

UPDATED

Bid Sheet

CITY OF AUSTIN

First Aid Kits, Accessories, & Tourniquet Holders

Bid NO.	EAD0237
RQM NO.	15031100241
ISSUE DATE:	5/18/2015
CLOSING DATE:	6/10/2015; 2:00 PM, local time
BUYER	Erin D'Vincent

Special Instructions: Be advised that exceptions taken to any portion of the solicitations may jeopardize acceptance of the quote. Vendor shall be able to provide pricing for all items to be considered for award. If quoting an equivalent, please write in the manufacturer, description, and item number on each line.

ITEM NO.	ITEM DESCRIPTION	ANNUAL ESTIMATED QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
1	Kit, Eagle – Combat Gauze BLK – Austin PD Item #85-0488, or approved Equal, Kit contents: 80-0264 Bag, Eagle-BLK, 1 EA 30-0001 Tourniquet, Combat Application –BLK, 1 EA 30-0109 Hemostatic Bandage, Combat Gauze LE Z-Fold, 1 EA 30-0093 Dressing, Emergency Trauma – 4" Flat, 1 EA 10-0029 Dressing, Chest Seal –HYFIN Vent, 1 EA ZZ-0063 Shears, Trauma (LRG) – 7-1/4", 1 EA ZZ-0248 Kit, Glove Sand Bear Claw Nitrile – Large, 1 EA 1538-2, 3M Durapore Silk Cloth Hypoallergenic Tape, 2" x 10 yd See attached SOW 0500.	300	kits		
2	Tourniquet Holder, Kydex Belt, Black, Item #80-0268, or approved equal	300	each		
3	80-0264 Bag, Eagle-BLK or approved equal	100	each		
4	30-0001 Tourniquet, Combat Application –BLK or approved equal	100	each		
5	30-0109 Hemostatic Bandage, Combat Gauze LE Z-Fold or approved equal	100	each		
6	30-0093 Dressing, Emergency Trauma – 4" Flat or approved equal	100	each		
7	10-0029 Dressing, Chest Seal –HYFIN Vent or approved equal	100	each		
8	ZZ-0063 Shears, Trauma (LRG) – 7-1/4" or approved equal	100	each		
9	1538-2 3M Durapore Silk Cloth Hypoallergenic Tape, 2" x 10 yd or approved equal	100	each		
TOTAL PRICE					

FOR INFORMATIONAL PURPOSES ONLY: THE CITY MAY WISH TO PURCHASE ADDITIONAL ITEMS OR SERVICES FROM THE SUCCESSFUL BIDDER IN THE FUTURE THAT ARE NOT LISTED ON THIS BID SHEET. INDICATE THE DISCOUNT FROM MANUFACTURER'S SUGGESTED RETAIL PRICE FOR THESE ITEMS OR SERVICES. _____% FROM MSRP

OFFERORS BEST DELIVERY IS _____ CALENDAR DAYS AFTER RECEIPT OF ORDER

DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED

DELIVERY METHOD: _____

COMPANY NAME: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

PRINTED NAME: _____

EMAIL ADDRESS: _____