



Serving Jefferson County Since 1917

Hazel L. Collins

Purchasing Agent

JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 6th Avenue South, Birmingham, AL 35233

(205) 930-1961/Fax (205) 930-1060

June 13, 2025

ITB # 25-06-14

INVITATION TO BID

The Jefferson County Board of Health (the "Board") and the Jefferson County Department of Health (the "Department") (collectively, "JCDH") will be accepting sealed bids for **ITB# 25-06-14, Medical Supplies Bid**, which will be received by:

Purchasing Agent, Jefferson County Department of Health, General Service Annex,
401 14th Street South, Birmingham, AL 35233,

until 10:00 a.m. CST, Wednesday, July 09, 2025 (the "Bid Period"), at which time and place they will be publicly opened and read. The Project will involve an expenditure in excess of thirty thousand dollars (\$30,000) and is subject to competitive procurement provisions of the Alabama Bid Law, Ala. Code 41-16-50 et seq.

A. SCOPE OF WORK AND MATERIALS

Prospective bidders may download the complete solicitation including the specifications and bid forms via the internet at <https://jcdh.org/SitePages/About/Bids.aspx>, or by visiting the Purchasing Office at the address shown above, or by calling (205) 930-1029, fax (205) 930-1060 and requesting a copy be mailed to you. Any addenda will be available on the JCDH website.

Bidder is responsible for checking for addenda until bid opening date. Addenda will be mailed only to those vendors who were provided a copy in person or by mail. **Bidders are strongly encouraged to read the entire solicitation.**

B. BIDS

All bids must be submitted on Bid Form in a sealed envelope indicating "**SEALED BID – ITB# 25-06-14, Medical Supplies Bid**" with opening date and bid number printed on outside of envelope.

All bidders must complete and provide the following:

- The notarized State of Alabama disclosure form included in the bid package;
- The Addendum to Bid Agreement Contract;
- A copy of their E-verify certificate with the assigned number from the U.S. Department of Homeland Security;
- A W-9 Form;
- The Beason-Hammon Alabama Taxpayer and Citizen Protection Act Supplemental Form; and
- All other documents listed in the enclosure.

C. BONDING

It is required for any contract/purchase exceeding \$10,000.00 that the bidder submits with their bid a certified check, a cashier's check or a bid bond payable to the Jefferson County Department of Health in the amount of \$500.00. For any bid award to be considered that exceeds \$10,000, it must be

accompanied by an acceptable bid bond or check. Bid bonds will be returned to all unsuccessful bidders after the formal award is made and to the successful bidder after acceptance of the award. Should the successful bidder fail to accept the award, the bid bond or check shall be forfeited.

D. OTHER BID REGULATIONS AND REQUIREMENTS

- No bid may be withdrawn for a period of sixty (60) days after the date of the bid opening.
- JCDH reserves the right to reject bids if such action is determined to be in the best interest of JCDH.
- JCDH reserves the right to reject any or all bids or parts of bids and to make the award either "all or none" or per line item on the merit and/or feature of method and quality, delivery, and service availability as the best interest of JCDH appears.
- JCDH is exempt from all tax. This statement in no way is to be construed as relieving a seller or contractor from paying any tax assessed to him as a seller or contractor.
- JCDH reserves the right to require documentation that each bidder is an established business and is abiding by the ordinances, regulations, and laws of their community and the State of Alabama.
- If you are required by any regulatory agency to maintain professional license or certification to provide any product and/or service solicited under this ITB, JCDH reserves the right to require documentation of current license and/or certification before considering and awarding the bid.

E. COMMUNICATION DURING BID EVALUATION

There shall be no communication during the evaluation period between any vendor and JCDH agency requisitioning the good or service to be procured. Any communications, written, oral, or electronic between the vendor and the requisition agency must come through the Division of Purchasing Buyer administering the ITB.

F. QUESTION/INQUIRY

Telephone inquiries with questions regarding clarification of all specifications of the ITB will not be accepted. All questions concerning the bid, product, and/or service specifications must be e-mailed to Hazel Collins at hazel.collins@jcdh.org and Brian Green at brian.green@jcdh.org. Please reference the ITB number and Question/Inquiry in the e-mail subject.

G. LETTER OF NOTIFICATION

All bidders for this ITB are requested to reply via email to notification of Intent indicating that they intend to submit a bid. Only those bidders submitting the Notification of Intent will be advised of any clarifications, addendum, and answers to inquiries and/or questions pertaining to this ITB. The email of Notification of Intent can be emailed to hazel.collins@jcdh.org and brian.green@jcdh.org. Please reference the ITB number and Notification of Intent in the e-mail subject.

H. PROJECTED SCHEDULE OF EVENTS

Jefferson County Department of Health reserves the right to adjust the following schedule of events where needed to benefit the County

Announcement of ITB	June 13, 2025
Deadline for Bidder's Questions	June 24, 2025 at 4:00 pm CST
Deadline for Notification of Intent	June 24, 2025 at 4:00 pm CST
Deadline for Bidder's Answers	June 26, 2025 at 4:00 pm CST
ITB due Date & Public Opening	July 09, 2025 at 10:00 am CST



Hazel L. Collins, CPP, CPPM
Purchasing Agent

HC/bg

AM: 06-14-25

Enclosures

SPECIFICATIONS

A. STATEMENT OF PURPOSE

The Jefferson County Department of Health is currently soliciting sealed bids for **Medical Supplies Bid**. Proposers eligible to submit an ITB must not be on the U.S. General Services Administration lists of Parties Excluded from Federal Procurement or Non-Procurement Programs. ITBs will be submitted for furnishing all labor and materials, software licenses, services, and integration, and performing all work. The successful bidders will be notified of bid award via the Jefferson County Department of Health's Notice of Award letter and the approved Standard Addendum to Bid Agreement Contract.

No Bid will be considered unless the Proposer, whether resident or non-resident of Alabama, is qualified to submit a bid. The Jefferson County Department of Health reserves the right to reject any and all Bids and to waive any formalities in the solicitation process, and to be the final authority in any conflict.

B. BACKGROUND

The Jefferson County Department of Health (JCDH) seeks a provider of medical supplies to provide services to the Jefferson County, AL community. The Medical Supplies Bid looks to make conscientious use of taxpayer funds and abide by current Bid Laws.

C. ABOUT JCDH

Based in Birmingham, AL, JCDH is an independent, semi-autonomous local health department in the most populous county in Alabama serving approximately 665,000 residents. JCDH's mission is to prevent disease and assure access to quality healthcare, *promote* a healthy lifestyle and a healthy environment, and *protect* against public health threats. We envision a healthier Jefferson County for all. The strategic plan of the Jefferson County Department of Health is developed with intentional focus on health equity. To us, health equity means that everyone has the opportunities needed to attain their highest level of health. We seek to examine existing programs and healthcare services within Jefferson County to assure these are accessible and sensitive to the needs of Jefferson County's populations experiencing barriers to attaining optimal health. In our ideal future, people and communities are thriving and have the power to realize their vision of health and well-being. Additionally, all sectors work together for the benefit of everyone, especially those from less resourced communities. We seek to reimagine systems of care and help build local healthcare ecosystems where communities are safe, engaged, served and healthy.

D. ABOUT THE HEALTHCARE SERVICES PROVIDED BY JCDH

JCDH provides the following healthcare services:

Healthcare Services
Sexual Health (STI and hepatitis C prevention, diagnosis and treatment; HIV pre-exposure and post-exposure prophylaxis)
Pediatrics
Family Planning (Title X grant recipient; contraception offered)
Dental (mostly pediatrics)
Naloxone Treatment
Child and Adult Immunizations (Vaccines For Children [VFC] program participant)
Tuberculosis prevention, diagnosis, and treatment

Women, Infants and Children (WIC) supplemental nutrition program provider
International Travel (consultation, vaccines & medicines)
Rabies post-exposure prophylaxis
Healthcare Services Provided within JCDH Facilities by Partner Organizations

To assure access to quality healthcare, JCDH offers reduced fees for services through various grants and special programs for individuals who qualify. Providing services at reduced fees enhances the health of the individual and reduces the burden of disease for both the individual and the community.

E. BIDDER CONTRACTS

Successful firms will be the only contracts. Bids will not be accepted from vendors that sub-contract their work.

F. AWARD

The Award will be made in whole or in part to the lowest responsible bidders provided the bidders meets all requirements and specifications required by JCDH and the bidder meets all requirements under the Alabama Competitive Bid Law.

G. TERMINATION

The contractual agreement or addendum associated with any bid may be terminated by JCDH with a thirty (30) day written notice of cancelation to the other party regardless of reason.

Any violation of the agreement or addendum associated with any bid shall constitute a breach and default of this agreement. Such termination shall not relieve the contractor of any liability to JCDH for damages sustained by virtue of a breach by the contractor.

H. PRICE

The itemized bid price for each line item will remain firm for the entire duration of the Bid Period. The price is to include all related fees. Invoice(s) must be itemized and billed after delivery/completion.

I. FREIGHT

Prices are to include transportation, fuel, handling, service, freight charges and deliveries/pick-up as specified. JCDH will pay no additional fees unless previously agreed to in writing.

J. TAX

JCDH is exempt from all tax. Bidder shall be responsible for any tax that may be levied or assessed by reason of this transaction.

K. PRE-PAY

No pre-payments will be made.

L. ADDITIONS TO CONTRACT

JCDH has attempted to list all aspects of the Project that will be required during the term of the Agreement. However, JCDH reserves the right to purchase additional quantities and/or related items from the successful bidder.

M. INTERPRETATIONS

No modification, deviation, substitution, or other such changes will be made without the prior written approval of JCDH. JCDH reserves the right to reject any or all bids submitted and to make the award in the best interest of the Health Department.

N. INSURANCE

Bidder shall furnish to the Board upon execution of this Agreement, a certificate of insurance as evidence of adequate professional and public liability insurance insuring vendor, the Board and Board's agents, servants, and employees as additional insured.

O. OTHER BID TERMS AND CONDITIONS

- Bids will be rejected if there is reason to believe that collusion exists among the bidders. No participants in such collusion will be considered in future bids for the same work.
- Bidder must have all necessary business licenses as required by the State of Alabama, Jefferson County and the City of Birmingham.
- All items must conform strictly to the specifications and shall be subjected to evaluation upon acceptance. In the event that any item is deemed unacceptable or not in conformity with the specifications, such items will be rejected, and items of proper quality as set forth in the specifications shall be furnished in place thereof at the expense of the successful bidder.
- Failure to comply in accordance with the awarded bid as submitted, including promised delivery, will constitute sufficient grounds for cancelation of the order and the Contract at the option of JCDH.
- Use of specific names and numbers is not intended to restrict the bid of any bidder, seller and/or manufacturer but is solely for the purpose of indicating the type, size and quality, material, service, or equipment considered best adapted to the JCDH's intended use.
- Bidder will furnish a minimum of three (3) references. References will be accepted only from companies that provide similar type of scope of work as requested herein.
- No bidder shall be allowed to offer more than one bid for the said project. If said bidder should submit more than one bid for the said project described therein those bids shall be rejected.
- No bidder shall be allowed to offer more than one price on each line item. If said bidder should submit more than one price per line item, then ALL prices for that line item shall be rejected.

P. INCURRING COSTS

The Jefferson County Department of Health will not be liable for any costs incurred in preparing bid responses.

Q. TABLE OF CONTENTS

A table of contents should be provided and allow for easy access to all bid components.

R. NUMBER OF BIDS

One (1) signed original AND two (2) copies must be submitted with bid package. Bids shall be prepared in accordance with the Bid Format in the "How to Apply" section. Bids not complying with this format may be considered non-responsive and may be removed from consideration on this basis.

S. APPLICABLE LAW

A contract entered into as a result of this bid shall be governed and interpreted under the laws of the State of Alabama. The contract shall be on a standard JCDH form as modified for this particular transaction. As JCDH is a public agency, its standard contract contains provisions required by Alabama law and regulations. Those provisions include, but are not limited to, the following topics.

Ala. Code 41-4-142 provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama, or leases for use in Alabama, are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. **BY SUBMITTING THIS BID, THE FIRM IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ALABAMA LAW, THEY ARE NOT BARRED FROM SUBMITTING BIDS OR ENTERING INTO A CONTRACT PURSUANT TO ALA. CODE 41-4-142, AND ACKNOWLEDGE THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.**

Ala. Code 31-13-9(k) provides the following language must be included in every public contract bid in Alabama: "By signing the Agreement and this Addendum, the Board and the Contractor affirm, for the duration of this Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, any Contracting Party found to be in violation of this provision shall be deemed in breach of this Agreement and shall be responsible for all damages resulting therefrom."

In addition, any Contractor that employs one or more employees in the State of Alabama must provide evidence of their participation in the federal E-Verify program.

Acceptance of standard JCDH contract terms and execution of the contract are essential elements of the award. Failure to enter into the contract will result in forfeiture of the award. A copy of the form "Addendum to Bid" may be obtained upon request from the Purchasing Agent.

T. GUARANTEE

Bidder certifies by submitting a bid that bidder is fully aware of the conditions of service and purpose for which item(s) included in this bid are to be purchased, and that their bid will meet these requirements of service and purpose to the satisfaction of the Jefferson County Department of Health and its Agent.

U. SCOPE OF WORK

The Jefferson County Department of Health expects the vendor to provide medical supplies as listed on the bid form and in accordance with the specifications listed in this document.

Prospective bidders may download the complete solicitation including the specifications and bid forms via the internet at <https://jcdh.org/SitePages/About/Bids.aspx> , or by visiting the Purchasing Office at the address shown above, or by calling (205) 930-1029, fax (205) 930-1060 and requesting a copy be mailed to you. Any addenda will be available on the JCDH website.

Bidder is responsible for checking for addenda until bid opening date. Addenda will be mailed only to those vendors who were provided a copy in person or by mail. **Bidders are strongly encouraged to read the entire solicitation.**

All bids must be submitted on Bid Form in a sealed envelope indicating **“SEALED BID – ITB# 25-06-14 Medical Supplies Bid”** with opening date and bid number printed on outside of envelope.

All bidders must complete and provide the following:

- The notarized State of Alabama disclosure form included in the bid package;
- The Addendum to Bid Agreement Contract;
- A copy of their E-verify certificate with the assigned number from the U.S. Department of Homeland Security;
- A W-9 Form;
- The Beason-Hammon Alabama Taxpayer and Citizen Protection Act Supplemental Form; and all other documents listed in the enclosure.

All questions concerning the bid, product, and/or service specifications must be e-mailed to hazel.collins@jcdh.org and brian.green@jcdh.org, referencing the ITB number and Question/Inquiry in the e-mail subject.

All bidders for this ITB are requested to reply via email to notification of Intent indicating that they intend to submit a bid. Only those bidders submitting the Notification of Intent will be advised of any clarifications, addendum, and answers to inquiries and/or questions pertaining to this ITB. The email of Notification of Intent can be sent to hazel.collins@jcdh.org and brian.green@jcdh.org. Please reference the ITB number and Notification of Intent in the e-mail subject.

V. ACTIVITY AND TIMELINE

The bid will be from **July 14, 2025, until July 13, 2026**; however, the bid may be extended for additional one-year terms each fiscal year until 2028. The bid will become effective upon bid award (within 30 days of award notification or approval of the Jefferson County Health Officer and/or issuance of purchase order). The contract will expire at midnight on **July 13, 2026**.

W. REQUIREMENTS/QUALIFICATIONS

The following factors will be taken into consideration, but not limited to, when making a final decision:

- a) The award will be made in whole or in part to the lowest responsible bidders, provided the vendor meets all specifications and requirements of the JCDH.
If mutually agreed upon, additional contracts may be executed, based upon this bid for the same item(s) or related items and will be furnished upon request to add. Bid proposals will be rejected if there is reason to believe that collusion exists among the bidders. No participants in such collusion will be considered in future proposals for the same work.
- b) Bidder must have all necessary business licenses as required by the State of Alabama and Jefferson County.
- c) No bidder shall be allowed to offer more than one price on each product. If said bidder should submit more than one product per line item then ALL prices for that line item shall be rejected.

X. DELIVERABLES

The key deliverables for this contract are medical supplies for each purchase order generated following the bid award. For each purchase order, the following are applicable:

- a) Delivery of all items to
**Jefferson County Department of Health
General Service Annex
401 14th Street South
Birmingham, Alabama 35233**
- b) **NO REPACKS - FULL CASES ONLY WHEN PACKED BY THE CASE**
- c) F.O.B. Destination via truck, inside delivery only
- d) Fuel surcharges are not allowed.
- e) Failure to deliver as specified and in accordance with the bid submitted, including promised delivery, will constitute sufficient grounds for cancelation of the order and contract at the option of the Jefferson County Department of Health.
- f) All bidders shall clearly stipulate the guaranteed delivery day(s).
- g) All items must conform strictly to the specifications and shall be subject to evaluation upon acceptance. In the event that any item is deemed unacceptable or not in conformity with the specifications, items will be rejected, and items of proper quality as set forth in these specifications shall be furnished in place thereof at the expense of the successful bidder.
- h) NO SUBSTITUTION will be ACCEPTABLE for the ITEMS MARKED "NO SUB".

Y. HOW TO APPLY

Your bid must be submitted on the **Bid Form** provided and address the following:

- a) Brand: Indicate your trade name and/or generic manufacturer's name.
- b) Stock Number (MFR#): Indicate full manufacturer's product number.
- c) Unit / Package Quantity: Indicate how items are packed, i.e., 10/pkg, 24/case
- d) Order: Price as indicated, i.e., 1/ea, 1/cs, 1/pk, 1/cn. (The way it is received in the stockroom)
- e) Estimate 1yr usage: The quantities shown are estimates and are not a guarantee to buy in the amount shown. Merchandise shall be ordered as needed. No bidder shall attempt to hold the quantities shown as a firm quantity under this contract.

ESTIMATE 1 YR USAGE	ITEMS 1 & 2: LATEX AWARD ALL OR NONE:	BRAND	MFR#	UNIT / PKG QTY	PRICE EA.,BOX OR CASE
30 BX	Petroleum Jelly, Vaseline #8884430300,	COVIDIEN	8884430300	BOX of 72	\$ 1.09/EA
20 BX	Gloves, Exam Nitrile, 3.5C PF Blue, Large, #MXXX2, 200/BX	COBALT	1XX0C	BOX/200	\$ 20.00/BX

- f) Return original Bid form and two (2) copies.

- g) Any deviations from JCDH descriptions should be noted in appropriate blank columns provided for response.
- h) **No substitution will be acceptable for the items marked "NO SUB".**
- i) No bidder shall be allowed to offer more than one price on each product. If said bidder should submit more than one product per line item then ALL prices for that line item shall be rejected.
- j) If requested, **SAMPLES** must be sent of substitute item(s) to be considered for 'approve equal'. However, no substitution will be acceptable for the items marked **"NO SUB"**.
- k) **Please provide samples for items indicated on bid form.**
- l) References: Provide three references who can provide insights into your relevant previous experience and work. Please list the company's name, address, contact name and number. The reference sheet is listed on page **21**.

BID FORM
MEDICAL SUPPLIES
Due: Wednesday, July 09, 2025
Time: 10:00 a.m.

Hazel Collins
Purchasing Agent CPP, CPPM
Jefferson County Department of Health
1400 6th Avenue South
Birmingham, AL 35233

Submitted below is my firm bid for as specified in accordance with your ITB #25-06-14.

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
1.	240 EA	ALCOHOL, ISOPROPYL 16 OZ. IN400010				
2.	1000 EA	Alcohol Prep Pad Webcol™ Isopropyl Alcohol, 70% Individual Packet MediumSterile#6818 (200/BX) (NO SUB) IN400015		6818		
3.	12 BXS	Applicator Cotton Tipped Non- Sterile 6 in 1000/ Bx IN400025				
4.	15 EA	APPLICATOR, SILVER NITRATE 6" (100/VL 10VL/BX) IN400032				
5.	48 BXS	APPLICATORS Swab stick McKesson Cotton Tip Wood Shaft 6 Inch Sterile 2 per Pack IN400030				
6.	30 BXS	APPLICATORS Non-Sterile (RAYON TIPPED) IN700140				
7.	500 BXS	BANDAIDS Band-Aid Bandage Strips Plastic 3/4x3" Tan 60/ Bx IN400050				
8.	2 BXS	Basin Emesis 700mL Plastic Kidney Graduated 10" 1/ ea IN400146				
9.	200 BXS	BLOOD COLLECTION BD Vacutainer® Safety-Lok™ Blood Collection Set 23 Gauge 3/4 Inch Needle Length Safety Needle 12 Inch Tubing Sterile 50/bx #367283 (NO SUB) IN410037		367283		

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
10.	150 BX	BLOOD COLLECTION BD Vacutainer® Safety-Lok™ Blood Collection Set 25 Gauge 3/4 Inch Needle Length Safety Needle 12 Inch Tubing Sterile 50/BX #367285 (NO SUB) IN410045		367285		
11.	30 EA	Bulb Diagnostic Replacement Lamp 3.5 V, Halogen WA Otoscope (03100) #4514-1 (NO SUB) IN400076		4514-1		
12.	20 EA	Halogen Lamp 3.5 Volts 2.5 Watts (03000)IN400075				
13.	250 EA	BULB, Ear Bulb Syringe 1 oz. Disposable Sterile Poly Pouch PVC IN400081				
14.	250 EA	BULB, Ear Bulb Syringe 2 oz. Disposable Sterile Blister Pack IN400082				
15.	250 EA	BULB, Ear Bulb Syringe 3 oz. Disposable Sterile Poly Pouch PVC IN400083				
16.	60 RLS	Clinitek Thermal Printer Paper 1/RL #5773 (NO SUB) IN400086		5773		
17.	25 VL	CHEMSTRIP Calibrator Urine Chemistry 50/VI #11379194160 (NO SUB) IN400088		11379194160		
18.	90 BT	Chemstrip Test Strip 10 MD Urinalysis 100/Bt #03260763160 (NO SUB) IN400087		03260763160		
19.	40 CS	Cotton Ball Non Sterile Medium 4000/Cs IN400100				
20.	30 PKS	Cups, Medicine (100/PK) IN400212				
21.	2000 EA	Disposal Sharps Container 5.4qt Clear Each #305427 (NO SUB) IN400114		305427		

22.	20 EA	DISPOSAL Sharps Container 8.2qt Each, #305490 BD (NO SUB) IN400112		305490		
-----	-------	--	--	--------	--	--

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
23.	60 CS	DRAPE, breast Drape Sheet 13 in x 24 in 2 Ply White 500/Ca IN400120				
24.	260 CS	Drape Exam Sheet 40 in x 48 in Tissue 2 Ply White (100/CS) IN400300				
25.	15 BXS	SURGICAL DRAPE SHEETS STERILE 18W X 26L 50/BX IN100789				
26.	40 PK	EAR SPECULA KleenSpec Specula Otoscope f/ 2.75MM Dsp 850/PK #52432-U (NO SUB) IN400305		52432-U		
27.	5 BX	Ear Curette Ear 5-3/4" Pediatric Ring Tip Disposable 50/bx #96- 1021 50/BX (NO SUB) IN400109		96-1021		
28.	5 BXS	Ear Curette Ear 5-3/4" Adult Ring Tip Plastic Disposable 50/Bx # 96- 1016 50/BX (NO SUB) IN400108		96-1016		
29.	40 PK	EAR SPECULA KleenSpec Specula Otoscope f/ 4.25mm Dsp 850/PK (NO SUB) IN400311		52434-U		
30.	25 BXS	Gauze Pad Cotton 4x4" 4 Ply Sterile 50/BX IN400165				
31.	350 BXS	Gloves Exam Glove Small Non Sterile Nitrile Blue 200/BX #14- 6974C (NO SUB) IN400172		14-6974C		
32.	2000 BX	GLOVES, MEDIUM NITRILE POWDER-FREE 200/BX #14-6976C (NO SUB) IN400175		14-6976C		
33.	400 BXS	GLOVES, LARGE NITRILE POWDER-FREE 200/BX #14-6978C (NO SUB) IN400183		14-6978C		

34.	160 CS	GOWNS, Patient Exam Gown Pediatric Medium Kid Design (Under the Sea Print) Non Sterile IN400194				
35.	180 CS	GOWNS, Patient Exam Gown McKesson Adult One Size Fits Most Non Sterile IN400195				

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
36.	720 EA	Hand Sanitizer with Aloe Purell® Advanced 4 oz. Gel 24/CS #9651- 24 (NO SUB) IN400201		9651-24		
37.	48 EA	Hand Sanitizer Purell Advanced 1.5L Ethyl Alcohol Gel Pump Bottle 1/BTL#5015-04 (NO SUB) IN700104		5015-04		
38.	48 BTLS	HAND SOAP Antimicrobial Soap Soft CIDE® Liquid 32 oz. Pump Bottle Unscented 1/BTL #21032- 06-001 (NO SUB) IN200113		21032-06- 001		
39.	5 PKS	Locks for Emergency Carts Tamper Evident Seal Twist-Locks Numbered Plastic 1 Inch (RED NO SUB) IN410098				
40.	50 CS	LAB COATS, DISPOSABLE SIZE LG - WHITE IN400221				
41.	30 CS	LAB COATS, DISPOSABLE 2X- WHITE IN400470				
42.	40 BX	LANCETS, BD QUIKHEEL #368101(INFANT) (NO SUB) IN400185		368101		
43.	30 BXS	LANCETS, BD CONTACT- ACTIVATED#366576 PURPLE (NO SUB) IN400226		366576		

44.	100 BXS	LANCETS, BD CONTACT-ACTIVATED #366578(BLUE)(NO SUB) IN400228		366578		
45.	50 BXS	LANCETS, BD CONTACT-ACTIVATED #366577(PINK) (NO SUB) IN400227		366577		
46.	15 PKS	Lens Cleaner Alcohol Based Liquid 2 oz. Non Sterile Bottle Scented IN400625				
47.	15 PKS	Lens Paper, 4 X 6 Inch Optical Instrument Lens IN400223				
48.	15 BXS	Lubricating Jelly 3 Gram Individual Packet Sterile IN400204				
49.	20 BXS	LUBRICATING Jelly (12/BX) FLIP-CAP TUBE IN400205				
50.	200 BXS	MASK, 3M, N95 Respirator Mask 20/Box #1860 (NO SUB) IN100510		1860		
51.	500 BXS	MASK, 3M, N95 Particulate Respirator and Surgical Mask, 20/Pk #1860S (NO SUB) IN100078		1860S		
52.	200 BXS	MASK, Safe + Mask® Premier Earloop ASTM Level 3, 50/Box #2042 Blue (NOSUB) IN100477		2042		
53.	200 BXS	MASK, Safe Basics Earloop Procedure Masks- Level 3, 50/Box #2151Med. Blue (NO SUB) IN100847		2151		
54.	80 BXS	MASK, Safe Master Series Procedure Mask MSTM Level 3 Adult #2057 (NO SUB) IN700120	MEDICOM	2057		
55.	2 BXS	Medical Tape 3M Microspore Skin Friendly 1"X10 White Non Sterile #1530-1 (NO SUB) IN400500				
56.	2 BXS	Medical Tape 3M Microspore Skin Friendly 1"X10 WHT NonSterile #1530-1 (NO SUB) IN400500				
57.	240 BXS	Micro cuvette HemoCue® Hb 201 Hemoglobin For HemoCue® Photometers 4x50 Micro cuvettes per Vial #111731 (NO SUB) IN400199		111731		

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
58.	30 BXS	Measurement Tape 36 Inch Paper Disposable IN400520				
59.	200 BXS	MICROSCOPE COVER GLASS #2, 22X22 IN400225				
60.	100 BXS	MICROSCOPE SLIDES , FROSTED 1MM 25 X 75 IN400230				
61.	10 CS	NEBULIZER PED. #HUD1080 (NO SUB) IN400197				
62.	10 CS	NEBULIZER T UP-DRAFT #HUD1732 (NO SUB) IN400245				
63.	200 CS	PAPER, TABLE CREPE 21" X 125 YD(12RLS/CS) IN400275				

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
64.	96 BTL	PEROXIDE, HYDROGEN 16 OZ. IN400280				
65.	10 PKS	Shoe Covers, Nonskid Universal Fit (100/BX) IN700118				
66.	10 PKS	Shoe Covers, (100/BX) IN700119				
67.	20 PKS	Skin Staple Removal Tray IN400061				
68.	160 CS	SPECULUM, DISPOSABLE, SM 100/CS #59000 (NO SUB) IN400340				
69.	75 CS	SPECULUM, DISPOSABLE, MED. 59001 100/CS (NO SUB) IN400341				
70.	240 BXS	STREP A, QUICKVUE IN LINE 1-STEP #00343 (25/BX) (NO SUB) IN400358				

71.	30 PKS	Suture Removal Kit #718 (NO SUB) IN400360				
72.	100 BXS	THEROMOMETER PROBE COVERS THERMOSCAN #06000-005 (200/BX) IN400551				
73.	2000 BXS	TISSUE, FACIAL 5" X 5.7" (200 BXS/CS) IN400560				
74.	75 BXS	TOWELETES, ANTISEPTIC BZK (10 BXS/CS) IN400578				
75.	40 BXS	TONGUE BLADES, JR. (500/BX) IN400565				
76.	25 BXS	Urine Chemistry Urinalysis Control McKesson Consult™ Analyte Testing Positive Level / Negative Level 2 Level 1 (Abnormal) 25 mL Bottles, 2 Level 2 (Normal with hCG) 25 mL Bottles 4/BX #1057384 (NO SUB) IN400602				
77.	200 CS	URINE CUPS, STERILE-W/SCREW- ON LIDS 4 OZ. IN400620				
78.	136 EA	VASELINE PETROLEUM JELLY 3.25 OZ. TUBE IN400634				

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
79.	9 BX	SYRINGE (ORAL USE SYRINGE ONLY), 6 ML, 100/BX, #8881906104 (NO SUB) IN40063				
80.	9 BXS	SYRINGE ONLY 3ML, LUERLOCK STERILE, 100/BX IN400166				
81.	5 CS	SYRINGE ONLY, 10/CC, LUERLOCK STERILE 100/BX IN400395				
82.	5 CS	SYRINGES, NEEDLE-PRO, 1CC, 27GX1/250/BX, #4319 (NO SUB) IN400402				

83.	112 CS	NEEDLE, PRO EDGE HYPODERMIC 25G X 1" SAFETY DEVICE, 100/BX #402510 (NO SUB) IN400425				
84.	25 CS	NEEDLE, PRO EDGE HYPODERMIC 25G X 5/8" SAFETY DEVICE, 100/ BX #402558 (NO SUB) IN400426				
85.	14 CS	NEEDLE, PRO EDGE HYPODERMIC 25G X 1-1/2" SAFETY DEVICE, 100/BX#402515 (NO SUB) IN40042725 BXS				
86.	15 CS	NEEDLE, PRO EDGE NEEDLE/SYRINGE 3CC 22G x 1" SAFETY LL 50/BX, #432210 (NO SUB) IN400434				
87.	16 CS	NEEDLE, PRO NEEDLE/SYRINGE, 3CC 22G X 1-1/2", SAFETY LUER LOCK, 50/BX, # 4234 (NO SUB) IN400435				
88.	20 CS	NEEDLE/SYRINGE, EDGE (PORTEX), 3CC, 23G X 1", CONVENTIONAL, 50/BX #432310 (NO SUB) IN400436				
89.	20 CS	NEEDLE, EDGE HYPODERMIC, 25G X 5/8" SAFETY, 50/BX, # 432558 (NO SUB) IN400440				
90.	72CS	NEEDLE, EDGE HYPODERMIC, 25G X 1" SAFETY, 50/BX, # 432510 (NO SUB) IN400441				

Name of Company _____

BID FORM CONT'D

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY I STOCKROOM: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA.BOX OR CASE
91.	10 CS	NEEDLE-PRO, EDGE HYPODERMIC, 23G X 1"SAFETY DEVICE, 100/BX, #402310 (NO SUB) IN400450				
92.	17 CS	NEEDLE-PRO EDGE NEEDLE/SYRINGE TB, 1CC, 27G X 5, CONVENTIONAL LL, 50/BX, #412705 (NO SUB) IN400460				

93.	200 BGS	NEEDLE-PRO NEEDLE SAFETY DEVICE, 25/BAG #4140 (NO SUB) IN400632				
94.	30 BXS	WARMERS HEEL (INFANT) 25/BX IN40063015 BXS				

NO.	ESTIMATE 1 YR USAGE	CATEGORY II OUTSIDE ORDERS: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA., BOX OR CASE
1	5 BXS	BLOOD COLLECTION <u>Needle</u> <u>Multi-Sample Safety Device</u> <u>21gx1" 100/Box #16-NBC21G1</u> (NO SUB)		16-NBC21G1		
2	25 PKS	COLORPHAST <u>PH Strips Indicator</u> <u>4-7 Range 100 Cards Paper</u> <u>100/Bx #1095420001</u> (NO SUB)		1095420001		
3	5 BXS	Ear <u>Curette Ear Small Spoon Tip</u> <u>Gray Disposable</u> INFANTSCOOP 50/BX				
4	10 BXS	Exam light <u>Sheath For Exam Light</u> <u>25/Bx #52640 (NO SUB)</u>		52640		
5	60 BXS	Hemocue <u>Instrument Cleaner</u> ® <u>Glucose/Hemoglobin Analyzer,</u> <u>Hemocue Photometers</u> (NO SUB) #139123		139123		

Name of Company _____

BID FORM

THE USAGE QUANTITIES ARE ESTIMATES AND ARE NOT A GUARANTEED

NO.	ESTIMATE 1 YR USAGE	CATEGORY II OUTSIDE ORDERS: MEDICAL SUPPLIES	BRAND	MFR#	PKG QTY	PRICE EA., BOX OR CASE
6	25 BXS	Hemocue <u>Microcuvette</u> ® <u>Glucose 201 Diabetes</u> <u>Management Blood Glucose For</u> <u>HemoCue Analyzer 100 Tests 5</u> <u>µL Sample Size #110706</u> (NO SUB)		110706		

7	15 BXS	Hemocult II SENA Patient Cancer Screening Fectal fobt Kit 40/Bx #64130A (NO SUB)		64130A		
8	96 BXS	KOTEX MAXIPAD REGULAR (8 PKGS/CS)				
9	30 BXS	RPR CONTROL CARDS BBL FOR SYPHILIS TESTING #276709 (NO SUB)		276709		
10	60 BX	Test Tube Borosilicate Glass 6mL 12x75mm 250/Bx				

GUARANTEED DELIVERY DAY(S) FOR ALL BID ITEMS _____ DAY(S)

REFERENCES

Bidder will list a minimum of three (3) references. References will be accepted only from companies that provide a similar type of scope of work as requested herein.

Contact Person _____

Company _____

Address _____

Telephone _____

Contact Person _____

Company _____

Address _____

Telephone _____

Contact Person _____

Company _____

Address _____

Telephone _____

Name of Company _____

Please enclose your business card with your bid.

Bidder acknowledges receipt of _____ addenda. This page must be returned with bid.
(addenda numbers)

Date of Bid

Name (print legibly or type)

Company

Title

Street Address

Signature

City State Zip

Tax ID Number

Post Office Box (Zip if different from street address)

E-mail Address

Telephone Number

Fax Number

Terms of Payment

Delivery Date

Alabama Law (Section 41-4-142, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama, or leases for use in Alabama, are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama.

BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ALABAMA LAW, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-142, AND ACKNOWLEDGE THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.



State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

THE JEFFERSON COUNTY DEPARTMENT OF HEALTH

ADDRESS

1400 SIXTH AVENUE SOUTH

TELEPHONE NUMBER

(205) 930-1030

CITY, STATE, ZIP

BIRMINGHAM, ALABAMA 35233

This form is provided with:

☐

Contract

☐

Proposal

☐

Request for Proposal

☐

Invitation to Bid

☐

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services,

STATE AGENCY/DEPARTMENT

TYPE OF GOODS/SERVICES

AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant

STATE AGENCY/DEPARTMENT

DATE GRANT AWARDED

AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE

ADDRESS

STATE DEPARTMENT/AGENCY

NAME OF PUBLIC OFFICIAL/EMPLOYEE

OVER

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
--------------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal.

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature

Date

Notary's Signature

Date

Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

E-Verify **EXAMPLE**

Welcome

[MENU](#)

Company Information

Company Name

Company ID Number

Doing Business as (DBA) Name
DUNS Number

Physical Location

Address 1

Address 2

City

State

Zip Code

County

Mailing Address

Address 1
Address 2

City

State

Zip Code

Additional Information

Employer Identification Number

Total Number of Employees

parent Organization

Administrator

Organization Designation

Employer Category

Federal Contractor Category

Employees Being Verified

View 1 Edit

NAICS Code

View 1 Edit

Total Hiring Sites

View 1 Edit

Total Points of Contact

View 1 Edit

View Original MOU Template

View MOU