CITY OF MOBILE

BID SHEET

Mailing Address: P. O. Box 1948 Mobile, Alabama 36633 (251) 208-7434

BID NO.

Typed by:

DATE

Purchasing Department and Package Delivery: Government Plaza 4th Floor, Room S-408 205 Government St Mobile, Alabama 36644

Please quote the lowest price at which you will furnish the articles listed below

Buyer:

DEPARTMENT

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READ TERMS AND CONDITIONS ON REVERSE SIDE OF THIS PAGE BEFORE BIDDING

Commodities to be delivered F.O.B. Mobile to:

03/13/2019		5271	Fire	То	Be Specified	d	21		
This bid	must be rece	ived and stampe	d by the Purchasing off	ice not later than	n: Friday, M	arch 29, 2	019 10:	30 AM	
		Bid on this fo	orm ONLY. Make no changes	on this form. Attach		UNIT PR	ICE	EXTENS	
QUANTITY	ARTICLE	S any additiona	al information required to this f	orm.	UNIT	Dollars	Cents	Dollars	Cents
		ZOLL AED PR	O AND ZOLL X						
		DEFIBRILLAT	OR ACCESSORIES						
	ZOLL AED	PRO							
APPX									
0-50	AED PRO EC	CG CABLE AAMI	– ZOLL 8000-0838, Ci	ty Item 17639					
	Make]	Model						
4 DDM									
APPX 0-50	AED PRO N	ON-RECHARGEA	ABLE LITHIUM BATTER	RY PACK					
0.00		0860-01, City Ite							
	Make	8	Model						
APPX 0-20	AFD PRO SO	OFT CARRY CAS	E – ZOLL 8000-0810-01,						
0-20	City Item 170								
	Molecular		Model						
APPX	Make		Model						
0-50									
			ER - ZOLL - 8000-0815,						
	City Item 17	041							
	Make		Model						
						TOT	AL		
DETUDA	ONE CICNED O	OPY OF THIS BID	01-1	ha daliyawi tina	within	dove	of roc	oint of I	P ()
	SED ENVELOP		Stat	te delivery time				eibi oi i	.0.
				Firm Name					
		0/ 22 1		Typed Signature _					
We will allov and correct i	v a discount invoice of complete	% 20 days from the days f	om date of receipt of goods	Ву					

Page_____ of___ Bid on this form ONLY. Make no changes on this form. Additional in-DUANTITY UNIT PRICE EXTENSION **ARTICLES** formation to be submitted on separate sheet and attached hereto. UNIT Cents Dollars Dollars Cents Page 2 of 6 **ZOLL X-SERIES CARDIAC MONITOR** APPX 0-20 AED CARRY CASE, ZOLL X SERIES CARDIAC MONITOR, PRINTER CHUTE W/SINLE ZIPPERS, X SERIES – ZOLL – 8707-000502-01. City Item 17642 Make Model APPX 0 - 20AED CARRY CASE, SHOULDER STRAP, ZOLL X SERIES - ZOLL -8000-000405-01, City Item 17643 Make Model **APPX** 0 - 20AED CARRY CASE, REAR BAG, ZOLL X SERIES – ZOLL – 8000-000404-01, City Item 17644 Make Model **APPX** 0 - 50BATTERY, LITHIUM ION, SUREPOWER II, X-SERIES ZOLL 8000-0580-01, City Item 6886 Make Model **APPX** 0-20 AED AUXILLIARY POWER, BREAKOUT CABLE, X SERIES -ZOLL-8000-000903-01, City Item 17645 Make _____ Model

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

TOTAL

Firm Name	
Bv	

We will allow a discount $_$ % 20 days from date of receipt of goods and correct invoice of completed order.

Page_____ of___

IANITITY	Bid on this form ONLY. Make no changes on this form. Additional in-		UNITPR	ICE	EXTENS	NSION	
UANTITY	ARTICLES formation to be submitted on separate sheet and attached hereto.	UNIT	Dollars	Cents	Dollars	Cen	
A DDV	Page 3 of 6						
APPX 0-20	AED, CABLE SLEEVE, PROPAQ/X SERIES, ZOLL BLUE – ZOLL – 8000-002005-01, City Item 17646			-			
	Make Model						
APPX 0-20	AED, CPR CONNECTOR, X-SERIES – ZOLL – 8000-0370, City Item 17647	2					
	Make Model						
APPX 0-20	AED MULTIFUNCTION THERAPY CABLE, ZOLL X SERIES-ZOLL-8300-0783, City Item 17648		-				
	Make Model						
APPX 0-20	AED, CABLE, LIMB LEAD ECG, AAMI, PROPAQ MD OR X SERIES-ZOLL-8300-0803-01, City Item 17649						
	Make Model					-	
APPX 0-20	AED, CABLE, V LEAD ECG, AAMI, X SERIES-ZOLL-8300-0804-01, City Item 17650						
	Make Model						
APPX 0-20	AED, DUAL LUMEN NIBP TUBING ASSEMBLY, 10 FT, ZOLL X SERIES – ZOLL – 8300-0002-01, City Item 17651						
	Make Model						
			ТО	TAL			
RETUR	N ONE SIGNED COPY OF THIS QUOTATION READ ABOVE INST	RUCTI	ONS BEF	ORE (QUOTING		

IN ENCLOSED ENVELOPE

Firm Name_____

We will allow a discount ______ % 20 days from date of receipt of goods and correct invoice of completed order.

Page_____ of____

	Bid on this form ONLY. Make no changes on this form. Additional in-		UNIT PI	RICE	EXTENS	ION
JANTITY	ARTICLES formation to be submitted on separate sheet and attached hereto.	UNIT	Dollars	Cents	Dollars	Cent
	Page 4 of 6					
APPX 0-50	AED, ADULT CUFF, 25-34 CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR, X SERIES – ZOLL – REUSE-11-2MQ City Item 17652					
	Make Model					
APPX 0-50	AED, LARGE ADULT CUFF, 32-43 CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR, X SERIES – ZOLL – REUSE-12-2MQ, City Item 17653					
	Make Model					
APPX 0-50	AED, SMALL ADULT CUFF, 20-26 CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR, X SERIES – ZOLL – REUSE-10-2MQ, City Item 17654					
	Make Model					
APPX 0-50	AED, THIGH CUFF, 40-55 CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR, X SERIES-ZOLL-REUSE-13-2MQ, City Item 17655					
	Make Model					
APPX 0-20	AED, MASIMO RAINBOW RC-4, 4 FT REUSABLE PATIENT CABLE, X SERIES – ZOLL – 8000-0341, City Item 17658					
	Make Model					
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	N ONE SIGNED COPY OF THIS QUOTATION READ ABOVE INST	RUCTI	ONS BEF	ORE	UOTING	à
IN ENC	LOSED ENVELOPE Firm Name	(6)				

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We will allow a discount $___$ % 20 days from date of receipt of goods and correct invoice of completed order.

Page_____ of____

	Bid on this form ONLY. Make no changes on this form. Additional in-		UNITPR	ICE	EXTENS	SION
JANTITY	ARTICLES formation to be submitted on separate sheet and attached hereto.	UNIT	Dollars	Cents	Dollars	Cent
	Page 5 of 6					
APPX						
0-20	AED, MASIMO RAINBOW DCI, ADULT REUSABLE SENSOR, SPO2/SPCO/SPMET, 3 FT M-15 CONNECTOR, X SERIES – ZOLL – 8000-000371, City Item 17659					
-	Make Model					
APPX						
0-50	AED, MASIMO RAINBOW R20, SINGLE USE SENSOR FOR PEDIATRICS 10-50 KG, SP02/SPCO/SPMET, (10 PER CASE) – ZOLL 8000-0339, City Item 17661					
	Make Model					
APPX						
0-50	AED, MASIMO RAINBOW R 20-L, SINGLE USE SENSOR FOR INFANTS 3-10 KG, SP02/SPCO/SPMET, (10 PER CASE) – ZOLL-8000-0340, City Item 17662					
	Make Model					
APPX 0-25	AED, SMART CAPNO LINE 02 PLUS (ADULT), (25 PER BOX) – ZOLL – 8300-0524-01, City Item 17664					
	Make Model					
APPX		29				
0-25	AED, SMART CAPNO LINE 02 PLUS (PEDIATRIC), (25 PER BOX), ZOLL – 8300-0525-01, City Item 17665					
	Make Model					
	Vendor must have in stock and be delivered to the City of Mobile within seven (7) calendar days of issuance of purchase order.					
,			ТО	TAL		
DETUDI	NONE SIGNED CORVICE THIS QUOTATION READ ABOVE INST	BUCTIO	ONS REE	OBE C	LIOTING	

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name		
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We will allow a discount $___$ % 20 days from date of receipt of goods and correct invoice of completed order.

Page_____ of____

DUANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional in-		UNIT PE	ICE	EXTENS	XTENSION		
	711110223	formation to be submitted on separate sheet and attached hereto.	UNIT	Dollars	Cents	Dollars	Cents		
		Page 6 of 6							
	enrollment in the	be required to provide verification of E-Verify program. Additional information http://immigration.alabama.gov/							
	vendor may be re	vendor's principal place of business is out-of-state, equired to have a Certificate of Authority to do ate of Alabama from the Secretary of State prior urchase Order.							
	State to determine See: <u>www.sos.ala</u> Please note that the	y responsible for consulting with the Secretary of whether a Certificate is required. bama.gov/BusinessServices/ForeignCorps.aspx. ne time between application for the issuance of a hority may be several weeks.							
	Certificate of Aut Purchasing Depar (Vendors will pos requirement becau	, vendor will have 10 business days to provide the hority and the E-Verify numbers to the tment before award can be completed. sibly need to pay the expedite fee to meet this use application is not sufficient. We must have a cate with your Company ID number).							
	of Authority from certification to su and Certificate of	the Alabama Secretary of State, nor the E-Verify for bmit a bid, but will need to obtain the Business License Authority verification and/or provide the E-Verify opplicable, prior to issuance of a Purchase Order.							
	State of Alabama and (d) will apply	Local Vendor Preference Law 41-16-50 (a) to this purchase.							
	At the option of t	for a one (1) year period following the award of this bid. he City of Mobile and the successful Vendor, the may be extended for two (2) additional one (1)							
	Should you have	questions concerning this bid, call: , Buyer @ (251) 208-7434							
				TO	TAL				

IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name

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We will allow a discount $___$ % 20 days from date of receipt of goods and correct invoice of completed order.



PURCHASING DEPARTMENT

Potential bidders are responsible to check this site for any ADDENDUMS that are issued. It is the responsibility of the BIDDER to check for, download, and include with their BID RESPONSE <u>any and all ADDENDUMS</u> that are issued for a specific BID published by the City of Mobile. Failure to download and include ADDENDUMS in your BID RESPONSE may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department <u>before</u> the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

Package/Bid Delivery Address: Purchasing Department 205 Government St. Room S408 Mobile, AL 36644

(Request First Delivery)