

# ROCKLAND BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES



**JACKIE CINQUEMANI**  
**PURCHASING AGENT**

65 PARROTT ROAD  
WEST NYACK, NY 10994-0607  
PHONE: (845) 627-4746 FAX: (845) 623-5337  
EMAIL: JCINQUEM@RBOCES.ORG  
WWW.ROCKLANDBOCES.ORG

## NOTICE TO BIDDERS

The Board of Cooperative Educational Services, Rockland County, popularly known as Rockland BOCES, and its component school districts (in accordance with Section 103 of Article 5-A of the General Municipal Law), hereby invites the submission of sealed bids for the following:

### MEDICAL SUPPLIES - BID #2019/20-12

Sealed Bids will be received until Tuesday, June 18, 2019 at 11:00 AM by the PURCHASING OFFICE at:

BUSINESS OFFICE – PURCHASING DEPARTMENT, BUILDING #4  
Rockland County Board of Cooperative Educational Services (BOCES)  
65 Parrott Road  
West Nyack, NY 10994-0607

at which time and place all bids will be publicly opened. Specifications and bid forms may be downloaded from our website at <http://www.rocklandboces.org> or by contacting the Purchasing Department. Vendors are requested to carefully review the Instructions to Bidders contained therein.

ROCKLAND BOCES IS NOT RESPONSIBLE FOR BIDS OPENED PRIOR TO THE BID OPENING IF BID NUMBER AND OPENING DATE DO NOT APPEAR ON THE OUTSIDE OF THE ENVELOPE. BIDS OPENED PRIOR TO THE DATE AND TIME INDICATED ARE INVALID.

THE BIDDER ASSUMES THE RISK OF ANY DELAY IN THE MAIL OR IN THE HANDLING OF THE MAIL BY EMPLOYEES OF ROCKLAND BOCES, AS WELL AS IMPROPER HAND DELIVERY. Please refer to Instructions to Bidders Item 5 for details.

The Rockland County Board of Cooperative Educational Services reserves the right to waive any informalities in the bids, or to reject all bids, or to accept any bid which in the opinion of the Board will be to their best interest.

Board of Cooperative Educational Services  
Sole Supervisory District  
65 Parrott Road  
West Nyack, NY 10994-0607

By: Jackie Cinquemani, Purchasing Agent

**INSTRUCTIONS TO BIDDERS**

1. **SEALED PROPOSALS** - Sealed proposals will be received by an authorized member of the Purchasing Office of the Rockland County Board of Cooperative Educational Services, (hereinafter referred to as Rockland BOCES) until:

Tuesday, June 18, 2019 at 11:00AM

in the Rockland BOCES Business Office Building #4, Purchasing Department, 65 Parrott Road, West Nyack, New York 10994-0607, for the work, labor, supplies, materials or equipment set forth herein.

2. **DOCUMENTS** - Each Bidder is requested to read carefully the Notice to Bidders, Instructions to Bidders, Non Collusive Bidding Certification and the Specifications, since in fairness to those who submit properly, Bidders will be held to strict compliance with such Notice to Bidders, Instructions to Bidders Non Collusive Bidding Certifications and Specifications.

3. **SUBMITTAL** - Bids must be submitted on forms attached hereto **IN A SEALED ENVELOPE, BEARING ON THE OUTSIDE, THE NAME AND ADDRESS OF THE BIDDER AND THE NAME, NUMBER & DUE DATE OF THE BID** i.e.

MEDICAL SUPPLIES - BID #2019/20-12  
Due Tuesday, June 18, 2019 at 11:00 AM

Incomplete, conditional or obscure bids may be rejected as not meeting bid specifications. Each Bidder must print, type, or stamp the Bidder's firm name on each bid sheet. **BLACK INK** or **TYPEWRITER** should be used.

4. **RECEIPT OF BIDS** - All bids received after the designated time as stated in the Notice to Bidders will not be considered by Rockland BOCES and will be returned to the Bidder unopened.

5. **BIDDER RESPONSIBILITIES** - The Bidder assumes all responsibility for receipt of his/her bid by Rockland BOCES. The Bidder assumes all risk of delay in the mail or in the handling of the mail by employees of Rockland BOCES. The Bidder further assumes the responsibility for having his/her bid deposited with an authorized member of the Purchasing Office on time, whether sent by mail courier or personal delivery.

6. **SCOPE OF SPECIFICATIONS** - All sections of the contract documents attached thereto or indicated to be included in the Specifications are to be an integral part of these and all specifications and contracts. Their provisions shall govern the performance and execution of the work to be done and/or the services to be rendered under a resultant contract.

7. **CERTIFICATION** - Submission of bid by a Bidder will be construed as indication that he/she is fully informed as to the extent and character of the work, labor, supplies, materials or equipment required and can perform the work, furnish the supplies, materials or equipment satisfactorily to the full intent of the Specifications without any extras. His/her bid shall include the furnishing of all labor, materials and equipment as required by the work to be done or the services to be rendered.

8. **OPENING OF BIDS** - The bids will be publicly opened by the Purchasing Agent, or designee, of Rockland BOCES, at 65 Parrott Road, West Nyack, NY. At bid opening, only Bidders' names will be read; unit prices will not be read, but will be available when bid summary sheet is prepared.

9. **REJECTION OF BIDS** - Rockland BOCES reserves the right to reject all bids if such bids are not deemed in the best interest of the Board and readvertise for new bids, or to accept the bid of the lowest responsible Bidder, or that bid which is in the best interest of the Board.

Initial \_\_\_\_\_

**INSTRUCTIONS TO BIDDERS (Continued)**

10. **AWARD** - Rockland BOCES reserves the right to award bids on individual items, by category, by groups of items or on total sum bids whichever will be in the best interest of the Board. This contract if awarded will be to the lowest responsible/responsible bidder(s) in part or in whole who meet(s) all the terms of the specifications. The Rockland BOCES guarantees no minimum or maximum purchases or contracts as a result of award of this bid. **Rockland BOCES reserves the right to allow all municipal and not for profit organizations authorized under General Municipal Laws of the State of New York, to purchase any goods and/or services awarded as a result of this bid in accordance with the latest amendments to NYS GML 100 through 104. However, it is understood that the extension of such contracts are at the discretion of the vendor and the vendor is only bound to any contract between the Rockland BOCES and the vendor.** Additionally, Rockland BOCES reserves the right to purchase any goods or services included as a part of this bid from any means legally available to it at any time.

11. **AWARD OF CONTRACT** - Award of the contract shall be made according to law as soon as practicable after the public opening of bids.

12. **FORM OF PROPOSAL** - Each Bidder is required to state in his/her bid the names and places of residence, of any and all persons interested in the bid, that the bid is made without any connection with any person making another bid for the same contract, and that it is in all respects fair and without collusion or fraud; also, that no member of Rockland BOCES, or any person in the employ of this Board is directly or indirectly interested in the bid, or in the materials, supplies, or the work to which it relates or in any other portion of the profits thereof.

13. **COMPANY IN DEFAULT** - No bid will be considered from any person who is in arrears to Rockland BOCES or who is in default, as surety or otherwise upon any obligation to said Board, nor shall a bid be considered from any contractor whose performance or any previous contract with Rockland BOCES has been unsatisfactory in the opinion of this Board.

14. **UNIT PRICE** - The Bidder must insert in his/her bid, the price per unit specified, and the price extension of each item, if required. In the event of discrepancy between the unit price and the extension the unit price will govern. Prices must be extended in decimals, not fractions. All prices must be in the unit of measure (UOM) specified; e.g., do not quote "per each" when "per case" is requested; otherwise, bid may be rejected.

15. **INVOICING** - Upon the complete satisfaction of Rockland BOCES, payment will be made after presentation of the vendor's invoice.

16. **TAX** - Purchases by Rockland BOCES are not subject to any sales or Federal Excise Tax. BOCES' Federal Identification number appears on all of its purchase orders. Exemption Certificates will be furnished upon request.

17. **SAMPLES** - The Board reserves the right to require any Bidder to submit a sample either before or after the awarding of the bid to ascertain whether or not the product will be suitable for the purpose for which it is to be used.

18. **QUANTITY** - In awarding any bid Rockland BOCES may select a number of units within a range of 25% above or below the number of units for which a bid was required for such item. The purchase of additional units during the contract period shall be at the same price per unit as quoted in this bid.

Initial \_\_\_\_\_

**INSTRUCTIONS TO BIDDERS (Continued)**

**19. DELIVERY** - The successful Bidder shall include in his/her bid and pay all freight and inside delivery charges (**FOB Destination**). There will be no charges added to the invoices of any kind. i.e. fuel surcharges, minimum orders, material price increases, etc. A distribution by teacher, if applicable, will be included with purchase orders to successful Bidders. It will be the responsibility of the Bidder to package each item with the appropriate teacher's name on the outside of each package. The successful Bidder shall be responsible for delivery of the merchandise in good condition to the place set forth in the Specifications or the purchase order, in compliance with the Specifications. Any damaged merchandise or merchandise which does not comply with the Specifications will not be accepted by Rockland BOCES. The successful Bidder must replace such damaged merchandise or merchandise which does not comply with the Specifications before payment will be made.

Delivery of all supplies and equipment must be made as indicated in the Specifications. Failure to deliver as specified may result in rejection. Replacement will then be made through open market sources. Any increase in price will be chargeable against the original vendor and/or deducted from future payments by the Board.

**20. WARRANTY** - Whenever, within one year of final acceptance of the apparatus, equipment supplies or materials by Rockland BOCES, the Bidder is notified in writing by the Board that any item of apparatus, equipment, supply, material and/or workmanship has proved defective or is not meeting the Specification requirements, he/she shall immediately replace, repair or otherwise correct as the Board may determine, the defect or deficiency without cost to the Board.

**21. EQUIVALENT** - When any particular brand or article is specified it is to be regarded as a standard. Any other equal in quality, finish and durability, in the opinion of the Board, will be considered. When a Bidder proposes to furnish the equivalent of any article described in these Specifications Bidder shall attach to their bid complete specifications including pictures or written notations showing in detail where deviations from the original request are not being met. The Bidder may later be required to submit samples before contract is awarded. If no such information is attached to the bid, it shall be taken for granted that Bidder will furnish the article specified and will not submit an equivalent after the bid is opened and recorded.

**22. TERMINATION OF CONTRACT/DEFAULT OF CONTRACT** - In the event that the Bidder fails to perform and/or is in violation of any of the provisions as set forth in these contract documents, Rockland BOCES may serve written notice to the Bidder and their Surety. Written notice shall list all violations and/or failure of the Bidder to perform the work as described herein. Rockland BOCES will consider the Bidder in default when they have failed to correct any violations within ten (10) working days. Rockland BOCES will then request the Surety to assume the performance of the contract. The evaluation of the Bidder's performance in meeting the standards of the work as described herein shall be the function and the responsibility of Rockland BOCES' Designee.

**23. BID BOND** - Unless otherwise mentioned in the Specifications, no bid bond is required.

**24. PERFORMANCE BOND** - Upon award of Contract, the successful Bidder may be required to furnish a Performance Bond in the amount of the Contract.

**25. CHANGES** - Any changes made in specifications after the Contract is awarded must be made in writing. No oral agreement made between any party of the first part and Rockland BOCES and/or its representative(s) will be valid.

**26. FINAL AUTHORITY** - In all cases the decision of Rockland BOCES will be final.

**27. TERMS OF CONTRACT** - After award the successful Bidder will be given written notice to proceed and shall provide supplies/services for the period of the Contract.

**28. MATERIAL SAFETY DATA SHEETS (MSDS)** - After award, and prior to first shipment or installation, the successful Bidder will be required to provide Rockland BOCES with a master set of Material Safety Data Sheets for any items containing toxic materials per Federal OSHA Standard 29 CFR 1910.1200 and New York State Labor Law 551. **The master set shall be mailed to Health & Safety Department Building #4, Rockland BOCES, 65 Parrott Road, West Nyack, NY 10994-0607.** MSDS' must also accompany any shipment to the individual participating school districts (if applicable) for each item containing toxic materials. Failure to comply with this clause shall result in shipment(s) being refused. Questions regarding this clause should be addressed to the Health, Safety & Security Coordinator at (845) 627-4761.

BID PROPOSAL CERTIFICATIONS

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_
Business Address \_\_\_\_\_ Email \_\_\_\_\_
\_\_\_\_\_ Date \_\_\_\_\_
\_\_\_\_\_ Fax \_\_\_\_\_

I. General Bid Certification

The bidder certifies that he will furnish for the prices hereby quoted, the materials, equipment and/or services as proposed on this bid.

II. Non-Collusive Bidding Certification

By submission of this bid proposal, the bidder certifies that he is complying with Section 103-d of the General Municipal Law of the State of New York as follows:

§ 103-d. Statement of non-collusion in bids and proposals to political subdivision of the state

1. Every bid or proposal hereafter made to a political subdivision of the state or any public department, agency or official thereof where competitive bidding is required by statute, rule, regulation or local law, for work or services performed or to be performed or goods sold or to be sold, shall contain the following statement subscribed by the bidder and affirmed by such bidder as true under the penalties of perjury: Non-collusive bidding certification.

(a) "By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition."

(b) A bid shall not be considered for award nor shall any award be made where (a) (1) (2) and (3) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (a) (1) (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of subparagraph one (a).

2. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in subdivision one of the section, shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

\_\_\_\_\_ Dollars
Total Price (From Page 21 of Vendor Response/Specification Form)

\$ \_\_\_\_\_
(From Page 21 of Vendor Response/Specification Form)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**SPECIFICATIONS & INSTRUCTIONS**

**GENERAL** - The Bidder shall provide line item pricing for the Medical Supplies listed on the following Bid Request Compilation and Vendor Response Form (21 pages). **The total amount bid and the printed name and signature of the person authorized to bid shall be identified at the lower right of the last sheet, Page #21.**

**SCHEDULE** - Items will be ordered on an “as needed” basis for one year from award date.

**SUBSTITUTE ITEMS** - Bidders may bid substitute brands (except for items specified “NO SUBSTITUTE”) **only by identifying** such substitute brands, descriptions and sizes on the “Substitute (Please Specify)” line for the appropriate Item Number on the Vendor Response/Specifications Form. Unless Bidder identifies a substitute, it shall be understood that all items will be furnished in full accordance with this Specification.

**VENDOR REFERENCE** - **Bidder shall identify their stock number, part number or other information on the “Vendor Reference” line for each appropriate Item Number on the Bid Request Compilation and Vendor Response Form.**

**DELIVERY** - Rockland BOCES strives to place orders for a minimum of \$50.00, but cannot guaranty to do so. **All bid prices must include any and all delivery charges, FOB Destination. INSIDE DELIVERY REQUIRED. Any bid submitted indicating delivery terms other than as specified above shall be deemed non-compliant with these specifications and shall be rejected.** Delivery must be made as ordered and in accordance with the proposal and specification. If delivery instructions do not appear on order, it shall be interpreted to mean prompt delivery (not to exceed 30 days for equipment or machinery). After bid awards have been made, Rockland BOCES shall issue separate purchase orders on an as-needed basis throughout the period of performance, for the following locations:

Rockland BOCES - Facilities  
Building #5  
65 Parrott Road  
West Nyack, NY 10994-0607

Rockland BOCES - Jesse Kaplan School  
Building #9  
65 Parrott Road  
West Nyack, NY 10994-1095

Rockland BOCES - Career Tech Education Center  
Building #3  
65 Parrott Road  
West Nyack, NY 10994-1095

Rockland BOCES - Transportation  
Building #5  
65 Parrott Road  
West Nyack, NY 10994-0607

Rockland BOCES - CBI  
Building #12  
65 Parrott Road  
West Nyack, NY 10994-0607

Rockland BOCES - Hilltop Elementary School  
20 George Street  
Haverstraw, NY 10927

Rockland BOCES - Health & Safety  
Building #4 Upper Level  
65 Parrott Road  
West Nyack, NY 10994-0607

Rockland BOCES – River View H.S  
BOCES Educational Resource Center  
131 Midland Avenue North  
Nyack, NY 10960-1911

Rockland BOCES – Adult Education  
BOCES Educational Resource Center  
131 Midland Avenue North  
Nyack, NY 10960-1911

**NOTE** - Please read carefully the DELIVERY, WARRANTY, EQUIVALENT and TERMINATION OF CONTRACT/ DEFAULT OF CONTRACT clauses of the INSTRUCTIONS TO BIDDERS.



**Rockland BOCES**

**MEDICAL SUPPLIES**

**BID #2019/20-12**

**BID REQUEST COMPILATION AND  
VENDOR RESPONSE FORM**

**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
001	AED, AUTOMATIC DEFIBRILLATOR, CARDIAC SCIENCE, POWERHEART G5A-80C-P Substitute (Please Specify) _____	_____	EACH	4.00	_____	_____
001A	AED TRAINER PACKAGE, PRESTAN BRAND OR EQUAL Substitute (Please Specify) _____	_____	EACH	4.00	_____	_____
001B	AIR FRESHNER, LEMON SCENT, 7 OZ., CITRUS II OR EQUAL Substitute (Please Specify) _____	_____	EACH	4.00	_____	_____
001C	AED BATTERY, INTELLISENSE LITHIUM, FOR CARDIAC SCIENCE, POWERHEART G3 PLUS, #9146-302 Substitute (Please Specify) _____	_____	EACH	20.00	_____	_____
001D	AED TRAINER PADS, PRESTAN BRAND, #PP-APAD-4, 4 PER PACKAGE, "NO SUBSTITUTE" Substitute (Please Specify) _____	_____	EACH	6.00	_____	_____
002	ALCOHOL PREP PACKETS, 200 PER BOX Substitute (Please Specify) _____	_____	BOX	41.00	_____	_____
003	ALCOHOL, RUBBING, 70%, ISOPROPYL Substitute (Please Specify) _____	_____	PINT	9.00	_____	_____
004	AMMONIA INHALANTS, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
004A	ANTIMICROBIAL SKIN CLEANER & SURGICAL SCRUB, CHLOROSTAT, 12 OZ. Substitute (Please Specify) _____	_____	BOTL	1.00	_____	_____
004B	ANTI-HITCH GEL FOR CHILDREN, EXTERNAL ANALGESIC, 3 OUNCE TUBE, BENADRYL OR EQUAL Substitute (Please Specify) _____	_____	TUBE	14.00	_____	_____
004C	ANTACID WITH CALCIUM, ASSORTED BERRY FLAVOR, 750MG, 96 TABLETS PER BOTTLE, TUMS E-X TABS OR EQUAL Substitute (Please Specify) _____	_____	BOTL	9.00	_____	_____
005	ANTISEPTIC, BETADINE SOLUTION, 16 OZ. Substitute (Please Specify) _____	_____	BOTL	4.00	_____	_____



**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
006	ANTISEPTIC, ZEPHIRAN CHLORIDE Substitute (Please Specify) _____	_____	GAL	2.00	_____	_____
007	APPLICATOR, COTTON TIP, NON-STERILE, 3" , 1,000 PER BOX Substitute (Please Specify) _____	_____	BOX	7.00	_____	_____
008	APPLICATOR, COTTON TIP, STERILE, 6" , 100 PER BOX Substitute (Please Specify) _____	_____	BOX	23.00	_____	_____
009	APRON, DISPOSABLE, 100 PER CASE Substitute (Please Specify) _____	_____	CASE	3.00	_____	_____
010	BABY WIPE, HUGGIES NATURAL CARE, FRAGRANCE-FREE, 3 REFILLS OF 200 WIPES PER PKG, 600 PER CASE, (APPROXIMATE MFG PKG TOTALS) , "NO SUBSTITUTE"	_____	CASE	5.00	_____	_____
010A	BABY WIPE REFILL, HUGGIES NATURAL CARE, FRAGRANCE-FREE, FIVE (5) RESEALABLE SOFT PACKAGES OF 184 WIPES PER CASE OF 920 WIPES, INCLUDES ONE TUB, (APPROXIMATE MFG PKG TOTALS) , "NO SUBSTITUTE"	_____	CASE	276.00	_____	_____
011	BANDAGE, BUTTERFLY CLOSURE, 3/8" X 1 1/2", BAND-AID OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	3.00	_____	_____
012	BANDAGE, ELASTIC, ACE OR EQUAL, 3" X 5 YARDS, VELCRO CLOSURE Substitute (Please Specify) _____	_____	ROLL	14.00	_____	_____
012A	BANDAGE, ELASTIC, 2" X 4 1/2 YARDS, TAN, 10 ROLLS PER BOX Substitute (Please Specify) _____	_____	BOX	11.00	_____	_____
013	BANDAGE, ELASTIC, ACE OR EQUAL, 4" X 5 YARDS, VELCRO CLOSURE Substitute (Please Specify) _____	_____	ROLL	9.00	_____	_____
013A	BANDAGE, ELASTIC, SELF-ADHERENT, MEDI-RIP OR EQUAL, 4" X 5 YARDS, EASY TO RIP, 12 PER BOX Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
014	BANDAGE, FINGERTIP, 2 " X 1 1/2", BAND-AID OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	24.00	_____	_____

**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
014A	BANDAGE, FLEXIBLE, ¾" X 3", COVERLET BRAND #32217 OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	21.00	_____	_____
014B	BANDAGE, FLEXIBLE, 1" X 3", COVERLET BRAND #32219 OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	23.00	_____	_____
014C	BANDAGE, FLEXIBLE, SMALL DIGIT / FINGERTIP, 2" X 1½", COVERLET BRAND #32020 OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	16.00	_____	_____
014D	BANDAGE, FLEXIBLE, PATCH, 2" X 3", COVERLET BRAND #32021 OR EQUAL, 50 PER BOX Substitute (Please Specify) _____	_____	BOX	10.00	_____	_____
014E	BANDAGE, FLEXIBLE, LARGE DIGIT / FINGERTIP, 2" X 2½", COVERLET BRAND #32018 OR EQUAL, 50 PER BOX Substitute (Please Specify) _____	_____	BOX	16.00	_____	_____
015	BANDAGE, KLING, GAUZE, STERILE, 2" X 3.6 YARDS, 12 PER BOX Substitute (Please Specify) _____	_____	BOX	7.00	_____	_____
016	BANDAGE, KLING, GAUZE, STERILE, 3" X 3.6 YARDS, 12 PER BOX Substitute (Please Specify) _____	_____	BOX	10.00	_____	_____
017	BANDAGE, KLING, GAUZE, STERILE, 4" X 3.6 YARDS, 12 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
018	BANDAGE, KNUCKLE, BAND-AID OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	21.00	_____	_____
019	BANDAGE, PAD, "OUCHLESS", NON-ADHERENT, 2" X 3", TELFA-CURITY, KENDALL OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	6.00	_____	_____
019A	BANDAGE, PAD, "OUCHLESS", ADHERING, 2" X 3", TELFA-CURITY, KENDALL OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
020	BANDAGE, PAD, "OUCHLESS", NON-ADHERENT, 3" X 4", TELFA-CURITY, KENDALL OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	8.00	_____	_____

**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

Vendor Name \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
	Substitute (Please Specify) _____					
020A	BANDAGE, PAD, "OUCHLESS", ADHERING, 3" X 4", TELFA-CURITY, KENDALL OR EQUAL, 100 PER BOX	_____	BOX	1.00	_____	_____
	Substitute (Please Specify) _____					
021	BANDAGE, PAD, COMBINE DRESSING, STERILE, 5" X 9", 25 PER BOX	_____	BOX	55.00	_____	_____
	Substitute (Please Specify) _____					
022	BANDAGE, PAD, STERILE GAUZE, 2" X 2", 100 PER BOX	_____	BOX	23.00	_____	_____
	Substitute (Please Specify) _____					
023	BANDAGE, PAD, STERILE GAUZE, 3" X 3", 100 PER BOX	_____	BOX	5.00	_____	_____
	Substitute (Please Specify) _____					
023A	BANDAGE, PAD, NON-STERILE GAUZE, 3" X 3", 200 PER PACKAGE	_____	PKG	4.00	_____	_____
	Substitute (Please Specify) _____					
023B	BANDAGE, PAD, NON-STERILE GAUZE, 2" X 2", 200 PER PACKAGE	_____	PKG	22.00	_____	_____
024	BANDAGE, PAD, STERILE GAUZE, 4" X 4", 100 PER BOX	_____	BOX	62.00	_____	_____
	Substitute (Please Specify) _____					
025	BANDAGE, SHEER PATCH, BAND-AID OR EQUAL, 1 1/2" X 1 1/2", 100 PER BOX	_____	BOX	2.00	_____	_____
	Substitute (Please Specify) _____					
026	BANDAGE, SHEER SPOT, BAND-AID OR EQUAL, 7/8", 100 PER BOX	_____	BOX	4.00	_____	_____
	Substitute (Please Specify) _____					
027	BANDAGE, SHEER STRIP, 3/4" X 3", BAND-AID OR EQUAL, 100 PER BOX	_____	BOX	4.00	_____	_____
	Substitute (Please Specify) _____					
028	BANDAGE, SHEER STRIP, 1" X 3", BAND-AID OR EQUAL, 100 PER BOX	_____	BOX	8.00	_____	_____
	Substitute (Please Specify) _____					
029	BANDAGE, SHEER STRIP, EXTRA LARGE, 2" X 4 1/2", BAND-AID OR EQUAL, 50 PER BOX	_____	BOX	2.00	_____	_____
	Substitute (Please Specify) _____					

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
029A	BANDAGE, STRIP, WOUND CLOSURE, 1/8" X 3", 5 STRIPS PER ENVELOPE, 50 ENVELOPES PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
029B	BANDAGE, WATERPROOF, ASSORTED SIZES, 100 PER BOX, NEXCARE 3M 432-100 OR EQUAL Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
029C	BANDAGE, WATERPROOF, KNEE & ELBOW, 2-3/8" X 3 1/2", 8 PER BOX, NEXCARE 3M 581-08 OR EQUAL Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
030	BANDAGE, STRIP, 1/2" X 3", CHILDRENS (ANY CARTOON CHARACTER), BAND-AID OR EQUAL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	19.00	_____	_____
030A	BLANKET, COTTON, 66" X 90" MINIMUM Substitute (Please Specify) _____	_____	EACH	17.00	_____	_____
030B	BLOOD PRESSURE CUFF, REUSABLE, SMALL ADULT, 20.0 - 27.0 CM CUFF RANGE, WELCH ALLYN DURASCHOCK, #DS44-10 OR EQUAL Substitute (Please Specify) _____	_____	EACH	1.00	_____	_____
031	BLOOD PRESSURE MONITOR, DIGITAL, TOUCH KEY, CUFF, ADULT CUFF 11-3/4" - 16-1/2", ADULT, LARGE 16-1/2" - 18-7/8", MABIS #04-596-008 OR EQUAL Substitute (Please Specify) _____	_____	EACH	5.00	_____	_____

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
031A	BODY FLUID SPILL CLEANUP KIT, FULLY COMPLIANT WITH NEW YORK STATE DEPARTMENT OF TRANSPORTATION (DOT) REQUIREMENTS FOR SCHOOLBUS INSTALLATION  KIT SHALL BE CERTIFIED SAFETY MANUFACTURING (KANSAS CITY, MO) PART #BFK-10PC-1, #FK-200-902 'NO SUBSTITUTE' AND SHALL CONSIST, AS A MINIMUM, OF ONE EACH OF THE FOLLOWING:  ABSORBENT POWDER, DEODORIZING, SOLIDIFYING, 2 OZ. BAG, BIOHAZARD WASTE BAG, PLASTIC, BLACK BOX, CLEAR WHITE, #10 POLYPROPYLENE GLOVES, LATEX, DISPOSABLE, PAIR INSTRUCTIONS FOR USERS MASK, INFECTION CONTROL SCOOP BAG, WITH SCRAPER TOWEL, PAPER CREPE TOWELETTE, SURFACE CLEANER, "GREEN" TOWELETTE, HAND WIPE, ANTISEPTIC		KIT	3.00		
031B	BODY FLUID SPILL CLEANUP KIT REFILL, FULLY COMPLIANT WITH NEW YORK STATE DEPARTMENT OF TRANSPORTATION (DOT) REQUIREMENTS FOR SCHOOLBUS INSTALLATION  REFILL SHALL BE CERTIFIED SAFETY MANUFACTURING (KANSAS CITY, MO) PART #BFK-HSB, #FK200-910 'NO SUBSTITUTE'		EACH	1.00		
031C	BURN GEL, CONTAINS LIDOCAINE, "WATER JEL", 4 OZ.  Substitute (Please Specify) _____		EACH	3.00		
031D	CABINET, NARCOTIC, SINGLE DOOR, DOUBLE LOCK, BEIGE, APPROXIMATE SIZE 30" H X 30" W X 12" D  Substitute (Please Specify) _____		EACH	1.00		
031E	BURN SPRAY, CONTAINS 2% LIDOCAINE, 4 OZ., SAFETEC #5005 OR EQUAL  Substitute (Please Specify) _____		BOTL	2.00		
032	CLIPPER, NAIL, WITH BARREL SPRING  Substitute (Please Specify) _____		EACH	5.00		
033	COLD PACK, INSTANT, JUNIOR, 5" X 7", 16 PER CASE  Substitute (Please Specify) _____		CASE	46.00		
033A	COLD PACK, INSTANT, STANDARD, 6" X 9", 16 PER CASE  Substitute (Please Specify) _____		CASE	75.00		

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**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
034	Substitute (Please Specify) COLD PACK, REUSABLE, FLEXIBLE, LARGE, 6" x 9"	_____	EACH	30.00	_____	_____
035	Substitute (Please Specify) COLD PACK, REUSABLE, FLEXIBLE, SMALL, 4" X 6"	_____	EACH	30.00	_____	_____
035A	Substitute (Please Specify) COLD PACK, REUSABLE, EPISTAXIS, TO HELP STOP NOSE BLEED, NOSE BUDD OR EQUAL	_____	EACH	2.00	_____	_____
035C	COMB, LICE, LONG STAINLESS STEEL TOOTHED	_____	EA	4.00	_____	_____
036	COMB, HAIR, 6", MEDIUM	_____	DOZN	5.00	_____	_____
036A	Substitute (Please Specify) CONTACT LENS STORAGE CASE, PLASTIC	_____	EA	7.00	_____	_____
036B	Substitute (Please Specify) CONTACT LENS, SOLUTION, SOFT, 12 OZ., BAUSCH AND LOMB OR EQUAL	_____	EA	70.00	_____	_____
037	Substitute (Please Specify) COTTON BALL, MEDIUM, NON-STERILE, 4,000 PER CASE	_____	CASE	3.00	_____	_____
037A	Substitute (Please Specify) COUGH SUPPRESSANT DROPS, NON NARCOTIC, CHERRY FLAVOR, 300 PER BOX, MOORE BRAND OR EQUAL	_____	BOX	8.00	_____	_____
038	Substitute (Please Specify) CUP, MEDICINE, CLEAR PLASTIC, 1 OZ., MEASURES TEASPOONS, TABLESPOONS, OUNCES, GRAMS, MILLILITERS, CC'S, 100 PER TUBE/SLEEVE	_____	TUBE	54.00	_____	_____
039	Substitute (Please Specify) CUP, COLD, PLASTIC, FLAT BOTTOM, 5 OZ., 2,500 PER CASE	_____	CASE	8.00	_____	_____
039B	Substitute (Please Specify) CPR TRAINING MANIKIN, BABY ANNE, LAERDAL #050000	_____	EA	4.00	_____	_____
039C	Substitute (Please Specify) CPR TRAINING MANIKIN, LITTLE ANNE, LAERDAL #120-01050	_____	EA	2.00	_____	_____

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**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
040	DENTAL FLOSS, WAXED, 55 YARDS Substitute (Please Specify) _____	_____	PKG	10.00	_____	_____
041	DEODORANT, ANTI-PERSPIRANT, MUST BE AEROSOL SPRAY, UNISEX, SCENTED, 6 OZ., SURE BRAND OR EQUAL Substitute (Please Specify) _____	_____	EACH	11.00	_____	_____
042	DEXTROSE USP, 5%, 1,000 ML Substitute (Please Specify) _____	_____	BOTL	5.00	_____	_____
044	DIAPER, HUGGIES ULTRATrim, SIZE 5, 176 PER CASE Substitute (Please Specify) _____	_____	CASE	25.00	_____	_____
044A	DIAPER, HUGGIES SUPREME, SIZE 6, 88 PER CASE Substitute (Please Specify) _____	_____	CASE	100.00	_____	_____
044B	DIAPER, PAMPERS CRUISERS, SIZE 7, 41+ POUNDS, 88+ COUNT PER CASE, "NO SUBSTITUTE" Substitute (Please Specify) _____	_____	CASE	100.00	_____	_____
044C	DIAPER, PAMPERS CRUISERS, SIZE 6, 35+ POUNDS, 104+ COUNT PER CASE "NO SUBSTITUTE" Substitute (Please Specify) _____	_____	CASE	6.00	_____	_____
046	DISINFECTANT, SPRAY, LYSOL, 19 OZ. Substitute (Please Specify) _____	_____	CAN	30.00	_____	_____
046A	DISINFECTANT, SURFACE WIPES, 160 PER CAN, PDI SANI-CLOTH HB OR EQUAL Substitute (Please Specify) _____	_____	CAN	368.00	_____	_____
047A	DRAPe SHEET, STERILE, PLAIN, NO FENESTRATION, 18" X 26", 50 PER BOX, DYNAREX BRAND OR EQUAL Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
047B	ECG/EEG RECORDING PAPER, THERMAL 8-1/2 X 11", FAN-FOLD RED GRID, 150 SHEETS PER PACK, WELCH ALLYN #94002 OR EQUAL Substitute (Please Specify) _____	_____	PACK	10.00	_____	_____
048	EMERY BOARDS, 12 PER PACK Substitute (Please Specify) _____	_____	PACK	14.00	_____	_____
048A	ELECTRODES, DISPOSABLE RESTING TAB ECG/KEG, PRE-GELLED, LATEX-FREE, 1000 PER BOX, WELCH ALLYN #45008-0000, "NO SUBSTITUTE" Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____

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**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
048B	ELECTRODES, AED ADULT PADS, FOR USE WITH CARDIAC SCIENCE "POWERHEART" DEFIBRILLATOR, #9131-001 Substitute (Please Specify) _____	_____	PAIR	40.00	_____	_____
048C	ELECTRODES, AED PEDIATRIC PADS, FOR USE WITH CARDIAC SCIENCE "POWERHEART" DEFIBRILLATOR, #9730-002 Substitute (Please Specify) _____	_____	PAIR	6.00	_____	_____
048D	ELECTRODES, AED PEDIATRIC PADS, FOR USE WITH CARDIAC SCIENCE "POWERHEART" G5" DEFIBRILLATOR, #XELAEB-003A Substitute (Please Specify) _____	_____	PAIR	6.00	_____	_____
049	EMESIS BAG, EMERGENCY SICKNESS BAG, 5 PER BOX, EME-BAG OR EQUAL Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
049A	EYE PAD, STERILE, 2-1/8" X 2-5/8", 50 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
049B	EYEWASH, STERILE, IRRIGATION SOLUTION, 4 OUNCE SIZE ONLY Substitute (Please Specify) _____	_____	BOTL	31.00	_____	_____
049C	EYE OCCLUSOR COVERLET, REGULAR SIZE, LATEX FREE, 20 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
049D	EYE GLASS REPAIR KIT WITH CASE Substitute (Please Specify) _____	_____	EACH	3.00	_____	_____
049E	EYE CHART, SNELLEN, READ FROM 20 FOOT DISTANCE, TEST RANGE IS 10/200 THROUGH 20/200 Substitute (Please Specify) _____	_____	EACH	8.00	_____	_____
050	FIRST AID CREAM, 1 1/2 OZ. Substitute (Please Specify) _____	_____	TUBE	8.00	_____	_____



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Vendor Name \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
050A	FIRST AID KIT, FULLY COMPLIANT WITH NEW YORK STATE DEPARTMENT OF TRANSPORTATION (DOT) REQUIREMENTS FOR SCHOOLBUS INSTALLATION		KIT	3.00		
	KIT SHALL BE CERTIFIED SAFETY MANUFACTURING (KANSAS CITY, MO) PART #10PW-NY-SB, #S-202-195 'NO SUBSTITUTE' AND SHALL CONSIST, AS A MINIMUM, OF THE FOLLOWING: 12 BANDAGE, ADHESIVE, PLASTIC, 3/4" X 3" 2 BANDAGE, ROLL, GAUZE, 1" X 10 YARD 2 BANDAGE, TRIANGULAR, WITH SAFETY PINS 1 BOX, CLEAR WHITE, #10, POLYPROPYLENE 1 INSTRUCTIONS FOR USERS 3 PAD, EYE, ROUND, STERILE 6 PAD, GAUZE, STERILE, 3" X 3" 1 SCISSORS, ROUND END, FIRST AID 1 TAPE, ROLL, ADHESIVE, 1" X 2 1/2 YARDS					
050B	FIRST AID KIT REFILL, FULLY COMPLIANT WITH NEW YORK STATE DEPARTMENT OF TRANSPORTATION (DOT) REQUIREMENTS FOR SCHOOLBUS INSTALLATION		EACH	12.00		
	REFILL SHALL BE CERTIFIED SAFETY MANUFACTURING (KANSAS CITY, MO) PART #10R-NY-SB, #SR-202-195 'NO SUBSTITUTE'					
051A	FOLEY TRAY, CLOSED INSERT, 16 FRENCH, DRAIN BAG - 2000ML CAPACITY, 10 PER CASE, KENDALL, KENGUARD #3716 OR EQUAL Substitute (Please Specify)		CASE	7.00		
052	FORCEPS, SPLINTER, FEILCHENFELD, 3 1/2" Substitute (Please Specify)		EACH	11.00		
053	FORCEPS, SPLINTER, FINE POINT, 3" Substitute (Please Specify)		EACH	11.00		
054	GAUZE, COMBAT, QUICKCLOT ZFOLD, STANDARD, 4 YD X 3", Substitute (Please Specify)		PACK	4.00		
060A	GLOVES, NITRILE, LATEX-FREE, POWDER-FREE, LARGE, BLUE, 100 PER BOX Substitute (Please Specify)		BOX	104.00		
060B	GLOVES, NITRILE, LATEX-FREE, POWDER-FREE, MEDIUM, BLUE, 100 PER BOX Substitute (Please Specify)		BOX	110.00		
060C	GLOVES, NITRILE, LATEX-FREE, POWDER-FREE, SMALL, BLUE, 100 PER BOX Substitute (Please Specify)		BOX	93.00		

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Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
060E	GLOVES, NITRILE, LATEX-FREE, POWDER-FREE, EXTRA LARGE, BLUE, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	82.00	_____	_____
065	GLOVES, VINYL, POWDERED, EXTRA LARGE, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
066	GLOVES, VINYL, POWDERED, LARGE, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
067	GLOVES, VINYL, POWDERED, MEDIUM, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	3.00	_____	_____
068	GLOVES, VINYL, POWDERED, SMALL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	11.00	_____	_____
069	GLOVES, VINYL, POWDERLESS, LARGE, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1,073.00	_____	_____
069A	GLOVES, VINYL, POWDERLESS, EXTRA LARGE, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	100.00	_____	_____
070	GLOVES, VINYL, POWDERLESS, MEDIUM, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1,061.00	_____	_____
070A	GLOVES, VINYL, POWDERLESS, SMALL, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1,011.00	_____	_____
070B	GLOVES, VINYL, STERILE, POWDERLESS, SMALL, SIZE 7, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
070C	GLOVES, VINYL, STERILE, POWDERLESS, MEDIUM, SIZE 8, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	6.00	_____	_____
070D	GLOVES, VINYL, STERILE, POWDERLESS, LARGE, SIZE 9, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	6.00	_____	_____

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Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
070E	GLOVES, VINYL, STERILE, POWDERLESS, SIZE 10, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
071	GLUCOSE TEST STRIP, ACCU-CHECK ADVANTAGE, 50 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
071A	GLUCOSE TEST STRIP, BAYER ASCENSIA ELITE #3911, 50 STRIPS PER BOX, "NO SUBSTITUTE"	_____	BOX	1.00	_____	_____
071B	GLUCOSE METER, HYPOGUARD, ASSURE 4 #560001, "NO SUBSTITUTE"	_____	EACH	2.00	_____	_____
071C	GLUCOSE TEST STRIP, HYPOGUARD, ASSURE 4 #580100, 50 PER BOTTLE, "NO SUBSTITUTE"	_____	BOTL	2.00	_____	_____
072	GOWN, LONG SLEEVE, DISPOSABLE, ADULT, 50 PER CASE Substitute (Please Specify) _____	_____	CASE	6.00	_____	_____
072A	GOWN, ISOLATION, FULLBACK, YELLOW, FLUID RESISTANT, POLYPROPYLENE, LONG SLEEVE, DISPOSABLE, ADULT, 10 PER BAG Substitute (Please Specify) _____	_____	BAG	1.00	_____	_____
073	HOT PACK, INSTANT, 5 1/2" X 7" MINIMUM Substitute (Please Specify) _____	_____	EACH	5.00	_____	_____
073A	IV TRAINING ARM, SIMULAIDS #146, "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____
073B	IV TRAINING HAND, SIMULAIDS #147R, "NO SUBSTITUTE"	_____	EACH	2.00	_____	_____
074	LOTION, HAND, VASELINE INTENSIVE CARE, PUMP, 20.3 OZ. Substitute (Please Specify) _____	_____	EACH	56.00	_____	_____
074A	LOZENGES, THROAT, 10MG BENZOCAINE, 50 PKGS OF TWO PER BOX, MEDIQUE SEPASOOTH OR EQUAL Substitute (Please Specify) _____	_____	BOX	4.00	_____	_____
074B	LANCETS, PRESSURE ACTIVATED SAFETY, 1.5 MM BLADE, 1.8 MM DEPTH, GREEN, COMPLETE DISPOSABLE UNIT, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	22.00	_____	_____
076	LUBRICATING JELLY, K-Y, FOIL PACKETS, 3 GMS, 144 PER BOX	_____	BOX	1.00	_____	_____

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Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
076A	Substitute (Please Specify) MASK, PROCEDURE MASK, FOG-FREE PROCEDURE MASK, PROCEDURE, WITH SPLASHGUARD VISOR, PLEAT STYLE WITH EARLOOPS, 25 PER BOX, FLUIDSHIELD BRAND #00146 OR EQUAL	_____	BOX	2.00	_____	_____
076B	Substitute (Please Specify) MASK, PARTICULATE RESPIRATOR, N95, SMALL, WITH NOSE FLANGE, 20 PER BOX, INOVEL #1511 OR EQUAL	_____	BOX	2.00	_____	_____
076C	Substitute (Please Specify) MASK, PARTICULATE RESPIRATOR, N95, MEDIUM, WITH NOSE FLANGE, 20 PER BOX, INOVEL #1512 OR EQUAL	_____	BOX	3.00	_____	_____
076D	Substitute (Please Specify) MASK, PARTICULATE RESPIRATOR, N95, LARGE, WITH NOSE FLANGE, 20 PER BOX, INOVEL #1513 OR EQUAL	_____	BOX	2.00	_____	_____
077	Substitute (Please Specify) MASK, PROCEDURE, PLEATED WITH EAR LOOPS, 50 PER BOX, KIMBERLY CLARK #47080 OR EQUAL	_____	BOX	21.00	_____	_____
077A	Substitute (Please Specify) MUSCLE/JOINT PAIN RELIEF, POINT RELIEF BRAND, 3 OZ. ROLL-ON, "NO SUBSTITUTE"	_____	EACH	3.00	_____	_____
077B	Substitute (Please Specify) MUSCLE/JOINT PAIN RELIEF, POINT RELIEF BRAND, 4 OZ. SPRAY "NO SUBSTITUTE"	_____	EACH	4.00	_____	_____
078	Substitute (Please Specify) MOUTHWASH, LISTERINE, 16.7 OZ.	_____	EACH	8.00	_____	_____
078A	Substitute (Please Specify) NEBULIZER, 12 LITERS PER MINUTE, 30 CONTINUOUS PSI, DEVILBISS, "PULMO-AIDE", 56500 OR EQUAL	_____	EACH	2.00	_____	_____
078B	Substitute (Please Specify) NEEDLE, BLOOD COLLECTION, 231G X 3/4" X 1/2", VACUTAINER, B-D SAFETY-LOK, 50 PER BOX, B-D #367281"NO SUBSTITUTE"	_____	BOX	21.00	_____	_____
078C	Substitute (Please Specify) NEEDLE HOLDER, FOR USE WITH VACUTAINER, 250 PER BAG	_____	BAG	6.00	_____	_____
078D	Substitute (Please Specify) NEEDLE, BLOOD COLLECTION, 22G X 1 1/2", VACUTAINER, WITH LUER ADAPTER, 48 PER BOX, B-D ECLIPSE, #368608 "NO SUBSTITUTE"	_____	BOX	100.00	_____	_____

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079	OINTMENT, BACITRACIN, 1 OZ. Substitute (Please Specify) _____	_____	TUBE	25.00	_____	_____
080	OINTMENT, VITAMIN, A & D, 1 OZ. Substitute (Please Specify) _____	_____	TUBE	9.00	_____	_____
080D	ORAL PAIN RELIEF GEL, ADULT, .33 OUNCE Substitute (Please Specify) _____	_____	TUBE	4.00	_____	_____
081A	PENLIGHT, DISPOSABLE, 6 PER PKG Substitute (Please Specify) _____	_____	PKG	15.00	_____	_____
082	PEROXIDE, HYDROGEN, 3% BY VOLUME, 16 OZ. Substitute (Please Specify) _____	_____	PINT	20.00	_____	_____
083	PETROLEUM JELLY, VASELINE, 13 OZ. Substitute (Please Specify) _____	_____	JAR	8.00	_____	_____
084	PHISODERM, SKIN CLEANSER, 6 OZ. Substitute (Please Specify) _____	_____	BOTL	12.00	_____	_____
084A	PILLOW, MOISTUREPROOF, ANTIBACTERIAL Substitute (Please Specify) _____	_____	EACH	24.00	_____	_____
084B	PILL CUTTER, STAINLESS STEEL BLADE Substitute (Please Specify) _____	_____	EACH	1.00	_____	_____
084C	PILL CRUSHER, CRUSHES SMALL & LARGE PILLS, SEE THROUGH BOTTOM TO VIEW PILL CRUSHING, BUILT-IN PILL STORAGE Substitute (Please Specify) _____	_____	EACH	3.00	_____	_____
085	PILLOWCASE, DISPOSABLE, 100 PER CASE Substitute (Please Specify) _____	_____	CASE	5.00	_____	_____
086	PIN, SAFETY, MEDIUM, #2, GROSS Substitute (Please Specify) _____	_____	GROSS	4.00	_____	_____

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Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
096A	PROTECTION, ARM GUARDS WITH THUMB HOLE, MEDIUM, 8", HEX ARMOR, AG9X OR EQUAL Substitute (Please Specify)	_____	EACH	3.00	_____	_____
096B	PROTECTION, ARM GUARDS WITH THUMB HOLE, LARGE, 9", HEX ARMOR, AG9X OR EQUAL Substitute (Please Specify)	_____	EACH	7.00	_____	_____
096C	PROTECTION, ARM GUARDS WITH THUMB HOLE, MEDIUM, 10" - 10 1/2" FOREARM, ACTIVE AIDE, STEALTHWEAR, #NA10305 OR EQUAL Substitute (Please Specify)	_____	EACH	5.00	_____	_____
096D	PROTECTION, ARM GUARDS WITH THUMB HOLE, SMALL, 9 1/2", 10" FOREARM, ACTIVE AIDE, STEALTHWEAR, #NA10304 OR EQUAL Substitute (Please Specify)	_____	EACH	3.00	_____	_____
097	POWDER, J & J BABY, 15 OZ. Substitute (Please Specify)	_____	EACH	2.00	_____	_____
097A	PULSE OXIMETER, FINGER UNIT, SPO MEDICAL #5500 OR EQUAL Substitute (Please Specify)	_____	EA	3.00	_____	_____
098	PULL-UP TRAINING PANTS FOR BOYS, HUGGIES, SIZE 3T-4T (30-40 LBS.) 80 PER CASE Substitute (Please Specify)	_____	CASE	2.00	_____	_____
098A	PULL-UP TRAINING PANTS FOR GIRLS, HUGGIES, SIZE 3T-4T (30-40 LBS.) 60 PER CASE Substitute (Please Specify)	_____	CASE	2.00	_____	_____
098B	PULL-UP TRAINING PANTS FOR BOYS, HUGGIES, SIZE 4T-5T (38-50 LBS.) 66 PER CASE Substitute (Please Specify)	_____	CASE	2.00	_____	_____
098C	PULL-UP TRAINING PANTS FOR GIRLS, HUGGIES, SIZE 4T-5T (38-50 LBS.) 66 PER CASE Substitute (Please Specify)	_____	CASE	2.00	_____	_____
098D	PULL-UPS, DISPOSABLE UNDERWEAR, ALL NITES, DRYTIME BRAND, UNISEX, SIZE YOUTH MEDIUM (40-70 LBS.) 17 PER BAG, 4 BAGS PER CASE OF 68, MEDLINE #MSC23001 OR EQUAL Substitute (Please Specify)	_____	CASE	2.00	_____	_____
099	RHULISPRAY/CALAMINE, ANTI-ITCH SPRAY, 4 OZ. Substitute (Please Specify)	_____	CAN	15.00	_____	_____

**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
091	SALT, TABLE, 1 LB. Substitute (Please Specify) _____	_____	BOX	3.00	_____	_____
091A	SANITIZER, HAND, PURELL INSTANT #8652-12 OR EQUAL, 8 OZ. PUMP BOTTLE, 12 BOTTLES PER CASE Substitute (Please Specify) _____	_____	CASE	53.00	_____	_____
091B	SANITIZER, HAND WIPE, 6.5" X 4.5", PURELL #9022-10, 100 INDIVIDUALLY WRAPPED PACKETS PER BOX "NO SUBSTITUTE"	_____	BOX	13.00	_____	_____
092	SANITARY NAPKIN, ULTRA THIN, REGULAR WITH WINGS, 96 PER CASE, ALWAYS BRAND OR EQUAL Substitute (Please Specify) _____	_____	CASE	5.00	_____	_____
092A	SCALE, BALANCE BEAM, WITH HEIGHT ROD, 400 LB CAPACITY, SECA MODEL #700 "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____
092B	SANITARY NAPKIN, ALWAYS RADIANT INFINITY TEEN REGULAR PADS WITH WINGS, 14 PER PKG "NO SUBSTITUTE"	_____	PKG	4.00	_____	_____
092C	SANITARY NAPKIN, WAXED KRAFT PAPER LINER, 7 1/2" X 10 1/2" X 3 1/2", 500 PER CASE Substitute (Please Specify) _____	_____	CASE	1.00	_____	_____
092D	SANITARY, TAMPON, REGULAR, FLUSHABLE CARDBOARD APPLICATOR, TAMPAX, 40 PER BOX Substitute (Please Specify) _____	_____	BOX	4.00	_____	_____
093	SCISSOR, IRIS, 4 1/2" CURVED Substitute (Please Specify) _____	_____	EACH	2.00	_____	_____
093A	SCISSORS, MEDICAL 7 1/2", SURGICAL STAINLESS STEEL WITH ONE SERRATED EDGE, AUTOCLAVABLE Substitute (Please Specify) _____	_____	EACH	2.00	_____	_____
093B	SCISSORS, BANDAGE 5 1/2", EXTRA FINE, SURGICAL STAINLESS STEEL, MILTEX BRAND #5-514 OR EQUAL Substitute (Please Specify) _____	_____	EACH	2.00	_____	_____
094	SHAMPOO, J & J "NO TEARS", 15 OZ., "NO SUBSTITUTUE"	_____	BOTL	2.00	_____	_____
094A	SHARPS CONTAINER, 2-GALLON, RED, WITH ROTOR LID, KENDALL #8970 OR EQUAL Substitute (Please Specify) _____	_____	EACH	7.00	_____	_____

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
094B	SHARPS CONTAINER, DISPOSABLE, 8-GALLON, RED, WITH HINGED LID, KENDALL/COVIDIEN #9980, "NO SUBSTITUTE"	_____	EACH	10.00	_____	_____
094C	SHARPS CONTAINER, 3- GALLON, RED, WITH ROTOR AND HINGED LID, KENDALL/COVIDIEN #8527R, "NO SUBSTITUTE"	_____	EACH	10.00	_____	_____
095	SLING, ADULT, MEDIUM Substitute (Please Specify) _____	_____	EACH	6.00	_____	_____
095A	SLING, ADULT, LARGE Substitute (Please Specify) _____	_____	EACH	11.00	_____	_____
095B	SHIELD, CPR, FACE, 10 PER BOX, LAERDAL #460000 OR EQUAL Substitute (Please Specify) _____	_____	BOX	13.00	_____	_____
095C	SHIELD, MANIKIN, FACE, 6 ROLLS OF 36 PER PACKAGE, LAERDAL #151201 OR EQUAL Substitute (Please Specify) _____	_____	PKG	18.00	_____	_____
096	SCRUB BRUSH, HAND & NAIL, NYLON BRISTLE, 3½" L X 1½" W Substitute (Please Specify) _____	_____	EACH	3.00	_____	_____
097A	SOAP, HAND, LIQUID, ANTIMICROBIAL, GALLON, DIAL BRAND Substitute (Please Specify) _____	_____	GAL	2.00	_____	_____
098	SOAP, LIQUID (DISH), IVORY CLASSIC SCENT, 25 OZ. Substitute (Please Specify) _____	_____	BOTL	308.00	_____	_____
100	SODIUM CHLORIDE USP, 0.9%, 250 ML Substitute (Please Specify) _____	_____	BOTL	5.00	_____	_____
101	SPECIMEN CONTAINER, STERILE, INDIVIDUALLY WRAPPED, WITH INTEGRITY SEAL, APPROXIMATELY 4 OZ., 100 PER CASE Substitute (Please Specify) _____	_____	CASE	1.00	_____	_____
102	SPHYGMOMANOMETER, ANEROID, BLOOD PRESSURE UNIT, SHOCK-PROOF, LATEX-FREE, BLACK, ADULT SIZE, WELCH ALLYN DURASHOCK "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____
102A	SPHYGMOMANOMETER, ANEROID, BLOOD PRESSURE UNIT, SHOCK-PROOF, LATEX-FREE, BLACK, LARGE ADULT SIZE, WELCH ALLYN DURASHOCK "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____



**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
102B	SPHYGMOMANOMETER, ANEROID, BLOOD PRESSURE UNIT, SHOCK-PROOF, LATEX-FREE, BLACK, CHILD SIZE, WELCH ALLYN DURASHOCK "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____
103	SPONGE, DRAIN, J & J SOF-WICK, 4" x 4" 50 PER BOX Substitute (Please Specify) _____	_____	BOX	5.00	_____	_____
104	STERILE WATER USP, 250 ML Substitute (Please Specify) _____	_____	BOTL	106.00	_____	_____
105A	STETHESCOPE, LITTMANN CLASSIC II S.E., "NO SUBSTITUTE"	_____	EACH	2.00	_____	_____
106	STICK, ORANGE, GROSS (144) PER PKG Substitute (Please Specify) _____	_____	GROS	1.00	_____	_____
106A	STREP A RAPID TESTS DIPSTICK, 25 PER BOX, MCKESSON #951316 OR EQUAL Substitute (Please Specify) _____	_____	BOX	20.00	_____	_____
107	SUNSCREEN, COPPERTONE WATER BABIES, PABA-FREE, FRAGRANCE-FREE, HYPOALLERGENIC, SPF45, 12 OZ., "NO SUBSTITUTE"	_____	EACH	3.00	_____	_____
108	SWAB, LEMON GLYCERINE, 75 PER BOX, 25 "3s" PER BOX, DYNAREX #1216, OR EQUAL Substitute (Please Specify) _____	_____	BOX	3.00	_____	_____
108A	SWAB, INSECT STING/BITE, BENZOCAINE 20% , MENTHOL 1%, 10 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____
108B	SWAB, ORAL, UNTREATED, 500 PER BAG, SAGE #5802UT, OR EQUAL Substitute (Please Specify) _____	_____	BAG	11.00	_____	_____
109	SYRINGE, PISTON, 60 CC, INDIVIDUALLY PACKAGED Substitute (Please Specify) _____	_____	EACH	1.00	_____	_____
109A	SYRINGE, STERILE, LUER-LOK TIP, 10CC, 100 PER BOX Substitute (Please Specify) _____	_____	BOX	3.00	_____	_____
109B	SYRINGE, STERILE, LUER-LOK TIP, 20CC, 40 PER BOX Substitute (Please Specify) _____	_____	BOX	1.00	_____	_____

**ROCKLAND BOCES**  
Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
109E	TABLE, OVER BED, 30" X 15" X 28" - 45", HAUSMANN #3400 OR EQUAL Substitute (Please Specify)	_____	EACH	14.00	_____	_____
109F	TABLE, BEDSIDE CABINET, 18½" X 18½" X 28" HAUSMANN #9018-10 OR EQUAL MUST HAVE SHELF IN STORAGE CABINET AND SHIP FULLY ASSEMBLED Substitute (Please Specify)	_____	EACH	5.00	_____	_____
110	TAPE, ADHESIVE, PAPER, 1" X 10 YARDS, 12 ROLLS PER BOX Substitute (Please Specify)	_____	BOX	5.00	_____	_____
110A	TAPE, KINESIOLOGY THERAPEUTIC, KT TAPE PRO, JET BLACK, 10" PRECUT STRIPS, 20 PER BOX Substitute (Please Specify)	_____	BOX	5.00	_____	_____
111	TAPE, WHITE POROUS CLOTH, ADHESIVE, 2" X 10 YARDS, 6 ROLLS PER BOX Substitute (Please Specify)	_____	BOX	3.00	_____	_____
113A	TAPE, ADHESIVE, CLOTH, "LATEX-FREE", 1" X 12 YARDS, 12 ROLLS PER BOX Substitute (Please Specify)	_____	BOX	2.00	_____	_____
114	TAPE, ADHESIVE, HYPOALLERGENIC, PAPER, 2" X 10 YARDS, 6 ROLLS PER BOX Substitute (Please Specify)	_____	BOX	4.00	_____	_____
115	THERMOMETER, 3M, TEMPA-DOT, DISPOSABLE, STERILE, 100 PER BOX Substitute (Please Specify)	_____	BOX	3.00	_____	_____
115A	THERMOMETER, WELCH ALLYN SURETEMP PLUS MODEL 690 ELECTRONIC THERMOMETER, WITH ORAL PROBE AND PROBE WELL #01690-200, "NO SUBSTITUTE"	_____	EACH	1.00	_____	_____
116	THERMOMETER, DIGITAL, ELECTRONIC, B-D Substitute (Please Specify)	_____	EACH	1.00	_____	_____
116B	THERMOMETER PROBE COVER FOR BRAUN THERMOSCAN PRO 3000 OR 4000, 200 PER BOX Substitute (Please Specify)	_____	BOX	5.00	_____	_____
116C	THERMOMETER, TEMPORAL ARTERY SCANNER, EXERGEN #TAT-2000, "NO SUBSTITUTE"	_____	BOX	2.00	_____	_____

**ROCKLAND BOCES**

Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
116D	THERMOMETER, PROBE COVERS FOR EXERGEN #TAT-2000 TEMPORAL ARTERY SCANNER, 50 PER TUBE, #134203, "NO SUBSTITUTE"	_____	TUBE	6.00	_____	_____
116E	THERMOMETER, PROBE COVERS FOR WELCH ALLYN SURETEMP PLUS MODEL 680 ELECTRONIC THERMOMETER, 250 PER BOX, #05031-101, "NO SUBSTITUTE"	_____	BOX	5.00	_____	_____
116F	THERMOMETER, INFRARED FOREHEAD/TEMPORAL, NON-CONTACT, DYNAREX 5613 OR EQUAL Substitute (Please Specify) _____	_____	EACH	1.00	_____	_____
117	THERMOMETER, SHEATH, DIGITAL, 500 PER BOX Substitute (Please Specify) _____	_____	BOX	2.00	_____	_____
117A	TISSUE, FACIAL, 2-PLY, 100 SHEETS PER BOX, 30 BOXES PER CASE Substitute (Please Specify) _____	_____	CASE	49.00	_____	_____
118	TONGUE DEPRESSOR, 500 PER BOX Substitute (Please Specify) _____	_____	BOX	6.00	_____	_____
118A	TOURNIQUET, POWDER FREE, LATEX FREE, 10 PER PACKAGE Substitute (Please Specify) _____	_____	PKG	21.00	_____	_____
118C	TOURNIQUET, COMBAT APPLICATION, (C-A-T), BLACK, NORTH AMERICAN RESCUE, #30-001 Substitute (Please Specify) _____	_____	PKG	4.00	_____	_____
119	TICK REMOVER, TICKED OFF OR EQUAL Substitute (Please Specify) _____	_____	EACH	2.00	_____	_____
119A	TOOTHBRUSH, ADULT, SOFT, INDIVIDUALLY WRAPPED Substitute (Please Specify) _____	_____	EACH	277.00	_____	_____
120	TOOTHBRUSH, CHILD, SOFT Substitute (Please Specify) _____	_____	DOZN	3.00	_____	_____
121	TOOTHPASTE, FLUORIDE, 6.4 OZ. Substitute (Please Specify) _____	_____	TUBE	7.00	_____	_____
121A	TOWEL, DISPOSABLE, 3-PLY, 19" X 13", 500 PER CASE, CROSSTEX OR SIMILAR Substitute (Please Specify) _____	_____	CASE	2.00	_____	_____

**ROCKLAND BOCES**

Bid Request Compilation and Vendor Response Form

**Bid: 2019/20-12 MEDICAL SUPPLIES - VALID THROUGH JULY 2020**

**Vendor Name** \_\_\_\_\_

Item Number	Item Description/Specification	Vendor Reference	Unit of Measure	Quantity Reported	Unit Price	Total Bid
121AA	TOWEL, BATH, TERRY CLOTH, APPROXIMATE SIZE, 20" X 40".		CASE	100.00		
121B	TOWLETTE, ANTISEPTIC, SATURATED WITH BENZALKONIUM CHLORIDE, NON-ALCOHOLIC, 5" X 7", 100 SEALED PACKETS PER BOX Substitute (Please Specify) _____		BOX	6.00		
121C	VACUTAINER PLUS PLASTIC PLASMA TUBE, STERILE, PRE-LABELED, COLOR-CODED LAVENDER, 3.0mL, 100 PER BOX		BOX	20.00		
121D	URINE TEST STRIP, 10SGL, 100 PER PKG, URISCAN #U39 OR EQUAL Substitute (Please Specify) _____		PKG	7.00		
121E	VACUTAINER PLUS PLASTIC PLASMA TUBE, STERILE, WITH SPRAY-COATED K2EDTA, PRE-LABELED, COLOR-CODED LAVENDER, 4.0mL, 100 PER BOX Substitute (Please Specify) _____		BOX	20.00		
121F	VACUTAINER PLUS PLASTIC PLASMA TUBE, STERILE, WITH SILICA CLOT ACTIVATOR, PRE-LABELED, COLOR-CODED RED/GRAY, 7.5mL, 100 PER BOX Substitute (Please Specify) _____		BOX	10.00		
121G	VACUTAINER GLASS BLOOD COLLECTION TUBE, STERILE, NO ADDITIVE, SILICONE-COATED INTERIOR, PRE-LABELED, COLOR-CODED RED, 7 mL, 100 PER BOX, B-D #366431 OR EQUAL Substitute (Please Specify) _____		BOX	20.00		
122	WASHCLOTH, WHITE, DISPOSABLE, DRY, 10" X 13", 50 PER PKG, 10 PACKAGES PER CASE OF 500, AMD-RITMED #SP-41013 OR EQUAL (SAMPLE MUST BE SENT WITH BID) Substitute (Please Specify) _____		CASE	123.00		
123	WHEELCHAIR, 18" MINIMUM SEAT WIDTH, WITH FOOTREST, 250 LB. WEIGHT CAPACITY Substitute (Please Specify) _____		EACH	2.00		
124	WHEELCHAIR, 20" MINIMUM SEAT WIDTH, WITH FOOTREST, 300 LB. WEIGHT CAPACITY Substitute (Please Specify) _____		EACH	2.00		
125	WIPES, FLUSHABLE, DYNAREX ADULT TUB PACK #1321, 9" X 13", 60 PER TUB, 9 TUBS PER CASE Substitute (Please Specify) _____		CASE	2.00		

Bid Item Count: 245

Total

Unless Bidder identifies a substitute brand and/or model, it shall be understood that all items will be furnished in full accordance with this specification (not a substitute).  
Initial: \_\_\_\_\_

NAME PRINTED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD, WEST NYACK, NY 10994-0607**

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING BID**

This page must be completed, signed and returned with the bid forms

In the appropriately marked columns, enter the complete unit price and extended price for the quantity and unit of measure specified. Do not enter price per thousand or bid on any configuration other than what is specifically requested. Bids improperly filled out are subject to rejection.

Do not use ditto marks or squiggly lines to indicate that the price is the same as above. Each item you bid on must have an actual price entered in the appropriate box. Items that do not have a price entered will be considered as No-Bid's

**BIDS SENT BY COURIER OR BY OVERNIGHT MAIL MUST BE SEALED WITHIN THE COURIER PACKAGING, BEARING ON THE OUTSIDE THE NAME AND ADDRESS OF THE BIDDER AND THE NAME, NUMBER & DUE DATE OF THE BID. BIDS SUBMITTED INCORRECTLY ARE SUBJECT TO REJECTION.**

The following items must be submitted with your bid:

THIS FORM, completed and signed, signed BID CERTIFICATION form, signed COMPANY INFORMATION form, any PAGES OF THE BID form you have filled out. It is necessary to return all pages, even if you have not bid on any items on the page.

**Questions regarding this bid should be directed to: Jackie Cinquemani at: (845) 627-4746**

Please check ( x ) the following:

\_\_\_\_\_ I have read the specifications and instructions and am bidding to specification.

\_\_\_\_\_ I have included all necessary forms with the bid.

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**This form, together with the Bid Proposal Certification, must be returned with your bid.**

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD, WEST NYACK, NY 10994-0607**

**COMPANY INFORMATION  
(Bidder)**

The undersigned declares that he/she has carefully examined the Notice to Bidders, General & Special Information, Detailed Specifications and Bid Forms, and will furnish the supplies, materials and/or equipment in compliance with such specifications for the price set forth in this Bid Offer.

The full names and residences of all persons interested in this bid as principals are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CompanyName \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

List all Business Names, Corporate or otherwise, used by the above listed Principals over the past ten (10) years

\_\_\_\_\_  
\_\_\_\_\_

Have any of the projects represented by the above resulted in litigation? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person bidding  
(Please print legibly) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**This form, together with the Bid Proposal Certification, must be returned with your bid.**

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD, WEST NYACK, NY 10994-0607**

**FORM-A**

**VENDOR IDENTIFICATION**

Name of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person and Title: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Federal Tax ID Number \_\_\_\_\_

Are you incorporated:      (    ) Yes    (    ) No  
a)    If yes, in what State are you incorporated? \_\_\_\_\_  
b)    If you are not incorporated in New York State, are you authorized to do business  
in New York? \_\_\_\_\_

If you are not incorporated, you are a (n):  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Unincorporated association  
\_\_\_\_\_ Other (please specify)

	<u>Firmwide Totals</u>	<u>Responsible Office</u>
No. of Shareholders	_____	_____
No. of Principals	_____	_____
No. of Managers	_____	_____
No. of Staff	_____	_____
No. of Support Staff	_____	_____

**This form, together with the Bid Proposal Certification, must be returned with your bid.**

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD, WEST NYACK, NY 10994-0607**

**FORM-A**

**VENDOR IDENTIFICATION (continued)**

List all Principals of the bidding firm:

---

---

List all individuals who will be available throughout the term of the agreement for continuing advice and counsel.

---

---

List all Business Names, Corporate or otherwise, used by the above listed Principals over the past ten (10) years:

---

---

Have any of the projects represented by the above resulted in litigation? \_\_\_\_\_  
If yes, please explain:

---

---

---

I, \_\_\_\_\_, \_\_\_\_\_ as Principal of the bidding firm,  
(print name) (print title)  
hereby certify that the above listed information is complete, true and accurate.

\_\_\_\_\_  
(signature)

**This form, together with the Bid Proposal Certification, must be returned with your bid.**



**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD, WEST NYACK, NY 10994-0607**

**IRAN DIVESTMENT ACT CERTIFICATION**

As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a new provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list is expected to be issued no later than 120 days after the Act's effective date, at which time it will be posted on the OGS website.

By submitting a Request for Proposal (RFP) in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Proposer/Contractor (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Additionally, Proposer/Contractor is advised that once the list is posted on the OGS website, any Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to the solicitation, must certify at the time the Contract is renewed, extended or assigned that it is not included on the prohibited entities list.

During the term of the Contract, should the Rockland BOCES receive information that a person is in violation of the above-referenced certification, Rockland BOCES will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then Rockland BOCES shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

Rockland BOCES reserves the right to reject any proposal or request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**This form, together with the Bid Proposal Certification, must be returned with your bid.**



**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
65 PARROTT ROAD  
WEST NYACK, NY 10994-0607**

**NON-BIDDER'S RESPONSE**

The Rockland County Board of Cooperative Educational Services is interested in the reasons why prospective Bidders fail to submit bids. Failure to submit a bid without explanation may result in removal of your firm from our Bidders' list. If you are NOT submitting a bid in this proposal, please indicate the reason(s) by checking off one or more of the items below and return this form to us.

1.  Unable to bid at this time, but would like to receive future bid proposals.
2.  Items or material not  manufactured,  distributed,  stocked,  furnished.
3.  Materials or items we have to offer do not fully meet all the requirements of standards specified.
4.  Multiplicity of delivery points.
5.  Delivery quantities are too small.
6.  We cannot meet the time of delivery of items or materials specified.
7.  Insufficient time allowed for preparation and submission of bid.
8.  Other reasons \_\_\_\_\_  
\_\_\_\_\_

You may remove our name from the Bid List for:

- This Commodity Group  
 This Commodity Class  
 This Item or Material  
 All Bids

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_