized Representativ |
| Corey Case |
| Name |
| Chief Marketing Officer |
| Title |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 14:

LOBBYING CERTIFICATION

| "The undersign | ed hereby certifies, to the best | of his or her knowle | edge and beli | ef, that": | | | |
|--|---|--|---|---|--|--|--|
| STATE OFC | DH | | | | | | |
| COUNTY OF | Franklin | | | | | | |
| the authorized of its agents ag solicitation, wit working with the outlined in the opersons shall no solicitations rel | day June or epresentative of Bound Tree to have no contact or come hany City of North Port elected e City in respect to this reques General Terms and Conditions of be lobbied, either individual eased by the City. To do so is a final until such a tome as the | munication with, or d officials, officers, t st other than the de of the Solicitation. To lly or collectively, re grounds for immedia | ame of the Co discuss any heir appointe signated Pro echnical ques garding any o te disqualific | ontractor, firm matter related ees or their ago curement Officions directed questions for the cation from the | or individuding any was ents or any cial Contacto the project of the project of the proposes selection | y to any active Ci other staff or ou it and to abide by ect manager, is po al, qualification a process. The sel | vendor and any ty of North Port tside individuals the restrictions rohibited. These nd/or any other |
| (a) No City app attempting to i of any City Con | propriated funds have been p nfluence either directly or ind tract. | aid or will be paid, rectly an officer or e | by or on bel employee of t | half of the und the City, City C | dersigned, ommission | to any person fo | or influencing or ith the awarding |
| a member of Ci | other than City appropriated t ity Commission or an officer or d Form-L "Disclosure Form to | employee of the Cit | ty in connect | ion with this C | ontract, th | encing or attemp e undersigned sh | ting to influence all complete and |
| Signe | ed, sealed and delivered this _ | 10th | day of <u>J</u> | Ву: | o25. ey Case | | |
| | | | | (Printe | d Name) ef Marketir | ng Officer | |
| | OF OH | | | | | | |
| | TY OF <u>FRANKLIN</u> n to (or affirmed) and subscribune 2025, by <u>Co</u> | | Kupt | al. M | e or 🗆 onlin | ne notarization, t | his <u>10th</u> day |
| | ally Known <u>X</u> OR Produce f Identification Produced | d Identification | _ | lic – State of | OH JATE OF OHO | KRYSTA K MARTIN Notary Public State of Ohio My Comm. Expires November 8, 2028 | |

ATTACHMENT 15: VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

The undersigned Vendor/Consultant/Contractor (Vendor), after being duly sworn, states the following:

- 1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other renumeration.
- 2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
- 3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
- 4. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
- 5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
- 6. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.
- 7. Vendor understands that pursuant to Florida Statutes, section 448.095, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the Vendor named in this certification to civil penalties, attorney's fees and costs.

| VENDOR:Bound Tree Medical, LLC | (Vendor's Company Name) |
|--------------------------------|-------------------------|
|--------------------------------|-------------------------|

| Certified By: |
|--|
| AUTHORIZED REPRESENTATIVE SIGNATURE |
| Print Name and Title: Corey Case - Chief Marketing Officer |
| Date Certified:6/10/2025 |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 16: AFFIDAVIT OF COMPLIANCE REGARDING FOREIGN ENTITY OF CONCERN LAWS

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests and declares as follows:

- 1. Entity is not owned by the government of a foreign country of concern as defined in Florida Statutes Section 287.138.
- 2. The government of a foreign country of concern does not have a controlling interest in Entity.
- 3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
- 4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Florida Statutes Section 692.201.
- 5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Florida Statutes Section 692.201, or a subsidiary of such entity.
- 6. Entity is not a foreign principal, as defined in Florida Statutes Section 692.201.
- 7. Entity complies with all applicable requirements of Florida Statutes Sections 692.202, 692.203, and 692.204.
- 8. Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (1) not a person or entity described in Florida Statutes Section 692.204(1)(a) or (2) authorized under Florida Statutes Section 692.204(2) to purchase the subject property. Entity complies with the requirements of Florida Statutes Section 692.204.
- 9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

ENTITY

| BOUND TREE MEDICAL, LLC |
|---|
| [name of legal entity, in bold ALLCAPS] |
| |
| [signature] |
| |
| Corey Case - Chief Marketing Officer |
| [name and title] |
| |
| 06/10/2025 |
| [date] |
| Effective 7/1/2024 |

ATTACHMENT 17: Anti-Human Trafficking Affidavit

| Instructions: This form must be coentering into, renewing, or extend | | esentative of an entity registering as a vendor, f North Port. |
|---|--|---|
| The undersigned, on behalf of | Bound Tree Medical, LLC. | ("Entity"), verifies the following: |
| from executing, renewing, or such terms defined in Florida S • "Coercion" means: (1) us isolating, or confining or the and against her or his will when labor or services ar reasonably assessed is not or services are not respect withholding, or possessing any other actual or purpose threatening to cause finar or (7) providing a controlled Statutes, to any person for "Labor" means work of economic means work of economic means any actual another. The term includes I declare, under penalties of Florida Statutes Section 787.0 C. I understand that this affidavities. | extending a contract to entition of the statutes Section 787.06(2) as sing or threatening to use phythreatening to restrain, isolate; (3) using lending or other cree pledged as a security for the applied toward the liquidation tively limited and defined; (4) go any actual or purported pastorted government identificated and the purpose of exploitation of the purpose of the purpose of exploitation of the purpose of exploitation of the purpose of the purpo | visical force against any person; (2) restraining, or confine any person without lawful authority edit methods to establish a debt by any person he debt, if the value of the labor or services as n of the debt, the length and nature of the labor destroying, concealing, removing, confiscating, sport, visa, or other immigration document, or tion document, of any person; (5) causing or enticing or luring any person by fraud or deceit; hedule I or Schedule II of Section 893.03, Florida |
| I am over the age of 18 years and | otherwise competent to make the above statements on beha | ments are based upon personal knowledge; that e the above statements; and am authorized to alf of Entity. Under penalties of perjury, I acts stated in it are true. |
| Authorized Signature: | | Date:6/10/2025 |
| Printed Name: Corey Case | | Title: _ Chief Marketing Officer |
| STATE OF OH | | |

| COUNTY OFFRANKLIN | | | | | | | | | | | | |
|---|--|---|--------------------------|-------------------------|--|--|--|--|--|--|--|--|
| Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, | | | | | | | | | | | | |
| this 10th day of June, | , 20 <u>25</u> , by _ | Corey Case | , as | Chief Marketing Officer | | | | | | | | |
| of Bound Tree Medical, LLC | , the Entity, an | d is 🛛 personally | known to me or \square | produced | | | | | | | | |
| identification. Type of Identification produced | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | STATE OF THE STATE | KRYSTA K MARTIN | | | | | | | | | | |
| Signature of Notary Public | | Notary Public | | | | | | | | | | |
| Kuptal Matter | | State of Ohio My Comm. Expires November 8, 2028 | | | | | | | | | | |
| Name of Notary Typed, Printed or St | tamped | | | | | | | | | | | |
| My Commission Expires: 9 We may 18 | | | | | | | | | | | | |

Item List for City of North Port EMS Supplies, Equipment and Pharma

| 29 | 28 | | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | œ | 7 | o | υı | 4 | ω | ы | ра | Line ID |
|---|-----------------------------|--|--|---|---|------------------------------|---|--|---|---|---|---|---|---|---|------------------------------|------------------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|---|---------------------------------|
| Line Item | Line Item | | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Award Type |
| | | | | | 123336 | 123334 | 123332 | 123330 | 123328 | 123326 | 123324 | 123322 | 123320 | 123318 | 123316 | 123314 | 123312 | 170080 | 170070 | 170060 | 170055 | 150050 | 150045 | 150040 | 150035 | 150030 | 150025 | , | | Vendor Item # |
| | | | | | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | | | n# Vendor Name |
| Airway, oropharyngeal, 70mm | Airway, oropharyngeal, 60mm | | Airway, oropharyngeal, 50mm | Airway, oropharyngeal, 40mm | Airway, nasopharyngeal, 36fr | Airway, nasopharyngeal, 34fr | Airway, nasopharyngeal, 32fr | Airway, nasopharyngeal, 30fr | Airway, nasopharyngeal, 28fr | Airway, nasopharyngeal, 26fr | Airway, nasopharyngeal, 24fr | Airway, nasopharyngeal, 22fr | Airway, nasopharyngeal, 20fr | Airway, nasopharyngeal, 18fr | Airway, nasopharyngeal, 16fr | Airway, nasopharyngeal, 14fr | Airway, nasopharyngeal, 12fr | Airway, endotracheal, 8.0mm, cuffed | Airway, endotracheal, 7.0mm, cuffed | Airway, endotracheal, 6.0mm, cuffed | Airway, endotracheal, 5.5mm, cuffed | Airway, endotracheal, 5.0mm, uncuffed | Airway, endotracheal, 4.5mm, uncuffed | Airway, endotracheal, 4.0mm, uncuffed | Airway, endotracheal, 3.5mm, uncuffed | Airway, endotracheal, 3.0mm, uncuffed | Airway, endotracheal, 2.5mm, uncuffed | Adenocard (Adenosine) 6mg, 3mg/ml, 2ml | Adenocard (Adenosine) 12mg, 3mg/ml, 4ml | ony or restor Formers beautiful |
| 1 1/Ea | 1 1/68 | | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/vial | 1 1/vial | Qty UoM |
| 2010-34070 | 2010-34060 | 200 | 2010-34050 | 2010-34040 | 023336 | 023334 | 023332 | 023330 | 023328 | 023326 | 023324 | 023322 | 023320 | 023318 | 023316 | 023314 | 023312 | 2113-10280 | 2113-10270 | 2113-10260 | 2113-10255 | 2113-10350 | 2113-10345 | 2113-10340 | 2113-10335 | 2113-10330 | 2113-10325 | 0318-02 | 0318-04 | Medical Item A |
| Individually Wrapped 1/EA 50EA/BG 30BG/CS | | Curaplex Disp Berman Oral Airway, Child, 60mm (Black) Individually | Curaplex Disp Berman Oral Airway, Inf, 50mm (Blue) Individually Wrapped 1/EA 50EA/BG 60BG/CS | Curaptex Lisp Berman Crai Airway, Neonatai, 40mm (Pink) Individually Wrapped 1/EA 50EA/BC 80BG/CS | GEAL AIRWAT - NEA - LAIEA FREE FY C 30 FRENCH | | JOEAL AIRWAY , NDA , LATEY ERFE DVC 34 ERFNOH | GEAL AIRWAY - NPA - LATEX FREE PVC 32 FRENCH | NASOPHARYINGERL HIRWAY - NEA - LATEX FREE PVC 30 FRENCH NASOPHARYINGERL HIRWAY - NEA - LATEX FREE PVC 30 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 26 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 24 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 22 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 20 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 18 FRENCH | IGEAL AIRWAY - NPA - LATEX FREE PVC 16 FRENCH | | | | Curaplex Select Endotracheal Tube with Stylette, 7.0mm, Cuffed 10ea/bx 10bx/cs | Curaplex Select Endotracheal Tube with Stylette, 6.0mm, Cuffed 10ea/bx 10bx/cs | indotracheal Tube with Stylette, 5.5mm, Cuffed | Endotracheal Tube with Stylette, 5.0mm, Uncuffed | Endotracheal Tube with Stylette, 4.5mm, Uncuffed | indotracheal Tube with Stylette, 4.0mm, Uncuffed | ct Endotracheal Tube with Stylette, 3.5mm, Uncuffed Ics | Curaplex Select Endotracheal Tube with Stylette, 3.0mm, Uncuffed 10ea/bx 10bx/cs | Curaplex Select Endotracheal Tube with Stylette, 2.5mm, Uncuffed 10ea/bx 10bx/cs | | Adenosine 12mg, 4ml Vial 10/bx | |
| ASP GLOBAL | AG CODAL | ASD GLOBAL | ASP GLOBAL | ASP GLOBAL | INC. | TELEFLEXILC | INC. | TELEFLEX LLC | TELEFLEXILC | TELEFLEX LLC | INC. | TELEFLEXILC | TELEFLEXILC | TELEFLEX LLC | MAMMOTH MEDICAL, INC. | INC. | INC. | INTERNATIONAL - | MEDSOURCE INTERNATIONAL - IMPORT | INTERNATIONAL - | MEDSOURCE INTERNATIONAL - IMPORT | MEDSOURCE INTERNATIONAL - IMPORT | MEDSOURCE INTERNATIONAL - IMPORT | MEDSOURCE INTERNATIONAL - IMPORT | MEDSOURCE INTERNATIONAL - IMPORT | INTERNATIONAL - IMPORT | INTERNATIONAL - | PHARMACEUTICALS, | SAGENT PHARMACEUTICALS, INC. | |
| 12977 | 12370 | 12076 | 12975 | 12974 | 123336 | 123334 | 1233-32 | 123330 | 123328 | 123326 | 123324 | 123322 | 123320 | 123318 | 123316 | 123314 | 123312 | 2113-10280 | 2113-10270 | 2113-10260 | 2113-10255 | 2113-10350 | 2113-10345 | 2113-10340 | 2113-10335 | 2113-10330 | 2113-10325 | 0318-02 | 0318-04 | |
| \$ 0.18 1 | 01.0 | 0.40 | \$ 0.18 1 | \$ 0.18 1 | \$ 2.71 1 | \$ 3.21 1 | \$ 2.45 1 | \$ 3.22 1 | \$ 3.21 1 | \$ 3.22 1 | \$ 2.45 1 | \$ 3.22 1 | \$ 3.22 1 | \$ 3.22 1 | \$ 2.45 1 | \$ 2.70 1 | \$ 2.45 1 | \$ 1.44 1 | \$ 1.44 1 | \$ 1.44 1 | \$ 1.44 1 | \$ 1.24 1 | \$ 1.24 1 | \$ 1.24 1 | \$ 1.24 1 | \$ 1.24 1/ | \$ 1.24 1/ | \$ 40.07 10 | \$ 71.45 10 | |
| 1/EA | 5 | ie v | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 1/EA | 10/BX | 10/BX | MOM |

| 65 | 64 | 6 | 23 | 62 | 61 | 60 | 59 | 58 | 57 | 56-ALT | | 56 | 55 | 54 | 53 | 52 | 51 | 50 | 49 | 48 | 47 | 46 | 45 | 2 | 43 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | City of North Port Line ID |
|--|--------------------------|---|--|-----------------------|-----------------------|-------------------------------------|--|-----------------------|--|---|------------------------------|--|------------------------------------|---|---------------------------------|-------------------------------|--|--|--|---|-----------------------------|---|---|---|--|--------------------------|--------------------------------------|-------------------------------------|---|--|---|--|------------------------------|--------------------------------|------------------------------|------------------------------|--|---------------------------------------|
| Line Item | Line Item | cure teem | l ine Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | ine Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | ort Award Type |
| 142 | 760-13TBK | 200 100 | 760-7IBK | 760-9CBK | 760-11ABK | 530050 | 7372 | 530001 | 3537 | 690 | | 690 | 40101 | 6528-QL | DYNC8522 | 780800 | | 3680 | 3104 | 3611 | 3664 | | Ultra Vue 18, Blue, | | 0409491134 | 849100 | 62022 | | 0487-9501-01 | 8705030 | 8704030 | 8703030 | 8202000 | 8215000 | 8201000 | | | City of North Port e Vendor Item # |
| Busse | ADC | 100 | ADC | ADC | ADC | Arkray | HTL-STREFA | Arkray | Dynarex | Roehampton | | Roehampton | ADC | Posey | Medline Industries | Laerdal | | Dynarex | Dynarex | Dynarex | Dynarex | 2538 | Je, Vlron Duck | | Hospira | Rusch | Safetec | | Nephron Pharmaceuticals | Intersurgical | Intersurgical | Intersurgical | Intersurgical | Intersurgical | Intersurgical | | | Oity of North Port Vendor Name |
| Bulb syringe, sterile, 2oz, latex free | BP cuff, nylon, thigh | | BP cuff nylon, infant | BP cuff, nylon, child | BP cuff, nylon, adult | Blood glucose, test strips | Blood glucose, lancet, 1.8mm, 21g | Blood glucose monitor | Blanket, emergency, space, survival, 52" x 84" | Blanket, emergency, disposible, 60" x 90", yellow | | Blanket, emergency, disposible, 60" x 90", yellow | Bite stick | Belt, Quick Release Gait | Bed Pan | Battery, Laerdal Suction Unit | Bariatric Transfer Sheet | Bandage, triangular, 40" x 40" x 56" | Bandage, stretch (kling), non-sterile, 4" x 4" | Bandage, adhesive (Band-aid), 3/4"x 3" | Bandage, Ace, 4" x 5 1/2yds | Bag, infectious waste, red, 1.25 mil, 16gal | Backboard, plastic | Backboard, pediatric immobilizer, 48", w/case | Atropine Sulfate 1mg, 0.01mg/ml, 10ml | Asherman Chest Seal | Ammonia Towelette | Amiodarone 150mg, 50mg/ml, 3ml Vial | Albuterol Sulfate 0.083% 2.5mg, 3ml, Individually Wrapped | Airway, supraglottic, size 5, Resus Pack | Airway, supraglottic, size 4, Resus Pack | Airway, supraglottic, size 3, Resus Pack | Airway, supraglottic, size 2 | Airway, supraglottic, size 1.5 | Airway, supraglottic, size 1 | Airway, oropharyngeal, 100mm | Airway, orophatyngeal, 80mm | City of North Port Item Description |
| 1 1/Ea | 1 1/Ea | | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/68 | 1 1/Ea | | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 10/Box | 1 1/vial | 1 30/Box | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | City of North Port City of Qty |
| 590 | 760 | | 540 | 170 | 170 | 276 | 276 | 276 | 27. | 150 | | 118 | 020 | 660 | 444 | 222 | LPT | 112 | 279 | 279 | 279 | NO | B0402 | 36111 | | | 1 | 061 | | 211 | 211 | 211 | 211 | 211 | 211 | 201 | 201 | City of North Port UoM |
| 590031 | 760TLF | | 540019 | 70763 | 170760 | 2763-53050 | 2764-12107 | 2761-53010 | 12945 | | | 118043 | 020010 | 660782 | 144677 | 223-80078 | PT757 | 124-36800 | 279-3104BG | 279-3611BX | 279-3664EA | NO BID | 102 | | 374911 | | 360-62022 | |)200-25 | 2114-87303 | 2114-87302 | 2114-87301 | 2114-08202 | 2114-08215 | 2114-08201 | 2010-34100 | 2010-34080 | Bound Tree fedical Item # |
| BULB SYRINGE STERILE LATEX FREE 2 OZ 50/CS | Packet Aneroid, Case, LF | hyg 760 Series, Size 13 Thigh, Black, Adcuff Nylon, | BP Unit, Prosphyg 760 Series, Size 7 Infant, Black, Adcuff Nylon, Pocket Aneroid, Case, LF | Pocket | | 1bt/box *Approved for Multi pt Use* | Table And Print Mark District Reserved | se* | *SEE NOTES* Blood Glucose Meter, Assure Prism Multi*Approved for | + | | Curaplex Blanket, Foam Yellow Emergency, 58 in x 90 in, Disposable 18ea/cs | BITE STICK PLASTIC SINGLES 10EA/BG | POSEY GAIT BELT. QUICK RELEASE, STANDARD, NAVY, UP TO 52 IN | BED PAN FRACTURE GRAPHITE 24/CS | LSU NIMH Battery | THOMAS BARIATRIC PATIENT TRANSFER FLAT | Triangular Bandages, 40in x 40in x 56in, 12/BX | Stretch gauze bandage, non-sterile, 4 in., self adnering and conforming 12/bx 8bx/cs | ESIVE, FLEXIDAE FADIRE, 574 III X 5 III, SEEIRE, SHIP TOVUX | _ | | TRA-VUE 16, Blue, No Pins, 72 in x 16 in x 1 3/4 in | oard with Black Case, Immobilization for Children 25- | ATROPINE 1MG 10ML LIFESHIELD SYRINGE 1006A 10EA/BX | HERMAN 849100 10EA/BX | 0% Strength Towelettes 10/BX 30BX/CS | | Albuterol 0.083% 2.5mg/ 3ml 25/bx | rgel O2 Resus Pack, LG Adult, incl size 5 rgel O2, Lube, Strap, for Pts 90 plus kg 6ea/cs | Pack, MED Adult, incl size 4 l-gel O2, Lube, Strap, for sa/cs | ıs |) 10EA/CS | - | _ | - | Berman Oral Airway, SM ADLT, 80mm (Green) apped 1/EA 50EA/BG 26BG/CS | Bound Tree Medical Item Description |
| DISPOSABLES | BUSSE HOSPITAL | AMERICAN | AMERICAN DIAGNOSTIC CORP. | DIAGNOSTIC CORP. | DIAGNOSTIC CORP. | ARKRAY USA, INC. | INC. | ARKRAY USA, INC. | AST GEODAL | ASP GLOBAL | MEDSOURCE INTERNATIONAL - | MEDSOURCE INTERNATIONAL - IMPORT | AMERICAN DIAGNOSTIC CORP. | MAMMOTH MEDICAL, INC. | MEDLINE INDUSTRIES, INC. | CORPORATION | MEDICAL SOLUTIONS | CORPORATION | CORPORATION | CORPORATION | CORPORATION | No Bid | IRON DUCK INC. | MEDSOURCE INTERNATIONAL | PFIZER INC. | TELEFLEX LLC | INC. | FRESENIUS | BERGEN/CENCORA | INTERSURGICAL, INC. | INTERSURGICAL, INC. | INTERSURGICAL, INC. | INTERSURGICAL, INC. | INTERSURGICAL, INC. | INTERSURGICAL, INC. | ASP GLOBAL | ASP GLOBAL | Vendor Name |
| 142 | 760-13TBK | | 760-7IBK | 760-9CBK | 760-11ABK | 530050 | 07372 | 530001 | 12940 | 12945 | | BT-B200 | 4010T | 6528Q | DYNC8522 | 780800 | THS200 | 3680 | 3104 | 3611 | 3664 | No Bid | 35775-B | STORM-PIBS | 911-34 | 849100 911-316 | 62022 | 63323-0616-03 | | 8705030 | 8704030 | 8703030 | 8202000 | 8215000 | 8201000 | 12980 | 12978 | Vendor Item # |
| \$ 1.02 | \$ 25.21 | | \$ 18.20 | \$ 18.20 | \$ 18.20 | \$ 7.46 | \$ 12.92 | \$ 5.97 | | \$ 0.45 | | \$ 4.22 | \$ 0.40 | \$ 8.27 | \$ 1.59 | \$ 144.64 | \$ 194.45 | \$ 4.77 | \$ 1.38 | \$ 1.49 | \$ 0.49 | No Bid | | \$ 79.36 | \$ 227.61 | \$ 10.14 | \$ 2.60 | | \$ 5.87 | \$ 25.66 | \$ 25.66 | \$ 25.66 | \$ 15.57 | \$ 15.57 | \$ 15.57 | \$ 0.18 | \$ 0.18 | Quoted Price |
| 2 1/EA | 1 1/EA | | 0 1/EA | 0 1/EA | 0 1/EA | 6 50/BX | 2 100/BX | 7 1/EA | | 3 1/FA | | 2 1/EA | 0 1/EA | 7 1/EA | 9 1/EA | 4 1/EA | 5 1/EA | 7 12/BX | 8 12/BX | 9 100/BX | 9 1/EA | No Bid | | 6 1/EA | 1 10/BX | 10.14 1/EA 0.74 36/BT | 0 10/BX | | 7 25/BX | 6 1/EA | 6 1/EA | 6 1/EA | 7 1/EA | 7 1/EA | 7 1/EA | 8 1/EA | 8 1/EA | Selling |

| 110,00 | L | טו ו היייטין בביט | | TO-TO | | Epinephrine 1:1000 1mg, 0.1mg/mi, 1mi | | | Line Item | 102 |
|-----------------------|--------------------|-----------------------------|--|--|---|--|-----------------------------------|-------------------------------------|------------|-------------------------------|
| \$ 128.30 10/PK | 00409-4933-10 \$ | BPILARS LLC | | 4933-10 | 1 1/Ea | Epinephrine 1:10,000 1mg, 0.1mg/ml, 10ml | | | Line Item | 101 |
| 11.82 | | ASP GLOBAL | Curaplex Emesis Bag, 1000cc, Emesis, High Density, 25/pk 6pk/cs | 1071-10202 | ack | Emesis Bag | Curaplex | 1071-10202 | Line Item | 100 |
| \$ 2.35 1/RL | 2745-10108 \$ | ASP GLOBAL | LP15, LP35 1/RL 60RL/CT | 2745-10108 | 1 1/Ea | ECG paper for Lifepak, 3 channel, 100mm | Curaplex | 2745-10108 | Line Item | 99 |
| \$ 100.49 1/PR | 11101-000016 \$ | STRYKER | hart Paner Thermal 108mm Red Grid for I P11 IP12 | 230016 | 1 1/Ea | ECG electrode/pacing/defib, pediatric for LP1000 | Physio-Control | 11101-000016 | Line Item | 98 |
| \$ 38.05 1/PR | 11996-000093 \$ | STRYKER | LP15, LP12, LP10, LP10 , LP2 DEFINATBIC BETHINGEN ENERGY DEFIN BANG FOR I PSOO GR PHUS AND | 230107 | 1 1/Ea | ECG electrode/pacing/defib, pediatric for LP15 | Physio-Control | 11996-000093 | Line Item | 97 |
| \$ 22.88 1/PK | 31319281 \$ | INC. | _ | 541310 | 1 1/Ea | ECG electrode/pacing/defib, adult | Physio-Control | 11996-000017 | Line Item | 96 |
| \$ 6.15 30/BX | 1620-003 \$ | CORPORATION | ELECTRODES PEDIATRIC 3/PK 10PK/BX 20BX/CS HUGGABLE | 231620 | 1 1/Ea | ECG electrode, pediatric/neonate, 3/pk | ConMed | 1620-003 | Line Item | 95 |
| \$ 10.44 50/PK | SP-00-S/50 \$ | AMBU INC. | | 230500 | 1 50/Bag | ECG electrode, adult | Ambu | | Line Item | 94 |
| \$ 444.02 1/EA | 11113-000004 \$ | STRYKER | QUIK-COMBO, for LifePak 15, w/TRUE-LOCK Cable approx. length | 2743-04113 | 1 1/Ea | ECG Cable, Quik-Combo Therapy for LP15 | | | Line Item | 93 |
| \$ 439.36 1/EA | 11111-000018 \$ | STRYKER | _ | 2743-01811 | 1 1/Ea | ECG Cable for LP15, 4-wire Limb Leads | | | Line Item | 92 |
| \$ 176.93 1/EA | 11111-000022 \$ | STRYKER | G-WIRE PRECOMUJAL LEADS FOR 12-LEAD EUG CABLE FOR LP12 AND ST. LP15, LIFEPAK 12, LIFEPAK 15 | 2743-02211 | 1 1/Ea | ECG Cable for LP15, 6-wire Precordial Leads | Physio-Control | 11111-000022 | Line Item | 91 |
| \$ 17.23 100/BX | 36002MS \$ | ASP GLOBAL | - | 36002MS | 1 100/Box | Dressing, Veni-Gard, IV, adult | | 31 | Line Item | 90 |
| \$ 6.44 36/TR | 7196D \$ | USA | ABDOMINAL PADS 5 IN X 9 IN STERILE DERMACEA 36/TR 12TR/CS | 1212-19604 | 1 36/Тгау | Dressing, 5" x 9", sterile | | O | Line Item | 89 |
| \$ 1.79 50/BX | 3343 \$ | CORPORATION | Gauze sponge, sterile, 4 in x 4 in, 12 ply, 2/pk, 25pk/bx 24bx/cs C | 279-3343BX | 1 1/Ea | Dressing, 4" x 4", sterile | | | Line Item | 88 |
| \$ 9.14 50/BX | 1050- | USA SERVICES | | 151050 | 1 1/Ea | Dressing, 3" x 4", non-adhering, sterile (TELFA) | | | Line Item | 87 |
| \$ 0.97 200/BG | 3222 \$ | CORPORATION | Gauze sponge, 2 in x 2 in, 8 ply, non-sterile 200/bg 25bg/cs | 279-3222BG | 1 1/Ea | Dressing, 2" x 2", non-sterile | Dynarex | | Line Item | 86 |
| \$ 0.92 1/EA | 3532 \$ | TION | Dressing, Trauma, 12 in x 30 in, Sterile 50ea/cs | 9280 | 1 1/Ea | Dressing, 12" x 30", sterile | Dynarex | 3532 | Line Item | 85 |
| \$ 24.66 25/BX | 72485-101-25 | ARMAS PHARMACEUTICALS, INC. | Diphenhydramine 50mg, 1ml vial 25/BX | 101-25 | 1 1 /vial | Diphenhydramine (Benadryl) 50mg, 50mg/ml, 1ml | ¥ | | Line Item | 84 |
| \$ 36.79 10/BX | 5936869 \$ | PHARMA | Diltiazem 5mg/ml, 5ml Vial *Refrigerate * 10/bx | 319-05 | 1 1/vial | Diltiazam (Cardizem) 25mg, 5mg/ml, 5ml | | | Line Item | 83 |
| \$ 6.70 1/EA | 2B0162Q \$ | DMG | IV Solution, Dextrose 10% 250ml Bag 36ea/cs Baxter D | 1921-16217 | 1 1/Bag | Dextrose 10%, 250ml | Baxter | 2 | Line Item | 82 |
| \$ 5.17 1/EA | 34810 \$ | - | GERMICIDAL SOLUTION 32 OZ BOTTLE 6/CS SANIZIDE 34810 | R3127 | 1 1/Ea | Detergent/disinfectant, alcohol-free, 32oz Spray | Safetec (SaniZide Plus) | 34810 | Line Item | 81 |
| \$ 1,230.58 1/EA | 0310-11 \$ | | Cyanokit kit 5gm 1per kit | 0310-11 | 1 1/Ea | Cyanokit 5g | | | Line Item | 80 |
| \$ 49.17 1/EA | 313-7556XN-1 \$ | _ | OZ MAX BITAC EU MASK, W. NED, ADUIT MED, W.S-SET VAIVE, OHITIEUA Connector, Fixed Flow 10ea/cs P | 313-7556XN-1EA | 1 1/Ea | CPAP(Bi Trak) O2 Max Guard, Medium Adult mask | Pulmodyne | 313-7556XN-1 | Line Item | 79 |
| \$ 21.82 1/EA | 313-7030 \$ | PULMODYNE | L FACE MASK AND HEAD STRAP, ADULT LARGE 10/CS | 313-7030EA | 1 1/Ea | BiTrac ED Mask with Standard Headgear, Adult Large | | | Line Item | 78 |
| \$ 21.82 1/EA | 313-7029 \$ | PULMODYNE | _ FACE MASK AND HEAD STRAP, ADULT MEDIUM | 313-7029EA | 1 1/Ea | BiTrac ED Mask with Standard Headgear, Adult Medium | dyne | | Line Item | 77 |
| \$ 4.06 1/EA | 000281106 \$ | AMBUINC. | | 260280 | 1 1/Ea | Collar, adjustable, infant/pediatric | | | Line Item | 76 |
| \$ 4.06 1/EA | 000281000 \$ | AMBU INC. | | 260281 | 1 1/Ea | Collar, adjustable, adult | | 000281000 | Line Item | 75 |
| 8 0.57 1/EA | 4512 \$ | CORPORATION | | 220227 | 1 1/Ea | Cold pack, regular, 6" x 9" | | | Line Item | 74 |
| | 0105063-00 \$ | K FIX, INC. | yrotomy Kit, The Quick Fix Jr, Pediatric | 2160-56301 | 1 1/Ea | Cricothyrotomy Kit, Ped | Fix, Inc | 63-00 | Line Item | 73 |
| 13.30 | 36611 \$ | PARENT PRODUCTION | TTube | 36611 | 1 1/Ea | Cricothyrotomy Kit | aplex | 3 | line Item | 3 |
| 5.67 | 602 \$ | EM | 3 IN X 4 IN | G36612 | 1 1/Ea | Case, glove, 4" x 3" black | EMI | 602 E | Line Item | 71 |
| | 301-5707F-SE \$ | | CURAPLEX CAPNOGRAPHY ADULT 7FT ETCO2 ORAL-NASAL CANNULA 25/CS A | 301-5707F-SE | 1 1/Ea | Capnography, Smart CapnoLine Plus Nasal Cannula, Adult | | | line from | 70 |
| 7.69 | ěř. | | \rightarrow | 301-5807F-SE | 1 1/Ea | Capnography, FilterLine Set EtCO2 Airway Adapter Capnography, Smart CapnoLine Nasal Cannula, Pediatric | | 301-5107ET | Line Item | 68 |
| 6.10 | | APLEX | ETCO2 SAMPLING | 301-5107FT | 1 1/Fa | Connection Citized in a Cot ECOO Ainway Adapter | | | Line Item | 6/ |
| 120.10 10/BX | 7632933041 \$ | TED. | - | 373304 | 1 1/Ea 1 1/Ea | Burn sheet, 60" x 96" Calcium Chloride 100mg/ml 10ml uer let Prefilled Svringe | GAM Industries | 30-01 | Line Item | 66 |
| 2 16 | STORM_RS0033 | MEDSOURCE INTERNATIONAL - | Shoot DO jook 4 DO jook Stocillo BDooles | | | | | | | |
| Quoted Price UOM | Vendor Item # | Vendor Name | Bound Tree Medical Item Description | Bound Tree Medical Rem # | City of North Port City of North Port Qty UoM | City of North Port Item Description | City of North Port Vendor Name | City of North Port Vendor Item # | Award Type | City of North Port Line ID |
| THE OWNER WHEN PERSON | THE REAL PROPERTY. | | | THE RESIDENCE OF THE PARTY OF T | | | | | | - |

| 134 | 133 | 132 | 131 | 130 | 129 | 128 | 127 | 126 | 125 | 124 | 123 | 122 | 121 | 120 | 119 | 118 | 117 | | 115 | 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | City of North Port Line ID |
|---|---|--|---|--|--|---|--|--|--|---|--|--|---|---|--|---|---|---|--|---|----------------------------------|-----------------------------------|---|---|------------------------|------------------------|---|---|---|---|---|--|
| Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Award Type |
| 1613-86218 | 1613-86216 | 1613-86214 | | 352379A | US1150 | , | MX5311L | B30-102 | 6300 | 0487-9801-01 | D015151NK | D015451NK | D015251NK | D001001 | 000264034 | | LSE-IU4-AAAL | 100 VVVI | LSE-104-XXL | LSE-104-XL | LSE-104-S | LSE-104-M | LSE-104-L | | | | 92-EFORCE | 600-20000 | 600-10000 | 9-0211-70 | 9-0212-70 | City of North Port Vendor Item # |
| Curaplex | Curaplex | Curaplex | | BBraun | BBraun | | Smiths Medical | Biomedix | Morrison Medical | Nephron Pharmaceuticals | Becton-Dickinson | Becton-Dickinson | Becton-Dickinson | Becton-Dickinson | Ambu | | Lifedia | Ansell Healthcare | Ansell Healthcare LifeStar | Ansell Healthcare LifeStar | Ansell Healthcare LifeStar | Ansell Healthcare LifeStar | Ansell Healthcare LifeStar | | | | Taylor Healthcare Products | Laerdal | Laerdal | SunMed | SunMed | City of North Port Vendor Name |
| IV, catheter, w/blood control, 18g x 1-1/4" | IV, catheter, w/blood control, 16g x 1-1/4" | IV. catheter, w/blood control, 14g x 1-1/4" | IV, armboard, padded, disposable, 3" x 9" | IV, admin set, needleless, 60 drop, 2 sites, 86" | IV, admin set, needleless, 15 drop, 2 sites, 86" | IV, admin set, needleless, 10 drop, 83" | IV, 3-Way Stopcock w/Swivel Male Luer Lock | SELEC-3, 3-in-1 IV Administration Set, 10/15/60 Drop | Isolation Kits | Ipratroprium Bromide 0.02%, 2.5ml, Individually Wrapped | Interosseous Needle, Pediatric, 15mm (Pink) w/Stabilizer and Extension Set | Interosseous Needle, Large Adult, 45mm (Yellow) w/Stabilizer and Extension Set | Interosseous Needle, Adult, 25mm (Blue) w/Stabilizer and Extension Set | Interosseous Driver for BD-IO | Immobilizer device, plastic w/2 straps | Hydromorphone (Dilaudid) 2mg, 2mg/ml, 1ml | Glucagon, 1mg/ml | Close Nitrile High Birk YYY. I area | Glove, Nitrile, High Risk, XX-Large | Glove, Nitrile, High Risk, X-Large | Glove, Nitrile, High Risk, Small | Glove, Nitrile, High Risk, Medium | Glove, Nitrile, High Risk, Large | Furosemide (Lasix) 100mg, 10mg/ml, 10ml | Forceps, Magill, child | Forceps, Magili, adult | Fitted Sheet(Stretcher) | ET Tube Holder, Thomas, Pediatric | ET Tube Holder, Thomas, Adult | ET Introducer, Bougle, Coude Tip, Pediatric | ET Introducer, Bougie, Coude Tip, Adult | City of North Port Item Description |
| 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 30/Box | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/vial | 1 1/Kit | 1 900/022 | 1 1000/Case | 1 1000/Case | 1 1000/Case | 1 1000/Case | 1 1000/Case | 1 1/vial | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | City of North Port City of North Port Qty UoM |
| 1613-86218 | 1613-86216 | 1613-86214 | 1830-91350 | 1712-60830 | 1712-15830 | 1712-10830 | 35411 | 352230 | 56-6300 | 379801 | 1650-70151 | 1650-70154 | 1650-70152 | 1650-70010 | 264036 | 1312-30 | 0593-03 | 1015-10406 | 1015-10405 | 1015-10404 | 1015-10401 | 1015-10402 | 1015-10403 | 0284-25 | 0128 | 0129 | 3271-92250 | 020400 | 020500 | 2120-17010 | 9-01212-70 | Port Bound Tree Medical Item I |
| Curaplex CuraSlide BC Safety IV Catheter w/ Blood Control, 18ga x 1-1/4in, Green 50EA/BX 4BX/CS | aSlide BC Safety IV Catheter w/ Blood Control, 16ga x 1-)EA/BX 4BX/CS | Curaplex CuraSlide BC Safety IV Catheter w/ Blood Control, 14ga x 1- 1/4in, Orange 50EA/BX 4BX/CS | Disposable IV Armboard 3 in x 9 in, S0EA/CS | Curaplex IV Admin Set, 60Drp, 83in, PP Y-Site, Sure-Lok Ndle-Free Y- Site, Rotat Male LL 1/EA 50EA/CS | | _ < | _ | | LTD QTY - Isolation kit, incl gown, gloves, biohazard bag, mask w/shield, shoe covers, cap, disp | IPRATROPIUM BROMIDE 0.02%, 0.5MG/2.5ML INDIVIDUALLY WRAPPED 30/BX | BD IO 15mm Needle Kit w/ Stabilizer and Extension Set 6EA/CS | BD IO 45mm Needle Kit w/ Stabilizer and Extension Set 6EA/CS | BD IO 25mm Needle Kitw/ Stabilizer and Extension Set 6EA/CS | BD 10 Powered Driver w/ Charger | | ᄁ | Glucagon 1mg, 1ml vial kit with 1ml Sterile Water | Gloves, LifeStar EC, 3XL, Nitrile, White Exterior/Blue Interior, Powder | Gloves, LifeStar EC, 2XL, Nitrile, White Exterior/Blue Interior, Powder Free, 12 in 100/bx 10bx/cs | Gloves, LifeStar EC, XL, Nitrile, White Exterior/Blue Interior, Powder Free, 12 in 100/bx 10bx/cs | | _ | Gloves, LifeStar EC, LG, Nitrile, White Exterior/Blue Interior, Powder Free, 12 in 100/bx 10bx/cs | Furosemide 100mg, 10ml vial 25EA/BX | Forceps, Magill, child | Forceps, Magill, adult | Fitted Sheet, Taylor SureFitE-Force for Stryker XPS, 50/CS, 30cs/pallet | I. Tube Holder, Thomas, Pediatric/Child, for E1/SGA Tubes 15.8mm OD | Tube Holder, Thomas, Adult, 10r E1/36A Tubes 6.5mm ID | | ET TUBE INTRODUCER W/COUDE TIP 15FR X 70CM 1/EA 10EA/PK | Bound Tree Medical Item Description |
| MEDSOURCE INTERNATIONAL - IMPORT | MEDSOURCE INTERNATIONAL - IMPORT | INTERNATIONAL - | DICK MEDICAL SUPPLY | AMSINO-CURAPLEX | AMSINO-CURAPLEX | AMSINO-CURAPLEX | INC. | BIOMEDIX, INC. | PRODUCTS | PHARMACEUTICALS CORPORATION | (BARD ACCESS DIVISION) | (BARD ACCESS DIVISION) | (BARD ACCESS DIVISION) | BECTON DICKINSON (BARD ACCESS DIVISION) | AMBU INC. | PFIZER INC. | FRESENIUS | ANSELL HEALTHCARE | PRODUCTS LLC | PRODUCTS LLC | ANSELL HEALTHCARE PRODUCTS LLC | PRODUCTS LLC | PRODUCTS LLC | BAXTER HEALTHCARE PHARM DIVISION | SURGICAL DESIGN, | SURGICAL DESIGN, | PRODUCTS | _ | | AIRLIFE | AIRLIFE | Vendor Name |
| 1613-86218 | 1613-86216 | 1613-86214 | Y 62309M50 | 608306-CUR | 158305-CUR | 108306-CUR | MX5311L | B30-102 | 6300 | 0487-9801-01 | D015151NK | D015451NK | D015251NK | D001001 | 000264036 | 00409-1312-30 | 63323-593-03 | _ | LSE-104-XXL | LSE-104-XL | LSE-104-S | LSE-104-M | LSE-104-L | AIN00214 | 297 | 298 | 92-EFORCE | 600-20000 | 600-10000 | 9-0211-70 | 9-0212-70 | Vendor Item # |
| \$ 1.57 1/EA | \$ 1.57 1/EA | \$ 1.57 1/EA | \$ 1.01 1/EA | \$ 1.15 1/EA | \$ 1.73 1/EA | \$ 1.27 1/EA | \$ 1.18 1/EA | \$ 5.47 1/EA | \$ 7.17 1/EA | \$ 9.63 30/BX | \$ 135.00 1/EA | \$ 135.00 1/EA | \$ 135.00 1/EA | \$ 664.65 1/EA | 4.53 | 43.24 | \$ 188.41 1/EA | 20 95 | \$ 20.95 100/BX | \$ 20.95 100/BX | \$ 20.95 100/BX | \$ 20.95 100/BX | \$ 20.95 100/BX | \$ 46.00 25/BX | \$ 2.86 1/EA | \$ 3.88 1/EA | \$ 90.82 50/CS | \$ 3.21 1/EA | \$ 3.21 1/EA | \$ 5.04 1/EA | \$ 5.04 1/EA | Quoted Price UOM |

| 175 | 174 | 173 | 172 | 171 | 170 | 169 | 168 | 167 | 166 | 165 | 164 | 163 | 162 | 161 | 160 | 159 | 158 | 156 | 155 | 154 | 153 | 152 | 151 | 150 | 149 | | 148 | 147 | 146 | 145 | 144 | 143 | 142 | 141 | 140 | 138 | 197 | 1 2 2 | 136 | 135 | City of North Port Line ID |
|--|---|---|---|---|--|---|----------------|--|---------------------------|---|---|---------------------------------------|-------------------------------------|--|----------------------------------|--|-------------------------------|---------------------------------|---------------------------------------|--|--|---|---|--|---|---|---|--|--|---|---|------------------------------|--------------------------|--|--|--|--|---|---|--|---|
| Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | riie iceii | l inc learn | Line Item | Line Item | t Award Type |
| 7MFA1105TC | | | | | | 21300-008148 | 11160-000017 | 11160-000013 | 11160-000015 | 8881850310 | 305211 | 30059 | | 2170-20300 | | | 47107 | 100137 | 008628300 | 008620100 | 008621000 | 008619400 | 008618300 | 008617200 | 001919800 | | 008615050 | 008604400 | 008603300 | 008602200 | 008601100 | 78002001 | | IE1250 | 303367 | 473444 | 1010-0101 | 1613-86224 | 1613-86222 | 1613-862202 | City of North Port Vendor Item # |
| Precision Medical | | | | | | Physio-Control | Physio-Control | Physio-Control | Physio-Control | Covidien | Becton-Dickinson | Curaplex | | Curaplex | | | Kimberly-Clark | POI | Rusch | Rusch | Rusch | Rusch | Rusch | Rusch | Kusch | | Rusch | Rusch | Rusch | Rusch | Rusch | Laerdal | | Ferno-Washington | Becton-Dickinson | BBraun | Culabias | Curaplex | Curaplex | Curaplex | City of North Port Vendor Name |
| 02 flowmeter, click-style, 0-25LPM | O2 cylinder, replacement toggle handle with pin | O2 cylinder, Jumbo "D" tank, aluminum, w/toggle | O2 cylinder, "D" tank, aluminum, w/toggle | O2 connector, nipple/nut (xmas tree), emerald green | Nitroglycerin 0.4mg, 100 count, tablets | NIBP tubing, Coiled, 2-9 feet | LP15, I | NIBP cuff for LP15, child | NIBP cuff for LP15, adult | Needle, Safety 23g x 1" | Needle, Filter, Blunt, 18g x 1 1/2" (Rea) | er to BVM Ada | Naloxone (Narcan), 2mg, 1mg/ml, 2ml | Mucosal Atomizer Device | Midazolam (Versed) 5mg/ml 1ml | Methylprednisone Sod. Suc. (Solu-Medrol) 125 mg, 2 | Mask, Surgical w/o faceshield | Lubricant Water Soluable, 2.7cm | Laryngoscope, replacement bulb, large | Laryngoscope, handle, chrome, small/penlight | Laryngoscope, handle, chrome, medium/standard | Laryngoscope, blade, stainless, Miller #4 | Laryngoscope, blade, stainless, Miller #3 | Laryngoscope, blade, stainless, Miller #2 | Lafyiigoscope, made, statiness, rinter #1 | Interpretation Hade stainless Miller #1 | Laryngoscope, blade, stainless, Miller #0 | Laryngoscope, blade, stainless, Macintosh #4 | Laryngoscope, blade, stainless, Macintosh #3 | Laryngoscope, blade, stainless, Macintosh #2 | Laryngoscope, blade, stainless, Macintosh #1 | Laerdal Suction Unit, 1200ml | Lidocaine, 2%, 2ml Vial | Kedrick Extrication Device, w/straps, bag, 500lb | IV, vial access cannula (Blue) | IV, Extension Set w/Connector, 6.5" | IN CHAILEAST INDERSON CONTROL E. S. C. C. C. | IV. catheter, w/blood control, 24g x 5/8" | IV. catheter, w/blood control, 22g x 1" | IV. catheter, w/blood control, 20g x 1" | City of North Port Item Description |
| 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 100/Bottle | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/64 | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/vial | 1 1/vial | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | A A/ Let | 1 1/Fa | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | | 1 1/Ea | 1 1/Ea | 1 1/Ea | City of North Port City of North Port Qty UoM |
| 715-7MFA1105TC | NO BID | D4151 | D4150 | 11187 | 0639-01 | 2613-28148 | 2615-16019 | 2615-16013 | 2615-16015 | 8881850310 | 117670 | 30059 | 373369 | 2170-20300 | 2308-01 | 0409-0047-22 | 290418 | 1340-27000 | NOBID | 028620 | 2141-13510 | 2145-13505 | 2145-13504 | 2145-13503 | 10000 | 2145-13502 | 2145-13501 | 2145-13404 | 2145-13403 | 2145-13402 | 2145-13401 | L780020 | NO BID | 660030 | 353367 | 353444 | | 1613-86224 | 1613-86222 | 1613-862202 | t Bound Tree Medical Item # |
| Oxygen flowmeter, click style, 0-25 LPM, Ohmeda connector, top inlet | Not Bidding On This Item | CYLINDER OXYGEN WITH TOGGLE ALUMINUM JUMBO D SIZE | | 50ea/bg | Nitroglycerin sublingual tab 0.4mg 100/ btt O2 Connector Bath Ninnle/Nut Swivel Tangged Plastic Green | NIBP lubing, Colled Hose, Bayonet, for the Liferak 15 | | NIDE C.14 VI Adult Baischla Bayonat for issay/I toPak 15 and | | Safety Needles, Magellan, 23 ga x 1 in 50/bx 10bx/cs NIBP Cuff, Adult, Reusable, Bayonet, for use w/LifePak 15 and LifePak | | Curaplex Nebulizer to BVM Adapter Kit | | Curaplex DART, No Syringe, Latex Free 1/EA 25EA/CS | C4 Midazolam 5mg, 1ml Vial 10/bx | 5mg, 2ml ACT-O-VIAL 25EA/BX | | | Not Bidding On This Item | LARYNGOSCOPE HANDLE RUSCH PEDIATRIC | Curaptex Select Laryngoscope Handle, Reusable, LED, Water- Resistant 24ea/bx 4bx/cs | 20ea/bx | | 20ea/bx Curaplex Select Laryngoscope Blade, Miller 3, LED, Disposable | Curaplex Select Laryngoscope Blade, Miller 2, LED, Disposable | Curaplex Select Laryngoscope Blade, Miller 1, LED, Disposable 20ea/bx | Curaplex Select Laryngoscope Blade, Miller 0, LED, Disposable 20ea/bx | Curaplex Select Laryngoscope Blade, Mac 4, LED, Disposable 20ea/bx | Curaplex Select Laryngoscope Blade, Mac 3, LED, Disposable 20ea/bx | Curaplex Select Laryngoscope Blade, Mac 2, LED, Disposable 20ea/bx ASP GLOBAL | Curaplex Select Laryngoscope Blade, Mac 1, LED, Disposable 20ea/bx ASP GLOBAL | LAERDAL | Not Bidding On This Item | CARRYING CASE | VIAL ACCESS CANNULA 100/BX 10BX/CS INTERLINK | Curaplex Pressure Infuser, Bag, 1000ml 5/bx 5bx/cs | EXTENSION SET CSEBSL ULTRASITE NEEDLEFREE VALVE STANDARD | Curaplex CuraSlide BC Safety IV Catheter w/ Blood Control, 24ga x 5/8in L, Yellow 50EA/BX 4BX/CS | Curaplex CuraSlide BC Safety IV Catheter w/ Blood Control, 22ga x 1in L, Blue 50EA/BX 4BX/CS | Curaplex CuraSlide BC Safety IV Catheter w/ Blood Control, 20ga x 1in L, Pink 50EWBX 4BX/CS | Bound Tree Medical Item Description |
| INC. | No Bid | ALLIED MEDICAL LLC | MERET | HYPERKINETICS | BERGEN/CENCORA | AMERISOURCE | STRYKER | STRYKER | STRYKER | USA | MED PLUS SERVICES | PARENT PRODUCTION | וויוס נואוופט | SYSTEMS | ENGINEERED MEDICAL | PFIZER INC. | O&M HALYARD, INC. | ASP GLOBAL | No Bid | TELEFLEXILC | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | ASP GLOBAL | CORPORATION | No Bid | FERNO WASHINGTON | BECTON DICKINSON | ASP GLOBAL | B. BRAUN MEDICAL | INTERNATIONAL - | INTERNATIONAL - | MEDSOURCE INTERNATIONAL - IMPORT | Vendor Name |
| 7MFA1105TC | No Bid | 50 | MDCYLT-W | 033-048 | 10182833 | 21300-000140 | 11160-000019 | 11160-000013 | 11160-000015 | 8881850310 | | 30059 | | | U0409-2308-01 | 00009-0047-22 | 47107 | 1340-27000 | No Bid | 008620100 | 2141-13510 | 2145-13505 | 2145-13504 | 2145-13503 | | 2145-13502 | 2145-13501 | 2145-13404 | 2145-13403 | 2145-13402 | 2145-13401 | 78002001 | No Bid | 6 | Ш | 301-MTM310EA | | 1613-86224 | 1613-86222 | 1613-862202 | Vendor Item # |
| \$ 50.01 1/EA | No Bid No Bid | 161.30 | | \$ 0.24 1/EA | \$ 10.46 1/BT | 100./3 | \$ 57.36 1/EA | \$ 28.59 1/EA | \$ 35.39 1/EA | \$ 15.14 50/8X | | \$ 2.55 1/EA | 105.76 | 5.05 | \$ 14.20 10/BX | \$ 258.01 25/BX | | 6.37 | | \$ 26.25 1/EA | \$ 11.89 1/EA | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 4.62 I/EA | 3 | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 4.62 1/EA | \$ 1,093.33 1/EA | No Bid No Bid | 50.45 | 0.39 | \$ 8.65 1/EA | 3 53 | \$ 1.57 1/EA | \$ 1.57 1/EA | \$ 1.57 1/EA | Quoted Price Solling |

| 208.1 Lin | | | 207.1 Lin | 206.2 Linu | 206.1 Linu | 205.2 Lini | 205.1 Lini | 204.2 | | 204.1 Lini | 203 Line | | 201 Line | | | | | 196 Line | 195 Line | 194 Line | 193 Line | 192 Line | 191 Line | 190 Line | 189 Line | | 187 Line | | | | 183 Line | 182 Line | | | 179 Line | 178 Line | 177 Line | 176 Line | |
|--------------------------|--|---|---|---|--|--------------------------|---|---|--|--|---------------------------|-------------------------------------|---|---|-----------------------------------|---|---------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------------|--|---|--|--------------------------|--|--|---|---------------------------------------|--------------------------------|--|---|---|---|--------------------------------------|--|---|--|------------------|
| ine Item | | | ine Item | ine Item | ine Item | ine Item | Line Item | Life lie | | ine Item | Ш | ine Item 2 | Line Item | e Item | /8 | ine Item 5 | | | ine Item 1 | Line Item 1 | Line Item F | Line Item [| ine Item 1 | Line Item 1 | Line Item | | Line Item 5 | ltem . | | | .ine Item 1 | Line Item L | | ine Item H | line Item 1 | | Line Item R | Line Item 1 | |
| 11171-000046 (250 Masimo | | 11171-000063 (400 Masimo | 11171-000042 (251 Masimo | 11196-000519 (406 Masimo | 11171-000049 (269 Masimo | 11996-000518 (403 Masimo | 11996-000341 (221 Masimo | Tragoropato (ao) | 11996-000510 (407 | 11171-000037 (240 Masimo | 00065EXL | ZZ-0063 | | | | | 520211000 | L511-N95 | l512-N95 | 1513-N95 | PFR95 | DYND70837 | 10-0051 | 1824-15 | | | 5033 | | | 4902 | 14288 | L106-260 | | HUDRHS883U | 1060 | 1058 | RSH396218 | 1MFA | |
| Masimo | | Masimo | Masimo | Masimo | Masimo | Masimo | Masimo | Control | Masimo | Masimo | Ferno-Washington | Products | | | Ambu | Ambu | Ambu | Innovel | Innovel | Innovel | Kimberly-Clark | Medline Industries | Products | Medline Industries | | | Covidien | | | Dynarex | Curaplex | Life Support Products | Allied Healthcare Products | Medline Industries | Teleflex | Teleflex | Teleflex | Precision Medical | |
| caples | Sensor, Masimo SpO2, Reusable, Adult - Please quote both type of | Sensor, Masimo SpO2, Adhesive, Neonate-L - Please quote both type of cables | Sensor, Masimo SpO2, Adhesive, Neonate-L - Please quote both type of cables | Sensor, Masimo Kainbow, Keusable, Adult - Mease quote born type of cables | Selisof, masimo Nalindow, reusadue, Adult - riedase quote doni type of | cables | cables Sensor Masimo Rainhow Adhesive Neo-I - Please quote both type of | Sensor, Masimo Rainbow, Adhesive, Neo-L - Please quote both type of | Sensor Extension Cable, Masimo Rainbow, 3' - Please quote both type of cables | Sensor Extension Cable, Masimo Kainbow, 3 - Please quote both type of cables | Scoop Stretcher w/ straps | Scissors, Trauma, 7 1/4" | Rocuronium (Zemuron) 50mg, 10mg/ml, 5ml | Ring Cutter | Resuscitator, pediatric | Resuscitator, infant | Resuscitator, adult | Respirator, N95, Molded, Small | Respirator, N95, Molded, Medium | Respirator, N95, Molded, Large | Respirator, N95, Duckbill, Universal | Razor, prep, weighted | Pneumothorax Spear, Turkel | Pillow, disposable, 18" x 24" | Pet Oxygen Mask Kit | Penlight, disposable, w/pupil gauge | Pad, prep, alcohol, 1 ply, large 200/box | ondansetron(Zofran)Tablets 4MG | Ondansetron (Zofran) 4mg, 2mg/ml, 2ml | OB kit | OZ regulator, CGABZO, O to 25 LPM, 1 barb outlet, 2 Dissoutiets, brass | O2 regulator, fixed flow with gauge, 2 check valves | O2 regulator, brass, 0-25 lpm, with gauge, hose barb outlet | O2 nebulizer, w/tubing, mouthpc, tee, 5" flex tube (Micro Mist Neb) | 02 mask, total non-rebreather, adult | 02 mask, partial non-rebreather, pediatric | 02 mask, partial non-rebreather, infant | O2 flowmeter, tube, 1-15 lpm with Ohio male Q.D. | |
| 7 1 | , | 1 1 | 1 1/ | 1 1/ | 1 1/ | 1 1/Ea | 1 1/ | | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/ | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 20 | 1 30 | 1 1/vial | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | |
| 1/04 | ņ | 1/Ea | 1/Ea | 1/Ea | 1/Ea | Ea | 1/Ea | | Ea | Ea | Ea | Ea | 1/vial | Ea | Ea | Ea | Ea | Ea | Ea | Ea | Ea | Ea | a | Ea | Ea | a | 200/Box | 30/Pack | rial | a | a | 20 | a | ۵ | a | a | ۵ | ۵ | |
| 271222010 | 2712-25010 | 2712-04003 | 2712-51418 | 2712-04067 | 2712-26963 | 2712-04037 | 2712-02219 | | 2743-04072 | 2743-02406 | 470065 | 2811-05524 | 3189-10 | 2832-20518 | 2442-53213 | 065-540212000EA | 2442-52002 | 1511 | 1512 | 1513 | 1031-46727 | 2744-70837 | 2160-00051 | B0036 | NO BID | 32762 | 1330-86100 | 0390-10 | 6130-05 | F1652BAG | 14288 | NO BID | NO BID | 411883 | D6144 | D6141 | 416218 | 715-1MFA1004 | |
| | o M-I NOS DOI Spoop Adult Sensor Reusahle | Sensor, Masimo RD SET CS-2, LNCS, Neonatal, Adhesive 20ea/bx | Adhesive Sensor, 18m, Disp, Latex Free | 2 | | 3 † | Comptble, LP 15 10/bx Sensor, Masimo RD Rainbow R25-L, Neo/Adult, Adhesive, SpCO, | o SET Rainbow R25-L, Adult/Neo, Disp Adh, RC Cable | | Masimo Rainbow Compatible Cable for Sp02, 4 ft No Warranty | | Shears, Black, 7.25in 1/EA 200EA/CS | | Economy Ring Cutter, Maco International | Bagged 12ea/cs A Bagged 12ea/cs | mant, w/mant Mask, bag neservou, requirou, pisp | , | | 3 | - 5 | _ | Shave Prep Razor, 2 sided, Blue 100ea/cs | Spear - Simplified Pneumothorax Emergency Air Release R | PILLOW POLYESTER FIBER 18 IN X 24 IN 12/CS | Not Bidding On This Item | sable Penlight 6/pk, 60pk/cs | ol Prep Pad, Large, Sterile 100/BX 10BX/CS | ron 4mg Orally Disintegrating Tablet 3x10UD | × | OB KIT DISPOSABLE IN BAG 10/CS | Curaplex Oxygen Regulator, All-Brass, 2 DISS, 1 Barb, CGA870 | | This Item | | MASK NON REBREATHER ADULT 50/CS 1060 | MASK PARTIAL NON REBREATHER PEDIATRIC 50/CS 1058 | MASK MEDIUM CONCENTRATION INFANT 0-2 YEARS 50/BX 396218 | Oxygen flowmeter, 0-15 LPM, DISS male connector, chrome body III | D |
| | MASIMO | MASIMO | MASIMO | MASIMO | MASIMO | MASIMO | MASIMO | | MASIMO | MASIMO | FERNO WASHINGTON | ASP GLOBAL | PFIZER INC. | MACO INTERNATIONAL | AMBU INC. | AMBU INC. | AMBU INC. | MOLDEX-METRIC, INC. | MOLDEX-METRIC, INC. | MOLDEX-METRIC, INC. | INC. | INC. | RESCUE, LLC | INC. | No Bid | MEDSOURCE INTERNATIONAL - IMPORT | ASP GLOBAL | DRUG WHOLESALE | PHARMA | CORPORATION | MERET | No Bid | No Bid | INC. | INC. | INC. | INC. | INC. | DECISION MEDICAL |
| | 2501 | 4003 | 2514 | 4067 | 2696 | 4037 | 2219 | | 4072 | 2406 | 00065EXL | 2811-05524 | 0409-3189-10 | RINGCUTTER | 530213000 | 540212000 | 520211000 | 1511 | 1512 | 1513 | 46727 | DYND70837 | 10-0051 | PM1824-15 | No Bid | L100 | 1330-86100 | | 5248596 | 4902 | EMSREG8725-B2D- | allocations (state | No Bid | HUDRHS883U | HUD1060 | HUD1058 | RSH396218 | 1MFA1004 | |
| | \$ 142.86 1/FA | \$ 14.29 1/EA | \$ 14.88 1/EA | \$ 517.86 1/EA | \$ 535.71 1/EA | \$ 53.70 1/EA | \$ 644.39 10/BX | 2 | \$ 154.59 1/EA | \$ 95.47 1/EA | \$ 1,083.43 1/EA | \$ 0.88 1/EA | \$ 44.34 10/BX | | \$ 9.37 1/EA | \$ 9.37 1/EA | \$ 8.77 1/EA | \$ 28.39 20/BX | \$ 28.39 20/BX | \$ 28.39 20/BX | \$ 41.35 35/BX | \$ 0.26 1/EA | \$ 29.73 1/EA | \$ 3.01 1/EA | No Bid No Bid | 3.90 | 1.84 | | \$ 9.56 25/BX | \$ 7.16 1/EA | \$ 61.99 1/EA | NO BIO | No Bid No Bid | \$ 0.97 1/EA | \$ 1.99 1/EA | \$ 2.09 1/EA | \$ 1.50 1/EA | \$ 28.44 1/EA | |

| 246 | 245 | 244 | 243 | | 241 | 240 | 239 | 238 | 237 | 236 | 235 | 234 | 233 | 232 | 231 | 230 | 229 | 228 | 227 | 226 | 225 | 224 | 223 | 222 | 221 | 220 | 219 | 218 | 217 | 216 | 215 | 214 | 213 | 212 | 210 | 209 | | 208.2 | City of North Port Line ID |
|---|--|-----------------------------|---|---|--|--|---|--|--|--|---|---|---|---|---|---|---|---|---|-----------------------|---|---|---|---|---|---|--|-------------------------|--|---|--------------------|----------------------------------|--|-----------------------------------|---------------------------------|---|------------------|---|-------------------------------------|
| Line Item | Line Item | Line Item | Line Item | | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | Line Item | l ine Item | Line Item | Line Item | Line Item | Line Item | Line Item | | Line Item | Award Type |
| 4617100V-02 | 4617053V-02 | 309620 | 305780 | 000000000000000000000000000000000000000 | 8888264945 | 8888264929 | 8888264911 | 8888268060 | 484410 | 8600-01344 | 31820 | 31620 | 31420 | 31220 | 31020 | 30820 | 30620 | | 2520 | | 6 | | | 27152-WH | 604P | 603BK | QD-3 | S1008 | SP1121 | PS301-OB-EN | | | | | 305344 | 8900SA | | 11996-000508 (405 Masimo | City of North Port Vendor Item # |
| BBraun | BBraun | Becton-Dickinson | | | Covidien | Covidien | Covidien | Covidien | Bemis | Curaplex | Covidien | Covidien | Covidien | Covidien | Covidien | Covidien | Covidien | | Posey | | DMS | DMS | DMS | DMS | ADC | ADC | Faretec | Dyna-Med | SAM Medical Products | SAM Medical Products | | | | | Becton-Dickinson | Covidien | | 5 Masimo | City of North Port Vendor Name |
| Syringe, Luer-Lok tip, 10cc | Syringe, Luer-Lok tip, 05cc | Syringe, Catheter tip, 60cc | Syringe and Needle, 1cc, LL, 25g x 5/8" | Continuo non anni in na Inno anni 401 | Suction, nasogastric, salem sump, 14fr | Suction, nasogastric, salem sump, 12fr | Suction, nasogastric, salem sump, 10fr | Suction, nasogastric, salem sump, 06fr | Suction unit, replacement cannister w/ lid, 1200cc | Suction Kit w/SSCOR DuCanto Catheter | Suction catheter, 18fr, whistle tip w/control | Suction catheter, 16fr, whistle tip w/control | Suction catheter, 14fr, whistle tip w/control | Suction catheter, 12fr, whistle tip w/control | Suction catheter, 10fr, whistle tip w/control | Suction catheter, 08fr, whistle tip w/control | Suction catheter, 06fr, whistle tip w/control | Succinylcholine (Quelicin) 200mg, 20mg/ml, 10ml | Strap, padded, thick foam, double strap limb holder | KED chin and forehead | Strap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, Green | Strap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, Yellow | Strap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, Red | Strap, 2 pc, 5', loop end, Plastic Side Release, Polypropylene, White | Stethoscope, pediatric, pink | Stethoscope, adult, black | Splint, traction, pediatric | Splint, traction, adult | Splint, SAM, 4 1/2" x 36", orange/blue | | | Sodium Chloride, 0.9%, 250ml Bag | 10ml FI | Sodium Chloride, 0.9%, 1000ml Bag | Sharps container, 8qt clear-lid | Sharps container, 1qt plastic red | TAMPING C | Sensor, Masimo SpO2, Reusable, Adult - Please quote both type of cables | City of North Port Item Description |
| 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea 1 1/Ea | | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/vial | 1 1/E | 1 1/Ea | 1 1/E | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/Ea | 1 1/E | 1 1/E | 1 1/Ea | 1 1/8 | 1 1/Bag | 1 30/RX | 1 1/Bag | 1 1/Ea | 1 1/Ea | 1 | 1 1/Fa | City of North Port Ci Qty |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | | | | | | | | | | | City of North Port UoM |
| 1633-10010 | 1633-05305 | 09620 | NO BID | | 2231-94514 | 2231-92912 | 2231-91110 | 8888268060 | 598041 | 8600-01344 | 320018 | 320016 | 320014 | 320012 | 320010 | 320008 | 320006 | 9-0301-10 | 3176-25300 | FER0819928 | 3172-15207 | 14080 | DMS27152OR | 1390WH | 066-604P | 170600 | 566512 | 95001 | 661121 | 365566 | 25,627 | NACL250 | 1920-16010 | NACL1000 | 1860-34430 | 298900 | T1 11 100L | 2712-4052 | |
| Syringe Only, 10cc, Luer Lock, 100ea/bx 12bx/cs | Syringe Only, 5cc, Luer Lock, 100ea/bx 20bx/cs | ER TIP 2 0Z 50CC 160/CS | 2, 18 Fr, 48 inch 50ea/cs | | | | Salem Gastric Sump Tube, 10 Fr, 36 inch 50ea/cs | | SUCTION CANISTER DISPOSABLE RIGID GREEN TOP 1200cc 48/CS HI- B | Curaplex Suction Kit with SSCOR DuCanto Catheter | | SUCTION CATHETER WITH CONTROL 16 FRENCH 50/CS 31620 | SUCTION CATHETER WITH CONTROL 14 FRENCH 50/CS | | SUCTION CATHETER WITH CONTROL 10 FRENCH 50/CS | | SUCTION CATHETER WITH CONTROL 6 FRENCH 50/CS | Succinylcholine 200mg, 10ml vial - Refrigeration rq'd 10/bx | Posey Foam Limb Holders 1/PR | | | Strap, 5 ft, 2 Piece, Yellow, Polypropylene w/Plastic Side Release Buckle, Loop Ends | | _ | Stethoscope, Adscope 604, Pediatric, Pink, Overall Length 30 1/2 in, J. 5.25 Oz, Combination Chestpiece | Stethoscope, Adscope 603, Acoustic, Black 10ea/cs | SPLINT, TRACTION LEG MOLDED RATCHET PEDIATRIC QD-3 | | | SAM Pelvic Sling II, Standard, 32-50 in Hip 24ea/cs | | | VFlush syringe, Normal Saline,10ml prefilled in a 10ml syringe | | | X 4.25 IN D X 4.5 IN Sharps Container, BDMulti-Use Nestable, 8qt, Red w/Regular Funnel | _ | _ | Bound Tree Medical Item Description |
| B. BRAUN MEDICAL INC. | B. BRAUN MEDICAL INC. | BECTON DICKINSON | USA No Bid | MED PLUS SERVICES | MAMMOTH MEDICAL, | MAMMOTH MEDICAL, INC. | MED PLUS SERVICES USA | MED PLUS SERVICES USA | BEMIS HEALTH CARE PRODUCTS | PARENT PRODUCTION | USA PLUS SERVICES | MED PLUS SERVICES USA | MED PLUS SERVICES USA | MED PLUS SERVICES USA | MED PLUS SERVICES USA | MED PLUS SERVICES USA | MED PLUS SERVICES USA | AMERISOURCE BERGEN/CENCORA | TIDI PRODUCTS, LLC | FERNO WASHINGTON | DICK MEDICAL SUPPLY | DICK MEDICAL SUPPLY | DICK MEDICAL SUPPLY | DICK MEDICAL SUPPLY | AMERICAN DIAGNOSTIC CORP. | DIAGNOSTIC CORP. | FARETEC, INC. | INTERNATIONAL - | SAM MEDICAL | SAM MEDICAL | BAXTER HEALTHCARE- | BECTON DICKINSON | METIER MEDICAL LISA | BECTON DICKINSON | BECTON DICKINSON | INC. | MAMMOTH MEDICAL, | MASIMO | Vendor Name |
| | 4617053V-02 | 309620 | 1986 | | | 264929 | KEN 8888264911 | 8888268060 | 484410 | 8600-01344 | 31820 | 31620- | 31420 | 31220- | | 30820 | 30620 | 10235014 | 2530 | 0819928 | 27152GR | 27152YL | 271520R | 47152WH | 604P | 603BK | 1126512 | | SP506-OB-EN | | 281207 | 1727170105 | DETOTO | 1727170107 | | 8900SA | 4002 | 4052 | Vendor Item # |
| \$ 0.12 1/EA | \$ 0.10 1/EA | \$ 190.48 160/CS | \$ 2.46 1/EA | 1.00 | 1 55 | \$ 1.55 1/EA | \$ 2.49 1/EA | \$ 8.91 1/EA | \$ 3.42 1/EA | \$ 4.66 1/EA | \$ 0.67 1/EA | \$ 0.62 1/EA | \$ 0.51 1/EA | | \$ 0.73 1/EA | \$ 0.74 1/EA | \$ 0.85 1/EA | \$ 66.66 10/BX | \$ 6.59 1/PR | 38.95 | \$ 6.23 1/EA | | \$ 5.61 1/EA | \$ 1.97 1/EA | \$ 37.30 1/EA | \$ 31.63 1/EA | \$ 184.52 1/EA | 162.16 | | \$ 61.90 1/EA | 3 | \$ 2.59 1/EA | ٠ د د | \$ 3.06 1/EA | 4.67 | \$ 1.68 1/EA | 140.01 | \$ 148.81 1/FA | Quoted Price Selling |

| 75/TB | \$ 9.04 75/TB | P54072 \$ | PDI | 12TB/CS | 1061-07216 | 1 1/Ea | ale Cloth, Bleach | Wipe, Germicidal Disposable Cloth, Bleach | PDI | P54072 | Line Item | 264 |
|---------|----------------|-----------------|------------------------|--|--|---|---|--|-----------------------------------|-------------------------------------|--------------|-------------------------------|
| | | | | Disposable, 75/TB | | | | | | | | |
| 1/EA | \$ 3.24 1/EA | 2F7122 \$ | DMG 2 | Sodium Chloride 0.9% for Irrigation, 250ml 24ea/cs | 607122 | 1 1/Ea | Sodium Chloride for Irrigation, Sterile, USP 250ml Bottle | Sodium Chloride for Irrigati | | 3 | Line Item | 263 |
| 1/EA | \$ 0.72 1/EA | DYND80347 \$ | - | Wash Basin, Rectangular, 6 Quart, Graphite, 50ea/cs | 1072-80347 | 1 1/Ea | t, mauve | Wash basin, plastic, 8 quart, mauve | Medline Industries | DYND80347 | Line Item | 262 |
| 1/EA | \$ 0.50 1/EA | H140-01 \$ | _ | TRANSLUCENT DISPOSABLE 1/EA 50EA/CS | 505073 | 1 1/Ea | ver, 1 quart | Urinal, plastic, male, w/cover, 1 quart | Medline Industries | DYND80234 | Line Item | 261 |
| | | | MEDEGEN MEDICAL | NAL MALE 1000CC 1QT W/ LID | | | | | | | | |
| No Bid | No Bid | No Bid No | No Bid | | NO BID | 1 1/Ea | | Tyvek, Sleeve | | TY500SWH0002000 Dupont | Line Item | 260 |
| No Bid | No Bid | No Bid N | No Bid | Not Bidding On This Item | NO BID | 1 1/Ea | | Tyvek, Bootie | | 01000 | Line Item | 259 |
| 50/PK | \$ 60.13 50/PK | DMS-05006F \$ | SYSTEMS, INC. | | 247-DMS05006FPK decon 50/pk | 1 1/Ea | da SERT | Triage tag, bar coded, Florida SER1 | | DMS-05006F | Line Item | 258 |
| | | | DISASTER MANAGEMENT | Triage tag, waterproof, evidence identification, primary/secondary | | | | | Disaster Management | | | |
| 10/BX | 31.13 | 5099510 \$ | | Tranexamic Acid 100mg/ml, 10ml vial 10EA/BX | 0166-41 | 1 1/Vial | 1L, 10mL Vial | Tranexamic Acid, 100mg/mL, 10mL Vial | | | Line Item | 257 |
| | | | CARDINAL HEALTH- | | | | | | | | | |
| 250/BG | 19.77 | 1841-14000 \$ | ASP GLOBAL 1 | | 1841-14000 | 1 1/Ea | 18" x 0.025", flat | Tourniquet, latex free, 1" x 18" x 0.025", flat | Dynarex | 3139 | Line Item | 256 |
| | | | | Curaplex Tourniquet 1 in x 18 in, Blue, Rolled, Latex-Free 250/BG | | | | | | | | |
| 1/EA | 25.80 | 30-0023 \$ | RESCUE, LLC | | 1880-23315 | 1 1/Ea | ation | Tourniquet, Combat Application | Products | 30-0023 | Line Item | 255 |
| | | | NORTH AMERICAN | Combat Application Tourniquet (CAT) Orange, Gen 7, One-handed | | | | | ican Rescue | | | |
| 1/EA | 99.17 | 02892-000 \$ | WELCH ALLYN, INC. | | 172892 | 1 1/Ea | | Thermometer Probe, Rectal | WelchAllyn | 02892-000 | Line Item | 254 |
| | | | | Probe and Well Kit, Rectal, 4 ft, for SureTemp Plus 690/692 | | | | | | | | |
| 1/EA | 99.17 | 02893-000 \$ | WELCH ALLYN, INC. | Thermometer | 172893 | 1 1/Ea | | Thermometer Probe, Oral | WelchAllyn | 02893-000 | Line Item | 253 |
| | | | | Probe and Well Kit, Oral, 4 ft, for SureTemp Plus 690/692 | | | | | | | | |
| 250/BX | 9.38 | 05031-750 \$ | WELCH ALLYN, INC. | 30bx/cs | 2733-53175 | 1 25/Box | s for SureTemp | Thermometer Probe Covers for SureTemp | WelchAllyn | 05031 | Line Item | 252 |
| | | | | Probe Covers for SureTemp Thermometers 690, Disposable 250/bx | | | | | | | | |
| 1/EA | 323.33 | 01690-200 \$ | WELCH ALLYN, INC. | | 179200 | 1 1/Ea | | Thermometer | WelchAllyn | SureTemp Plus 690 WelchAllyn | Line Item | 251 |
| | | | | Thermometer, Electronic, SureTemp Plus 690, 4 Ft Cord, Oral Probe | | | | | | | | |
| 1/EA | 130.93 | 21330-001365 \$ | STRYKER | COMBO Therapy Cable | 2746-36521 | 1 1/Ea | | Test Load | Physio-Control | 001365 | Line Item | 250 |
| 12/BX | 8.95 | 1527-1 \$ | 3M 1 | Latex Free, 12/bx, 10bx/cs | 151527 | 1 1/Ea | | Tape, plastic, 1" | 3M | 1527-1 | Line Item | 249 |
| | | | | | | 1 | | and the state of t | | | Line Item | 240 |
| 12/BX | 8.69 | 1538-1 \$ | SOLVENTUM | | 7018-962 | 1 1/Ea | | Tape, cloth/silk, 1" | 34 | 1538-1 | l ine Item | 248 |
| | | | | 3M Tape, Surgical, Durapore, 1 in x 10 yd, Adhesive, Latex Free, 12/bx | | | | | | | | 2.77 |
| 1/EA | 0.29 | 4617207V-02 \$ | B. BRAUN MEDICAL INC. | Syringe Only, 20cc, Luer Lock, 100ea/bx, 8bx/cs | 1633-20720 | 1 1/Ea | | Syringe Luer-Lok tip 20cc | BRrain | 4617207V-02 | line Item | 247 |
| Selling | Quoted Price | Vendor Item # | Vendor Name | Bound Tree Medical Item Description | Bound Tree Medical Item # | City of North Port City of North Port Qty UaM | City of North Port Item Description Qty | City of No | City of North Port Vendor Name | City of North Port Vendor Item # | t Award Type | City of North Port Line ID |
| | | | | | No. of Persons and | | | | | | | |

REFERENCES Bound Tree

National References

Jessica Barnhart, Medical Supply Specialist City of Columbus Division of Fire 2028 Williams Road Columbus, Ohio 43207 614-616-4699 Jbarnhart@columbus.gov

Charlene Stafford, Director Global Purchasing Priority Ambulance 910 Callahan Road, Suite 101 Knoxville, TN 37912 865-440-0996 csifford@priorityambulance.com

Lieutenant Jerami Bennett
Baltimore City Fire Department
3500 West Northern Parkway
Baltimore, MD 21215
410-396-2718
Jerami.Bennett@baltimorecity.gov

Barbara Tripp, Fire Chief
City of Tampa Fire Department
808 East Zack Street
Tampa, FL 33602
352-406-2573
barbara.tripp@tampagov.net

Lieutenant Ryan Jamison San Francisco Fire Department 1415 Evans Avenue San Francisco, CA 34124 626-271-4974 Ryan.Jamison@sfgov.org

Douglas Isaacs, MD, Deputy Medical Director Fire Department City of New York 9 Metro Tech Center Brooklyn, NY 11201 718-999-2790 doug.isaacs@fdny.nyc.gov















5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

Nationwide Distribution

For operational efficiency and faster disaster response, Bound Tree operates 5 distribution centers nationwide plus a dedicated kitting facility. 96% of all our customers can be reached using UPS Ground within 2 business days.



OFFICES

Bound Tree Medical 5000 Tuttle Crossing Blvd. Dublin, OH 43016

| DISTRIBUTIO | N CENTERS |
|--|--|
| Grand Prairie, TX Bound Tree Medical 2911 S. Great Southwest Parkway Suite 200 Grand Prairie, TX 75052 | Grand Prairie, TX - Kitting Bound Tree Medical 2911 S. Great Southwest Parkway Suite 200 Grand Prairie, TX 75052 |
| Elizabethtown, PA Bound Tree Medical 1605 Zeager Road Elizabethtown, PA 17022 | Southaven, MS Bound Tree Medical Suite 101 Southaven, MS 38671 |
| Visalia, CA Bound Tree Medical 2243 N. Plaza Drive Visalia, CA 93291 | Jacksonville, FL Bound Tree Medical Suite 2 Jacksonville, FL 32218 |

5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

Customer Service

Bound Tree Medical is focused on providing service to meet the needs of our customers throughout the United States. We have a deep commitment to help those that help others. The specialized market that we serve drives us to create the best possible solutions for our customers. We are here to serve you.

Our nationwide toll-free Customer Service line is 800-533-0523. Bound Tree Medical routes calls by origin of the zip code of the caller which, results in more customer awareness among those agents responding to customer calls.

There are a variety of methods to place orders and verify pricing:

- 1) <u>Internet:</u> Customers have access to real-time pricing and stock availability 24 hours a day, 7 days a week. www.boundtree.com
- 2) Email: Orders may be emailed to customer service at customerservice@boundtree.com.
- 3) <u>Phone:</u> Our dedicated team of customer service representatives can answer questions or take your orders from 7:30 AM to 8:00 pm EST.
- 4) Fax: Our nationwide toll-free fax line is available 24 hours a day at 800-257-5713.
- 5) <u>Mail:</u> Orders may be mailed to our corporate office. An order form is included in the back of our catalog for convenience.

The Customer Service Department is comprised of 27 staff members. Customer Service Representatives respond to inbound calls and make outbound calls to customers to provide information regarding product availability, shipment and delivery schedule changes. These same representatives are available to answer questions about shipments or process returns when necessary.

If an item goes onto a long term backorder, Bound Tree will work to find equivalent substitute items for the backorder. If it is the customer preference to approve all substituted items, Bound Tree Customer Service will seek approval prior to shipping sub items.

Bound Tree Medical is proud to offer our customers access to an Emergency Disaster Support line at 800-863-0953, which operates 24 hours a day, 7 days per week. It is staffed by on-call managers, who are accessible through routing of calls to cell phones. After leaving a message, a return call is originated within 20 minutes.

Bound Tree Medical allows customers to purchase on open account. The proper account application must be completed and submitted. Bound Tree Medical will assign an account number to each application. Each account has one billing/payables address but may have several shipping/receiving addresses.

In addition, the Federal Drug Administration (FDA) requires Bound Tree Medical to retain a Medical Director (physician) signature, contact information and license photocopy when purchasing legend items and/or pharmaceuticals.

Customers may purchase by Master Card, VISA, Discover or American Express. Prepaid orders are also accepted



Return Policy

Prior to returning a product, please contact Bound Tree's Customer Service Department at 800.533.0523 within 7 days of receiving the product to obtain a return merchandise authorization ("RMA") number. This will help us expedite your return and allow us to give you the proper credit. Once you have received your RMA number please follow the return policy guidelines below.

Subject to the guidelines below, Bound Tree will accept returns and rectify the error at no cost to you if: (i) you received expired product; or (ii) Bound Tree makes an error in fulfilling or shipping your order. In such case, you must notify us within 15 days of receiving the product.

Please follow the return policy guidelines below:

Non-returnable Items Include:

- 1. A product that is "buy to order."
- 2. A product that is "non-stock."
- 3. Items listed as "non-returnable."
- 4. Items that have been marked or engraved.
- 5. Items returned with broken packaging or not in original packaging.
- 6. Any sterile product that has been opened or items determined by Bound Tree not to be in resalable condition.
- 7. Product that is more than 60 days older than the shipment date.
- 8. Recertified equipment.
- 9. Pharmaceutical products.

Return Policy Guidelines:

- 1. Items returned within 45 days of the shipment date will not be subject to a restocking fee.
- 2. Items returned 46-60 days from the shipment date may be subject to a restocking fee.
- 3. Items older than 60 days from the shipment date will not be accepted in our warehouse and will be returned to the customer at customer's expense.
- 4. Please write the RMA number clearly on the package label.
- 5. Send the package freight prepaid. Please reference the RMA to locate the return address.
- 6. Returns must be received by Bound Tree within 15 days of issuance of RMA number.
- 7. Items received without an RMA number will not be eligible for credit.



5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

RETURN FOR REPAIRS

Items returned for repair must be prepared according to the most recent OSHA requirements. Items must be properly cleaned and verified with a statement on the outside of the package. Proof of purchase must also be included with all manufacturer warranty repairs. Please contact our Customer Service Department for additional information.

CLAIMS

All claims for damage occurring in transit must be made upon receipt of goods by customer directly to the carrier and documented with photos. Please save all boxes and packing material. All shipment errors must be reported immediately upon receipt to Bound Tree Customer Service.

5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

Online Ordering Capabilities

- a. Bound Tree Medical provides a user-friendly online ordering system with advanced features that restrict user access to predefined products that can be approved for purchase using a predefined purchasing path with maximum or minimum users as defined by the contracted customer.
- b. The advanced user platform of BoundTree.com allows customers to self-administer (add/delete) their specific product offering based on the entire Bound Tree Medical online catalog.
- c. Users on BoundTree.com can gather information and prepare self-administered reports based on up to two years of historical data.
 - Trends can be tracked by running reports that can include all shipping locations, or that can be tailored to a specific shipping address.
 - A purchase summary report can be self-generated to view total products purchased over a selected period of time.
 - The purchase summary report can be sorted in ascending order by total sales per item.
 - Purchase summary reports and items per month reports can be self-exported in spreadsheet format for additional evaluation.
 - The purchase summary report provides item usage totals based on monthly, quarterly and yearly expenditures.
 - Reports can be self-exported in spreadsheet format.
- d. Product name, short description and detailed descriptions are maintained for items on BoundTree.com. Product photography is uploaded to the website based on manufacturer availability. Custom photography is also available to supplement manufacturer-supplied items.
- e. A "sold by" column is available on product detail pages to clearly describe available units of measure.
- f. Purchase requisition and order processing paths are predefined and self-administered by an online administrator. User roles include "order submitters" and "order approvers". Multiple-levels of approvers can be established with the option to auto-forward orders awaiting approval with no activity.
- q. Unit and total price for each order are displayed in the shopping cart checkout process.
- h. A web administrator can setup and self-administer user IDs which trigger an' e-mail to the user for password setup. Self-administered password reset tools are available to users.
- i. The system does permit an administrator to specify maximum quantities that can be ordered for a given item on a single order. Quotas provide a way for an administrator to self-administer total purchases. To maintain maximum item thresholds, order approvers can monitor and adjust each item on purchase requests throughout the approving and purchasing process.
- j. The purchase requisition process provides date and time stamps for all purchase requisition activities.
- k. Invoice history is posted on BoundTree.com for user access.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | , | | |
|--|--------------------------|--------------------------|------------------------------|-------|
| PRODUCER | CONTACT NAME: | - | _ | |
| Aon Risk Services Northeast, Inc. Columbus OH Office | PHONE (A/C. No. Ext): | (866) 283-7122 | FAX (A/C. No.): (800) 363-01 | 05 |
| 8940 Lyra Drive Suite 250 | E-MAIL ADDRESS: | | | |
| Columbus OH 43240 USA | | INSURER(S) AFFORDING COV | /ERAGE | NAIC# |
| INSURED | INSURER A: | Federal Insurance Comp | any | 20281 |
| Sarnova, Inc., Bound Tree Medical, LLC 5000 Tuttle Crossing Blvd. | INSURER B: | Travelers Property Cas | Co of America | 25674 |
| Dublin OH 43016 USA | INSURER C: | ProAssurance Specialty | Insurance Company | 17400 |
| | INSURER D: | | | |
| | INSURER E: | | | |
| | INSURER F: | | | |
| COVERAGES CONTRACTOR STOCKS | 00 | DEVIOLONI | MUMBED | |

COVERAGES CERTIFICATE NUMBER: 570109598522 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s |
|-------------|--|------|-------------|----------------------------|----------------------------|-------------|--|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | 36073395 | | 12/01/2025 | EACH OCCURRENCE | \$1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | POLICY X PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | Excluded |
| | OTHER: | | | | | | | |
| Α | AUTOMOBILE LIABILITY | | | 7363-09-65 | 12/01/2024 | 12/01/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | OWNED SCHEDULED | | | | 2 | | BODILY INJURY (Per accident) | |
| | AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | 12 (21 (222 | | |
| A | X UMBRELLA LIAB X OCCUR | | | 78197881 | 12/01/2024 | 12/01/2025 | EACH OCCURRENCE | \$10,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$10,000,000 |
| | DED X RETENTION \$10,000 | | | | | | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | UB1X36498A24I3G | 12/01/2024 | 12/01/2025 | X PER STATUTE OTH- | |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE | N/A | | , | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) | N/A | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| С | Products Liability | | | N240H380019 Claims Made | 12/01/2024 | 12/01/2025 | Aggregate Limit Agg Deductible Per Occ Comp/Op | \$10,000,000 \$150,000 \$10,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| CFR' | TIEI | CV. | TE | HO | חו | ED |
|------|------|-----|----|----|----|----|

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Sarnova, Inc. 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA AUTHORIZED REPRESENTATIVE

Son Risk Services Northeast, Inc.

AGENCY CUSTOMER ID: 570000037575

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

| AGENCY | | NAMED INSURED |
|--------------------------------------|-----------|--|
| Aon Risk Services Northeast, Inc. | | Sarnova, Inc., Bound Tree Medical, LLC |
| POLICY NUMBER | | |
| See Certificate Number: 570109598522 | | |
| CARRIER | NAIC CODE | * |
| See Certificate Number: 570109598522 | | EFFECTIVE DATE: |
| ADDITIONAL REMARKS | | |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

| | INSURER(S) AFFORDING COVERAGE | NAIC# |
|---------|-------------------------------|-------|
| INSURER | | |

If a policy below does not include limit information, refer to the corresponding policy on the ACORD ADDITIONAL POLICIES certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | | |
|-------------|--------------------|--------------|-------------|----------------------------|---|-------------------------------------|-----------------------|----------|--|--|
| | OTHER | | | | | | | | | |
| С | Products Liability | | | N240H380019 Claims Made | 12/01/2024 | 12/01/2025 | Per Occ Deductible | \$50,000 | | |
| | | | | | | | | | | |
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(Rev. March 2024) Department of the Treasury Internal Revenue Service

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.

| Befor | re you begin. For guidance related to the purpose of Form W-9, see Porting 19 and 19 and 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpose of Form W-9, see Porting 19 are purposed in the purpos | | | | | | | | | | | | |
|--|--|---|---|--------|---------|---------------------------|------------|--|-----------------------|---------|------|--|--|
| | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | | | | | | | | | | | | |
| | Bound Tree Medical LLC | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| on page 3, | Check the appropriate box for federal tax classification of the entity/individually one of the following seven boxes. Individual/sole proprietor | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | | | | |
| 00 | | , , | | | | | | | | | | | |
| Print or type. c Instructions | LLC. Enter the tax classification (C = C corporation, S = S corporation, | Exempt payee code (if any) | | | | | | | | | | | |
| | Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. | | | | | | | Exemption from Foreign Account Tax Compliance Act (FATCA) reporting | | | | | |
| E S | Other (see instructions) | | | | | code (if any) | | | | | | | |
| Print or type. See Specific Instructions | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC' and you are providing this form to a partnership, trust, or estate in which this box if you have any foreign partners, owners, or beneficiaries. See inst | | (Applies to accounts maintained outside the United States.) | | | | | | | | | | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | | Reques | ter's | name | e and address (optional) | | | | | | | |
| - | 5000 Tuttle Crossing Blvd | | | | | | | | | | | | |
| | 6 City, state, and ZIP code | | | | | | | | | | | | |
| | Dublin, OH 43016 | У | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | - | | | | | | | | | | | |
| | y • | | | | | | | | | | | | |
| Pai | Taxpayer Identification Number (TIN) | | | | | | | - | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid | | | | | lal se | curity | number | - | | | | | |
| oackı | up withholding. For individuals, this is generally your social security nur | mber (SSN). However, f | er (SSN). However, for a | | | \neg | | 1 | | TT | | | |
| resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other | | | | | | - | | - | | | | | |
| TIN, I | es, it is your employer identification number (EIN). If you do not have a | number, see How to ge | or | | | | | | | | | | |
| | | | | | | yer Identification number | | | | | | | |
| Note: | : If the account is in more than one name, see the instructions for line | | | | | | | | | | | | |
| vum | ber To Give the Requester for guidelines on whose number to enter. | 3 1 | | | | - 1 | 7 3 | 9 | 4 8 | 7 | | | |
| Par | t II Certification | | | | | | | | | | | | |
| Jnde | r penalties of perjury, I certify that: | | | | | | | | *** | | | | |
| 1. The | e number shown on this form is my correct taxpayer identification num | ber (or I am waiting for | a numb | er to | be is | sued t | o me); a | nd | | | | | |
| 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 | | | | | | | | | | | | | |
| Se no | rvice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and | re to report all interest of | or divide | ends, | or (c |) the II | RS has r | otifie | ed me t | hat I a | am | | |
| | m a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | |
| | e FATCA code(s) entered on this form (if any) indicating that I am exem | | | | | | | | | | | | |
| Certif | fication instructions. You must cross out item 2 above if you have been | notified by the IRS that y | ou are o | currer | ntly su | ubject | to backu | p wi | thholdin | ıg | | | |
| acqui | use you have failed to report all interest and dividends on your tax return. sition or abandonment of secured property, cancellation of debt, contribu | For real estate transaction | ons, item | 1 2 do | oes n | ot app | y. For m | ortga | age inte | rest p | aid, | | |
| other | than interest and dividends, you are not required to sign the certification, | but vou must provide vo | irement our corre | arran | N Se | ent (IH/ | 4), and, (| jenei ne fo | ally, pa r Part II | ymen | is. | | |
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Section references are to the Internal Revenue Code unless otherwise

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

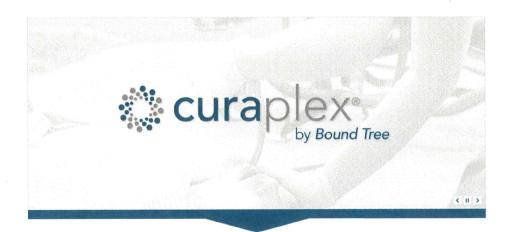


- FIND thousands of emergency products from leading manufacturers
- SHOP Class II & IV drugs, non-narcotic drugs and other pharmaceuticals
- GET the best value on the items you use most with Curaplex®
- SOLVE everyday challenges with pre-assembled Curaplex® Kits
- ACCESS 24/7 Emergency Disaster Support
- EARN Free CEUs at Bound Tree University
- ADVOCATING on your behalf to Congress, FEMA and HHS



Bound Tree

BOUNDTREE.COM



NAVIGATING EVERY DAY CARE

As the healthcare landscape evolves, Curaplex® responds with cost-effective clinical products that enable providers to deliver quality treatment and improve patient outcomes. With a robust portfolio of everyday products and specialty solutions across multiple clinical categories, Curaplex® continues to anticipate the needs of tomorrow's healthcare while responding to the needs of today







Significant Savings



Expert Account Managers



Continuous Quality Improvement



Nationwide Distribution



Innovative New **Products**

PRE-ASSEMBLED KITS learn more »

SHOP MONTHLY DEALS

see savings »



M

NEW CATALOG

view online »





Airway/Oxygen Delivery »



Instruments/ Personal Items »



Diagnostics »



IV/Drug Delivery »



Infection Control »



Immobilization »



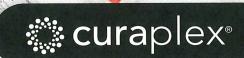
Trauma/ Wound Care »



Monitoring/ Defibrillation »







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kitting advantage.

Curaplex® kits solve a variety of your everyday challenges.

Spend less time worrying about the details and more time focusing on patient care with Curaplex® pre-assembled kits. Our color-categorized kits were developed with input from EMTs, and are built using ISO-certified processes.



faster response

Grab a kit and go without hassle.



simplified ordering

Order one item, not multiple items.



consistent care

Ensure protocol adherence among your agency.



lower risk

Prevent cross-contamination with tamper-proof packaging.



superior quality

Guarantee quality with ISO 13485 certification.



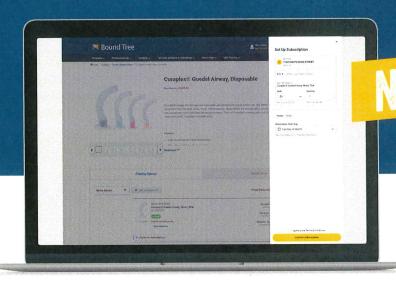
easier tracking

Easily track Curaplex Kits with the Unique Device Identifier (UDI).



SUBSCRIPTONS

Your supplies on autopilot



Say goodbye to the hassle of reordering supplies!

Our easy-to-set-up subscription feature keeps you organized and ensures consistent supply levels, making your job easier and more efficient.

Reordering Made Simple

- Personalized
 Recommendations Based
 on Purchase History
- Bulk Set Up and Manage Multiple Products
- Replicate Subscriptions on Multiple Ship-To's
- Monthly or Weekly Ordering Cadence
- Skip, Modify or Cancel Options
- Email Reminder and Modification Notifications





Inventory Management Solutions

Think you can't afford Inventory Management?



The EMS industry has faced numerous challenges during COVID-19, and supply chain uncertainty is no exception. Rush buying, stock outs, price volatility and changes in guidance require agencies to understand their inventory situation now more than ever.

Bound Tree Inventory Management Solutions from UCaplt, Operative IQ and ESO provide the visibility that is critical to EMS agencies. Improve workflow, take control and monitor trends in real time with Bound Tree Inventory Solutions.







Controlled Medical Supply

Think 24/7 supply officer at any given location! UCaplt provides the ability to restock units 24/7 and it has real-time usage and inventory tracking.

Operations Management Software

Operative IQ is a web-based operations management software that can streamline your operation, improve productivity and save money!

ESO Inventory

Spend less time getting ready and more time being ready. Take control of your EMS inventory with refreshingly simple software.



Ask your Bound Tree Account Manager for a demo today.





THE PHARMACEUTICAL ADVANTAGE

Bound Tree Medical specializes in emergency medical equipment, supplies and product expertise for EMS providers, supporting customers with EMS-experienced account managers, product specialists and customer service representatives.

In addition to a full line of EMS equipment and supplies, Bound Tree Medical also offers a full line of EMS pharmaceuticals and accessories, including Class II and Class IV drugs.

Bound Tree is known for leadership and professionalism within the industry. We protect our customers and uphold federal standards by complying with regulatory guidelines pertaining to pharmaceuticals. Because of our vast product offering and commitment to high quality service, Bound Tree is the leading choice to fulfill your pharmaceutical needs.



VAWD Certified State and Nationally Licensed

Several of Bound Tree's Distribution Centers have received VAWD (Verified - Accredited Wholesale Distributors) accreditation from the National Association of Boards of Pharmacy (NABP), VAWD accreditation is achieved after a criteria compliance review that includes a rigorous evaluation of operating policies and procedures, licensure verification, survey of facility and operations, background checks and screening through the NABP Clearinghouse. Our accreditation demonstrates that we are in compliance with state and federal laws and that our prescription drugs are distributed safely and securely.

For a complete listing of VAWD-Accredited Facilities, please visit: https://nabp.pharmacy/programs/accreditations-inspections/drug-distributor/accredited-drug-distributors/



Compliant with DSCSA Requirements

Under the Drug Supply Chain Security Act (DSCSA), entities in the supply chain including manufacturers, wholesale distributors, and dispensers have responsibilities to meet the requirements of the DSCSA. As of May 1, 2015 all wholesalers are required by law, under the DSCSA, to provide transaction information, transaction history and transaction statements for the pharmaceuticals that they supply.

Bound Tree is compliant with these FDA standards which helps improve patient protection by preventing the distribution of substandard or ineffective drugs and while providing our customers with the product and transaction information they need to be in compliance with the FDA standards.

Under the DSCSA you are responsible for knowing that your prescription drug wholesale distributor is an authorized trading partner who holds a valid state or federal license. BoundTree Medical is licensed federally and in all 50 states. Purchasing from a licensed and VAWD accredited distributor like Bound Tree Medical makes great strides to ensure none of your purchases will ever be counterfeit, contaminated, improperly stored and transported, ineffective, and/or unsafe.

Wholesaler Distributor licenses can be searched online: www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm



Controlled Substance Ordering System (CSOS)

Class II Controlled Substances can be ordered through our secure electronic Controlled Substances Ordering System (CSOS) without the supporting paper DEA Form 222! The DEA's CSOS program is the only allowance for electronic ordering of Class II controlled substances. To participate in CSOS, the DEA registrant must first acquire a CSOS digital certificate from the DEA. Once the certificate is received, Class II orders can be placed through our secured website: e222.boundtree.com

For more information about CSOS please visit: www.deaecom.gov

Bound Tree will continue to accept paper 222 forms for those who wish to utilize that method for ordering.



Bound Tree Medical is committed to compliance with these federal and state regulations for the benefit of our customers, their communities and their patients. These efforts protect our customers by helping to ensure that they are also compliant with federal and state regulations and practicing safe and effective patient care. With Bound Tree Medical, EMS providers know that they will receive pharmaceuticals through a secure and reliable distribution process.

National Bound Tree

Bound Tree Medical (BTM) is a leading, nationwide distributor of emergency medical equipment, supplies and pharmaceuticals to EMS, government customers, fire and other first responders.



Nationwide stats and facts

- **Strategically located** to service 98% of our customers within two days.
- · Over 30,000 customers serviced.
- State-of-the-art facilities focused on quality, reducing carbon footprint and providing best-in-class service levels.
- Over 1 million packages shipped annually.
- 20 million lbs. of medical supplies shipped in 2020 and 2021.
- **10 million lbs.** of PPE equipment shipped to help our medical professionals fight COVID 19.





Nound Tree

Fast facts

- Headquarters in Dublin, OH.
- Over 40 years as the single largest distributor of EMS Supplies to first responders -Fire Departments, Law Enforcement and EMS Agencies, both private and public.
- Over 15,000 medical supplies, equipment and pharmaceuticals from hundreds of leading healthcare manufacturers.

Sourcing & supply integrity

- Source high-quality products, carefully vetted to meet FDA requirements.
- Maintain strict ethical pricing standards.
- Allocate inventory fairly and equitably based on purchase date.
- Communicate shortages pro-actively with backorder reports and online tools.

Operationally ready

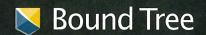
- Over 100 sales consultants around the country, many are former paramedics and EMT's.
- 5 dedicated distribution centers (CA, TX, FL, PA, IN) and 1 kitting facility in TX.
- 100% operational facilities throughout pandemic, following strict health & safety protocols.
- **Dedicated Customer Care** staff highly responsive, answering calls in <1 min even during peak.
- 24/7 Live Operator Emergency Disaster Hotline to provide support for emergency medical supplies during the pandemic and other natural disasters

Solutions that matter

- Bound Tree's Curaplex® brand is value-priced to help overcome budget constraints.
- Curaplex® pre-assembled kits provide safety, convenience and cost savings.
- Inventory management solutions like UCapIt, Operative IQ and ESO help EMS Providers control costs.
- 500 scholarships awarded to students wanting to become FMT's

- Free cadaver labs held across the country to provide hands-on clinical training.
- No charge CEUs, webinars, podcasts and other resources offered via Bound Tree University.
- Leading provider of STOP THE BLEED® Kits for emergency providers to act quickly to treat excessive bleeding and save lives.





Current situation.

- Financial challenges plague EMS across all delivery models; rural EMS is in a crisis. Low reimbursements from CMS & commercial insurers, frequently below the cost of the care provided, and lack of funding to support EMS have been the primary contributing factors.
- High levels of stress, fatigue and burnout among the EMS workforce. Workforce shortages as reported in national news are exacerbating an already very challenging environment.
- EMS is a small percentage of the consumption of PPE within the healthcare market and was left underallocated for PPE during the pandemic.

- EMS impacted by shortages and short expiration dates on critical cardiac arrest and respiratory therapy drugs.
 Pharmaceutical companies prioritize large hospital GPOs & IDNs over EMS
- Inefficiencies in using the Strategic National Stockpile to provide critical PPE to EMS agencies who were the "Tip of the Sword" during the pandemic
- Community paramedicine remains an underutilized asset in local healthcare systems due to the lack of reimbursement for this highly cost effective, patientcentered type of care

Advocating for EMS.

- Increased sourcing efforts during the pandemic, making financial investments in PPE inventory.
- Partnered with US government to address challenges in getting FDA-approved products, given significant counterfeit in N95 masks and gloves.
- Volunteered to assist FEMA, HHS, DHS, DoD, FDA and CDC officials as "Voice of EMS" for Committee for the Distribution of Medical Resources Necessary to Respond to a Pandemic, advocating for effective distribution of PPE to first responders.
- Advocated for increased allocation and funding for EMS and hardest-hit communities through outreach to over 35 congressional offices.
- Providing critical data monthly to HHS Preparedness and Response teams, providing them greater visibility of PPE needs for EMS during the COVID-19 pandemic, as well as future pandemics and natural disasters.
- Working with the Federal Maritime Commission and west coast terminal operators to prioritize essential medical supplies at US ports.

How Congress can help.

- Adjust the ambulance fee schedule to cover the cost
 of the emergent, urgent and preventive care provided
 by EMS, and include reimbursement for treatment in
 place, transport to alternate designations, telemedicine
 facilitation, and community paramedicine.
- Support Bound Tree's efforts with pharmaceutical companies and the FDA to prioritize production of key lifesaving drugs for EMS at reasonable costs, as well as to reduce the amount of "short expiration dates."
- Fully fund the SIREN Act (Support and Improving Rural EMS Needs) in FY2022.
- Support efforts to strengthen America's Strategic
 National Stockpile by directing SNS to partner with
 healthcare distributors to manage PPE during pandemics
 and natural disasters.



BOUNDTREE.COM

WHEN DISASTER STRIKES, CET LIVE ASSISTANCE.

Get Help in Three Simple Steps



1. Call 800-863-0953 to speak to a live operator anytime 24/7

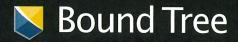


Report a major incident and your medical supply needs



Receive vital medical supplies from Bound Tree personnel

If your agency is in need of emergency medical supplies and equipment, call us 24/7 to speak to a live operator for disaster support assistance. Our Emergency Disaster Support Program is here to help you in disasters such as hurricanes, tornadoes, fires, floods, blizzards, MCI's and more.





Your new, engaging continuing education experience!

5 FREE CE COURSES

Experience a fresh, easy-to-navigate, enriched learning interface from our partners at FOAMfrat.

Exciting courses that use illustration, experiments, live models, interviews, and other engaging methods.

Store all of your certifications in a robust learning management system (LMS).

Streamlined NREMT submission process



www.boundtree.com/education

CORPORATE ACCOUNT FEATURES AND BENEFITS

With 150+ hours of recorded classes available on-demand and live classes five days a week, it meets all of the requirements for NREMT, State license, CFRN, and now FP-C and CCP-C as well (meets w requirements for full renewal).



- · Discounted Pricing
- All content needed for recertification
- Manage your own roster and create custom groups
- · Assign and Track Assignments
- Download employee certificates
- View and manage employee credentials
- Host and manage your own classes
- Write quizzes and issue your own certificates
- Quiz Performance Analytics
- Streamlined NREMT submission process

Ask your Bound Tree Account Manager about a corporate account.

