AGENDA
MOBILE CITY COUNCIL MEETING

Tuesday, August 4, 2020, 10:30 AM

1. **CALL TO ORDER**

2. **INVOCATION**

   Dr. Rudolph Overstreet, Ebenezer Baptist Church

3. **PLEDGE OF ALLEGIANCE**

4. **ROLL CALL**

5. **STATEMENT OF RULES BY COUNCIL PRESIDENT**

6. **APPROVAL OF MINUTES**

   July 28, 2020

7. **COMMUNICATIONS FROM THE MAYOR**

8. **ADOPTION OF THE AGENDA**

9. **APPEALS**

   Request of Bonita and Erander Kidd for a waiver of the noise ordinance at 2430 North Ridge Road on September 5, 2020, from 7:00 p.m. until 11:00 p.m. (District 1).

10. **PUBLIC HEARINGS**

    Public hearing to rezone property located at 3154 Cottage Hill Road (north side of Cottage Hill Road, 100' + east of Wyoming Drive West) from B-1 to B-2 (District 5).

    Public hearing to rezone property located at 2359 Dauphin Island Parkway (area bounded by Dauphin Island Parkway, Rosedale Road and Rifles Road) from R-1 to B-2 (District 3).

11. **PRESENTATION OF PETITIONS AND OTHER**

COMMUNICATIONS TO THE COUNCIL

Sabrina Mass

Antonio Moore

James Williams

Reggie Hill

12. ORDINANCES HELD OVER

57-016 Ordinance to establish procedures and policies for the vacation or closure of any street, alley, or dedicated public right of way (sponsored by Councilmember Richardson & Daves) (submitted by Christopher Arledge, Council Attorney).

13. CIP RESOLUTIONS HELD OVER

21-552 Authorize contract with James H. Adams & Son Construction Co. Inc. for Airport Blvd Cut-Off East I-65 Service Road, $231,436.00 (sponsored by Councilmember Daves) (submitted by Jennifer White, Traffic Engineering Department).

21-553 Authorize contract with Tindle Construction, LLC for Richards D.A.R. House - Exterior Repairs, $214,500.00 (sponsored by Councilmember Manzie and Mayor Stimpson) (submitted by Kimberly Harden, Director of Architectural Engineering Department)

14. RESOLUTIONS HELD OVER

08-554 Approve item based bid to W. W. Grainger, Inc. for fiber optic supplies (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-555 Approve item based bid for various medical supplies (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-556 Approve purchase order to North American Fire Equipment Co Inc. for various fire equipment, $27,979.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-557 Approve purchase order to Sunbelt Fire, Inc. for task force fire monitor/nozzles, $27,321.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-558 Approve item based bid for large truck tire retreading and repair (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

21-559 Authorize contract with J Hunt Enterprises General Contractors, LLC for Ladd-Peebles Stadium-Walking Trail, $188,625.00 (sponsored by Councilmember Manzie and Mayor Stimpson) (submitted by Kimberly Harden, Director of Architectural Engineering Department).

21-560 Authorize contract with Arena Fire Protection, Inc. for Fire Sprinkler & Backflow Preventer Repairs at various City facilities; $16,330.00; SR-022-20 (C0018, 20002000-48010); (sponsored by Mayor Stimpson) (submitted by Brad Christensen, Real Estate Asset Management Dept).

21-561 Authorize contract with J Payne Organization for Parkway S.A.I.L. Center - Interior Renovation, $166,000.00 (sponsored by Councilmember Small and Mayor Stimpson) (submitted by Kimberly Harden, Architectural Engineering Department)

21-562 Authorize contract with Green Magic Landscape LLC for right of way mowing on Dauphin St., $1,015.00 per mowing (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

21-563 Authorize contract with Complete Management Group, LLC, for mowing of Downtown streets, $34,000 first year, $91,000 years 2 & 3 (sponsored by Councilmember Manzie and Mayor Stimpson) (submitted by John Paine, Purchasing Department).

15. ORDINANCES BEING INTRODUCED

64-017 Rezone property located at 3154 Cottage Hill Road (north side of Cottage Hill Road, 100' + east of Wyoming Drive West) from B-1 to B-2 (District 5).

64-018 Rezone property located at 2359 Dauphin Island Parkway (area bounded by Dauphin Island Parkway, Rosedale Road and Rifles Road) from R-1 to B-2 (District 3).

16. CONSENT RESOLUTIONS BEING INTRODUCED

03-564 Appoint Dorothy Weaver and Tommie Carlisle to the to the Police Citizens Community Relations Advisory Council (sponsored by Councilmembers Manzie and Gregory) (submitted by Lisa C. Lambert, City Clerk).

03-565 Re-appoint Lewis Jackson to the Golf Course Advisory Committee (sponsored by Councilmember Richardson) (submitted by Lisa C. Lambert, City Clerk).

03-566 Approve the Mayor's re-appointment of Jamie Ison to the Mobile Airport Authority (sponsored by Mayor Stimpson).

03-567 Approve the Mayor's re-appointment of Walter Bell to the Mobile

Airport Authority (sponsored by Mayor Stimpson).

37-568 Recommend approval to the ABC Board for issuance of a Restaurant Retail Liquor License for Seafood Mobile 168, Inc., 4671 Airport Boulevard (sponsored by Councilmember Rich).

58-572 Authorize removal of weeds, Group #1605

17. RESOLUTIONS BEING INTRODUCED

08-569 Approve purchase order to Ward International Trucks LLC, for two international HV607 dump trucks, $251,834.00 (sponsored by Mayor Stimpson) (submitted By John Paine, Purchasing Department).

08-570 Approve purchase order to Dixie Trucks, Inc. for two 2021 Pac-Mac knuckleboom loaders, $321,198.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

21-571 Authorize contract with Triple A Fire Protection, Inc. for City of Mobile, Alabama Cruise Terminal-First Floor Fire Sprinkler System Replacement, $83,690.00 (sponsored by Councilmember Manzie and Mayor Stimpson) (submitted by Kimberly Harden, Director of Architectural Engineering Department).

18. ANNOUNCEMENTS

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

No Attachments Available

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/30/2020 - 3:51 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date
No Attachments Available		

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 8:25 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

No Attachments Available

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Sponsored by:

Councilmember Richardson

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/27/2020 - 2:14 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
Lisa C. Lambert, City Clerk

Sponsored by:
Councilmember Daves

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 8:29 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Sponsored by:

Councilmember Small

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 8:39 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/28/2020 - 3:48 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/30/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/30/2020 - 2:29 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/30/2020 - 3:52 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
City Clerk	Merchant, Mary Ann	Approved	6/10/2020 - 8:29 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
Jennifer White

Sponsored by:
Joel Daves

Purpose and Scope of Project:
Construction of the redesign of the intersection of Airport Boulevard Cut-off Road and East I 65 Service Road and its approaches

Amount of Contract:
231,436.00

Funding Source

Project # Airport Boulevard Cut-Off 2020-2060-08 **Discretionary Funds**

Project String C0225 - 20002000.48010 **Contract Number:**2835

Budget Amendment **REDUCE** **INCREASE**

Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Traffic Engineering	Bergin, Marybeth	Approved	7/16/2020 - 5:16 PM
Capital	Hollins, Tiffany	Approved	7/17/2020 - 9:22 AM
Legal	Kern, Chris	Approved	7/17/2020 - 10:49 AM
Mayors Office	Wesch, Paul	Approved	7/21/2020 - 11:34 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Manzie and Mayor Stimpson

Purpose and Scope of Project:

To remove the existing windows, shutters and one door and replace with new shop manufactured units, repair and paint exterior finishes.

Amount of Contract:

$214,5000.00

Funding Source

Project # Richards D.A.R. House - Exterior Repairs, HI-033-19 **Discretionary Funds**

Project String 20002000-48010 **Contract Number:**2846

Budget Amendment **REDUCE** **INCREASE**

Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	7/21/2020 - 6:01 PM
Capital	Hollins, Tiffany	Approved	7/22/2020 - 9:15 AM
Legal	Kern, Chris	Approved	7/22/2020 - 1:06 PM
Mayors Office	Wesch, Paul	Approved	7/22/2020 - 2:57 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
John Paine, Purchasing Agent

Sponsored by:
Mayor William S. Stimpson

Purpose and Scope of Project:
To approve an Item - Based Bid Award to W W Grainger Inc for Fiber Optic Supplies.

General Funds.

Amount of Contract:
N/A to be purchased at unit prices indicated

Funding Source

Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
20200722 FiberOptic Agenda Package Bids	Cover Memo	7/22/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/22/2020 - 2:57 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to accept and approve, and issue Purchase Orders against, the below proposed Bid Award, to the designated vendors, for the indicated time period, and if renewable, renewable without further action by Council, for the specified item(s) at the unit prices indicated.

Bid	Description	Number of Items	Bid Amount	Time/Renewal	Vendor(s)
5443	Fiber Optic Supplies	19	Various, see bid tab	6 months	W. W. Grainger Inc

Adopted:

_____

City Clerk

TABULATION SHEET BID # 5443

	GRAYBAR		INTEGRATED OFFICE SOLUTIONS		STUART C. IKBY
1 CABLE	.60		.95		.80
2 CABLE	4.04		6.00		5.50
3 CABLE	.28		.40		.400
4 CABLE	2.21		3.25		3.08
5 SPLICE 806 114 86491	271.84		402.00		472.564
6 SPLICE 806 114 86525	241.63		358.00		400.023
7 SPLICE 806 114 86608	205.93		305.00		340.917
8 GROMMET 806 113 14594	16.34		22.00		28.435
9 BRACKET 806 107 61373	36.44		56.00		73.235
10 BRACKET 806 107 56100	61.45		* 49.00		—

* VENDOR LOW ON ONLY ONE ITEM, DECLINED ORDER

		GRAYBAR		INTEGRATED OFFICE SYSTEMS		STUART C. IRBY
11	CABLE KIT 806114 86798	90.26		121.00		151.576
12	SPLICE TRAY FST-24P	32.50		37.00		47.529
13	HEAT SHRINK 2806 031-01	38.40		50.00		77.670
14	CONNECTOR CCH-CP12-59	59.55		78.00		110.294
15	CONNECTOR CCH-CP12-15T	45.68		68.00		91.635
16	CONNECTOR CCH-03U	213.58		306.00		379.682
17	CONNECTOR CCS-03U	186.50		267.00		341.141
18	JUMPER CABLE OR-810-447-009	7.50		12.00		24.152
19	JUMPER CABLE OR-810-112-009	7.20		9.00		15.776

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 004

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
06/29/2020	5443	ELECTRICAL	As Specified

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM, Tuesday, July 14, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.					

FIBER OPTIC SUPPLIES

See attached Fiber Optic Supply RFQ #7493

Please observe instructions on Reverse side.

No substitutions on Corning products.

Please quote your prices in the unit specified in the bid.

Sign and return this quotation sheet together with the attached RFQ #7493. Prices must be on our RFQ.

All prices to be delivered pricing, FOB Mobile.

Quantities listed to be purchased by the City of Mobile; additional quantities may be requested.

All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**

If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.

TOTAL

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
    Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft** Or **Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of $50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx . Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Page 2 of 2 Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks. Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number). Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order. Prices quoted on bid good for: _____ days. **TO BE AWARDED ON A PER ITEM BASIS.**					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

RFQ #7493

1) CABLE, CORNING S-OP-72-LT-A-3E-BK-SIC-5-CUT REEL

QTY 3,800 COST PER FOOT _____

2) CABLE, CORNING M-OP-48-LT-A-L-BK-SIC-5-CUT REEL

QTY 1,500 COST PER FOOT _____

3) CABLE, CORNING S-OP-24-LT-A-3U-BK-SIC-B-CUT REEL

QTY 1,500 COST PER FOOT _____

4) CABLE, CORNING M-OP-24-LT-A-L-BK-SIC-5-CUT REEL

QTY 600 COST PER FOOT _____

5) FIBER OPTIC SPLICE CLOSURE, CORNING 80611486491

QTY 1 COST EACH _____

6) FIBER OPTIC SPLICE CLOSURE, CORNING 80611486525

QTY 2 COST EACH _____

7) FIBER OPTIC SPLICE CLOSURE, CORNING 80611486608

QTY 1 COST EACH _____

8) 4-PORT GROMMET KIT, CORNING 80611314594

QTY 10 COST EACH _____

9) UNIVERSAL HANGER BRACKET KIT, CORNING 80610761373

QTY 2 COST EACH _____

10) ARIEL HANGER BRACKET KIT, CORNING 80610756100

QTY 4 COST EACH _____

11) CABLE ADDITION KIT, CORNING 80611486798

QTY 2 COST EACH _____

12) FIBER COUNT SPLICE TRAY, SIGNAMAX FST-24P

QTY 16 COST EACH _____

MAKE _____ MODEL_____

13) HEAT SHRINK FUSION SPLICE SLEEVE, CORNING 2806031-01

QTY 8 COST EACH _____

14) CLOSET CONNECTOR HOUSING, CORNING CCH-CP12-59

QTY 14 COST EACH _____

15) CLOSET CONNECTOR HOUSING, CORNING CCH-CP12-15T

QTY 6 COST EACH _____

16) CLOSET CONNECTOR HOUSING, CORNING CCH-03U

QTY 2 COST EACH _____

17) CLOSET CONNECTOR AND SPLICE HOUSING, CORNING CCS-03U

QTY 2 COST EACH _____

18) FIBER JUMPER CABLE, QUICKTRON OR-810-447-009

QTY 48 COST EACH _____

MAKE _____ MODEL_____

19) FIBER JUMPER CABLE, QUICKTRON OR-810-112-009

QTY 24 COST EACH _____

MAKE _____ MODEL_____

MOBILE
ALABAMA

PROCUREMENT 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 any and all ADDENDUMS 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 before 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)

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve the award of an Item-Based bid for medical supplies to Bound Tree Medical LLC, Ferno Washington Inc, Henry Schein Inc, Life-Assist Inc, Performance Health Supply Inc, and Medical Supplies Depot.

General Fund.

Amount of Contract:

N/A to be purchased at unit prices indicated

Funding Source

Project #			**Discretionary Funds**
Project String			**Contract Number:**
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds			**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date
20200722 Medical Agenda Package Bids	Cover Memo	7/22/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/22/2020 - 5:11 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to accept and approve, and issue Purchase Orders against, the below proposed Bid Award, to the designated vendors, for the indicated time period, and if renewable, renewable without further action by Council, for the specified item(s) at the unit prices indicated.

Bid	Description	Number of Items	Bid Amount	Time/Renewal	Vendor(s)
5432	Medical Supplies	134	Various, see bid tab	One year, renewable for two additional one year periods	Various, see bid tabulation

Adopted:

_____

City Clerk

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

7 JULY 2020 10:30AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	BOUND TREE MEDICAL LLC AMOUNT	AMOUNT	FERNO WASHINGTON INC AMOUNT	AMOUNT	HENRY SCHEIN INC AMOUNT	AMOUNT	LIFE-ASSIST INC AMOUNT	AMOUNT	PERFORMANCE HEALTH SUPPLY INC AMOUNT	AMOUNT	MEDICAL SUPPLIES DEPOT AMOUNT	AMOUNT	AMOUNT	AMOUNT
1.	1000	BAGS C-COLLAR		28.08		NB		NB		NB		NB		NB			
	EA	CARRYING BAG		LA0700													
2.	2078	EYE WASH		2.53		NB		1.74 ①		2.30 ①		1.70		3.20			
	EA.	4OZ															
3.	2080	EYE DROPS		1.70		NB		~~1.09~~ ①		125.00 ①		NB		NB			
	BOTT.	½ OZ		834-24280				DISCONTINUED									
4.	4264	KENDRICK FOAM/HEAD CHIN RESTRAINTS		37.09		109.50		1.35 ①		7.88 ①		NB		NB			
	EA.																
5.	~~4339~~	~~PUNCH WINDOW~~															
	EA.																
6.	~~4822~~	~~SCISSORS EMT~~															
	EA.	S.S. 7¼" NS															
7.	4887	BACK BOARD		212.63		NB		NB		225.00 ①		NB		NB			
	EA.	RED PLASTIC 500 LB CAP.		5392RD													
8.	~~6864~~	~~FORCEPS ADULT~~															
	EA.	9 3/4" R.D. # 316 NS															
9.	6870	SPLINT TRACTION		135.78		337.50 ①		138.17 ①		163.00 ①		NB		NB			
	EA.	ADULT HARE TYPE		95001													
10.	6871	BLOOD PRESSURE		16.25		NB		15.52 ①		20.53 ①		NB		18.25			
	EA.	CUFF ADC 760-11ABK NS						4990739									
11.	6872	V VAC STARTER KIT		88.09		NB		87.37 ①		95.00 ①		92.94		NB			
	EA.	NS						2206305									
12.	6878	BP CUFF ADC		15.93		NB		15.52 ①		20.53 ①		NB		18.25			
	EA.	# 760-9CBK NS						4997943									

NOT AWARDED ON THIS BID

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
13.	6887	TT HOLDER ADULT		68.50		NB		66.50 ①		~~2.85~~ ①		NB		NB			
	BOX	25/BOX						2202270		QUOTED EA. PRICE							
14.	6888	TT HOLDER PEDI		68.50		NB		66.50 ①		~~2.85~~ ①		NB		NB			
	BOX	25/BOX						4990708		QUOTED EA. PRICE							
15.	6893	BP CUFF		22.58		NB		15.52 ①		28.70 ①		NB		25.25			
	EA.	ADC 760-13TBK NS						4260014									
16.	6901	SUCTION UNIT		516.84		NB		534.48 ①		~~28.70~~ ①		NB		NB			
	EA.	NS		2221-51088						QUOTED WRONG ITEM							
17.	6906	FAST STRAP		48.32		NB		NB		58.97 ①		NB		NB			
	EA.	NS		113820													
18.	6907	IMMOBILIZER		346.75		327.00 ①		346.82 ①		365.00 ①		NB		NB			
	EA.	NS				0313065											
19.	6909	STRETCHER SCOOP		924.65		842.25 ①		943.41 ①		936.10 ①		NB		NB			
	EA.	NS				00065EXL											
20.	6915	ALCOHOL PADS		1.73		NB		.93 ①		1.87 ①		1.52		NB			
	BOX	200/BOX NS						1126131									
21.	~~6919~~	RING CUTTER															
	EA.	ADC #380 NS															
22.	6932	BOX MEDICAL		131.82		NB		134.88 ①		NB		NB		NB			
	EA.	PLANO 747 004 XL NS		2511-74753													
23.	6940	REEVES SLEEVES		541.22		NB		NB		NB		NB		NB			
	EA.			471220													
24.	6944	OB KITS		53.52		NB		56.52 ①		81.00 ①		NB		NB			
	DOZ.			540-1721EA													

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25. ~~6951~~	~~BAGS RED BIO~~															
CS.	WASTE 20GAL 4 BX/CS															
26. ~~6966~~	~~THERMOMETER~~															
EA.	PRO 6000 NS															
27. ~~6967~~	~~PROBE COVERS~~															
CS.	NS															
28. 6969	INFUSION DETECTOR		39.20		NB		41.00 ①		~~2.85~~ ①		NB		NB			
CS.	20/CS		065-000172002						QUOTED EA. PRICE							
29. 6970	GLOVES ULTRA ONE		79.50		NB		130.40 ①		123.00 ①		NB		115.00			
CS.	MED NS		290316													
30. 6972	GLOVES ULTRA ONE		79.50		NB		130.40 ①		123.00 ①		NB		115.00			
CS.	XL NS		290318													
31. 6973	GLOVES ULTRA ONE		79.50		NB		130.40 ①		123.00 ①		NB		115.00			
CS.	LARGE NS		290317													
32. 6974	GLOVES ULTRA ONE		79.50		NB		130.40 ①		123.00 ①		NB		115.00			
CS.	SMALL NS		290315													
33. ~~9682~~	~~BAG EMESIS~~															
CS.	144/CS NS															
34. ~~13199~~	~~IMMOBILIZER~~															
EA.	NS															
35. ~~13205~~	~~STETHOSCOPE~~															
EA.	ADC 612BK NS															
36. ~~13269~~	~~SHARPS IN GAYON~~															
CS.	5 QT 30/CS NS															

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37.	13526	GLOVES NITRILE		108.10 ①		NB		156.60 ①		102.00 ①		NB		139.00			
	CS	10 BOX/CS NS								GL53139M							
38.	~~13607~~	~~CURE TRACHEAL~~															
	BOX	7.0 mm 10/BX NS															
39.	~~13609~~	PILLOW DISP.															
	CS.	12/CS NS															
40.	~~13611~~	SOAP LIQ. DIAL															
	CS.	16OZ 12/CS NS															
41.	~~13612~~	WIPES															
	CS.	100/80 10 BOXES NS															
42.	13613	MASK FLUIDSHIELD		279.36 ①		NB		22.15 ①		29.25 ①		NB		86.00			
	CS.	12/CS NS						1383793									
43.	13614	CATHETER IV		306.00		NB		322.00 ①		350.00 ①		NB		429.00			
	CS.	24GA NS		602500													
44.	13615	CATHETER IV 22GA		306.00		NB		308.00 ①		350.00 ①		NB		429.00			
	CS.	200/CS NS		602519													
45.	13616	CATHETER IV 20GA		306.00		NB		300.00 ①		350.00 ①		NB		389.00			
		200/CS NS						5070313									
46.	13617	CATHETER IV 18GA		306.00		NB		300.00 ①		350.00 ①		NB		389.00			
		200/CS NS						9866186									
47.	13618	CATHETER IV 16GA		306.00		NB		318.00 ①		350.00 ①		NB		429.00			
		200/CS NS		602586													
48.	13619	CATHETER IV 14GA		306.00		NB		322.00 ①		385.00 ①		NB		452.00 ①			
		200/CS NS		601890													

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	ITEM Num.	DESCRIPTION	AMOUNT (B.T.)	AMOUNT (FERNO)	AMOUNT (H.S.)	AMOUNT (L-A)	AMOUNT (PHS)	AMOUNT (MSD)	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
49.	~~13624~~	~~STRIPS BLOOD~~														
	CS.	GLUCOSE NS														
50.	~~13627~~	~~RESUSCITATION ADULT~~														
	CS.	12/CS NS														
51.	~~13628~~	RESUSCITATION PEDI														
	CS.	12/CS NS														
52.	~~13629~~	RESUSCITATION														
	CS.	INFANT 12/CS NS														
53.	~~13634~~	IV STARTER KIT														
	BOX	100/BOX NS														
54.	~~13637~~	SODIUM CHLORIDE														
	CS.	250 ML BAG 24/CS NS														
55.	~~13638~~	SODIUM CHLORIDE														
	CS.	1000 ML BAG 12/CS NS														
EXT. 56.	13639	EZ-10 NEEDLE 25 mm	NB	NB	NB	NB	NB	NB								
	BOX	5/BOX NS														
57.	~~13643~~	GLOVES NITRILE														
	CS.	10 BX/CS NS														
58.	~~14185~~	GLOVES NITRILE														
		10 BX/CS NS														
59.	~~14186~~	GLOVES NITRILE														
		10 BX/CS NS														
60.	~~15002~~	CANNULA LEVEL LOCK														
		100/BX														

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61.	~~15003~~	~~AIRWAY KING~~														
	CS.	SIZE 3 10/CS NS														
62.	~~16000~~	~~MONITOR DEFIB~~														
	CS.	12 PADS/CS ADULT NS														
63.	~~16001~~	~~MONITOR DEFIB~~														
	CS.	6 PADS/CS PEDI NS														
64.	~~16002~~	~~MONITOR DEFIB~~														
	CS.	12 PADS/CS ADULT NS														
65.	~~16005~~	~~BATTERY NI SERIES~~														
	EA.	ZOLL														
66.	~~16007~~	~~CORD ZOLL~~														
	EA.															
EXT 67.	16040	EZ-IO NEEDLE	NB	NB	NB	NB	NB	NB								
	BOX	45MM 5/BX NS														
68.	~~16042~~	~~IV ADMIN SET~~														
	CS.	50/CS NS														
69.	~~16043~~	~~IV ADMIN SET~~														
	CS.	50/CS NS														
70.	~~16044~~	~~IV EXTN SET~~														
	CS.	100/CS NS														
EXT 71.	16051	EZ-IO NEEDLE	NB	NB	NB	NB	NB	NB								
	BOX	15MM 5/BX NS														
72.	~~16052~~	~~CLEANER HAND~~														
	CS	1.5 BOTT 24/CS NS														

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73.	~~16053~~	~~CLEANER HAND~~															
	CS	16 OZ BOTTLE 6/CS NS															
74.	~~16055~~	~~ET TUBE INTRODUCER~~															
	BOX	60mm 10/BOX NS															
75.	~~16057~~	~~ELECTRODES~~															
	PACK	50/PACK AMBU SP50 NS															
76.	~~16058~~	~~IV PRESSURE INFUSER~~															
	BOX	ZIT 1002 10/BOX NS															
77.	16059	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS.	INFANT AMBU 264-501 50/CS NS		264001						QUOTING 20/CS							
78.	16060	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS.	PEDI #264-502 50/CS NS		264002						QUOTING 20/CS							
79.	16061	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS.	NECKLESS 264-503 50/CS NS		264003						QUOTING 20/CS							
80.	16062	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS.	SHORT 264-504 50/CS NS		264004						QUOTING 20/CS							
81.	16063	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS	REGULAR 264-505 50/CS NS		264005						QUOTING 20/CS							
82.	16064	COLLAR CERVICAL		146.50		NB		169.50 ①		76.00 ①		NB		NB			
	CS	TALL 264-506 50/CS NS		264006						QUOTING 20/CS							
83.	~~16065~~	~~TUBE TRACH 2.5mm~~															
	BOX	10/BOX NS															
84.	~~16066~~	~~TUBE TRACH 3.0mm~~															
	BOX	10/BOX NS															

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85.	~~16068~~	~~TUBE TRACH 4.0MM~~															
	BOX	10/BOX NS															
86.	~~16069~~	~~TUBE TRACH 5.0MM~~															
	BOX	10/BOX NS															
87.	~~16070~~	~~TUBE TRACH 6.0MM~~															
	BOX	10/BOX NS															
88.	~~16071~~	~~TUBE TRACH 7.0MM~~															
	BOX	10/BOX NS															
89.	~~16072~~	~~TUBE TRACH 8.0MM~~															
	BOX	10/BOX NS															
90.	~~16073~~	~~TUBE TRACH 9.0MM~~															
	BOX	10/BOX NS															
91.	16082	STRETCHER FERNO 9		924.65		882.75 ① 0107731		962.47 ①		995.00 ①		NB		NB			
	EA.	NS															
EXT 92.	16083	EZ-IO DRIVER		NB		NB		NB		NB		NB		NB			
	EA.	9058 NS															
93.	~~16084~~	~~NARCOTIC BOX~~															
	EA.	CNB-100															
94.	~~16086~~	~~BOX NARCOTIC~~															
	EA.	2072															
95.	~~16145~~	~~PENLIGHT DISPOSABLE~~															
	PACK	6/PK NS															
96.	~~16146~~	~~SPLINT~~															
	CS.	50/CS NS															

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97.	~~16147~~	~~DRESSING SAM~~						
	PACK	CHEST 2/PK NS						
98.	~~16148~~	~~CO2 INDICATOR~~						
	BOX	10/BOX NS						
99.	~~16171~~	~~DRESSING TRAUMA~~						
	CS	50/CS NS						
100.	~~16172~~	~~BATTERY 12/VOLT~~						
	EA.	NS						
101.	~~16174~~	~~BP CUFF ADC~~						
	EA.	760-71BK NS						
102.	16175	HANDLE V-VAC	98.64	NB	91.40 ① 1166385	105.00 ①	NB	NB
	EA.	NS						
103.	16176	CONNECTOR	5.84	NB	5.65 ① 2209232	7.35 ①	NB	NB
	PACK	10/PACK NS						
104.	16177	ADAPTER TIPS	28.66	NB	26.83 ① 2201850	30.00 ①	NB	NB
	PACK	4/PACK NS						
105.	16178	CATHETER	13.49	NB	12.74 ① 2202739	15.00 ①	NB	NB
	PACK	4/PACK NS						
106.	16179	CARTRIDGE V-VAC	22.32	NB	21.24 ① 1096799	25.50 ①	NB	NB
	EA.	NS						
107.	~~16182~~	~~INFUSION SET~~						
	BOX	50/BOX NS						
108.	16183	BITE BLOCK	.85	NB	.25 ① 6675231	.35 ①	NB	NB
	EA.							

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109.	16186	GAUZE 3"x9"		14.10 ①		NB		22.75 ①		11.40 ①		37.63 ①		29.00			
	Box	PETROLATUM NS								BA416							
110.	16187	BANDAGE 4"x75"		3.39		NB		NB		NB		2.82		4.25			
	Box	GAUZE 12/BOX NS															
111.	~~16189~~	~~ICE PACK FILLABLE~~															
	Box	SMALL 5"x12" 15/BOX NS															
112.	~~16190~~	~~TABS FRIABLE~~															
	PACK	35/PACK NS															
113.	16191	WATER STERILE		31.68		NB		87.66 ①		65.70 ①		NB		NB			
	CS	500ML 18/CS NS		355001													
114.	~~16216~~	~~NEEDLE HYPO~~															
	BOX	18G x 1½" 100/BX NS															
115.	16217	NEEDLE HYPO		9.62		NB		8.75 ①		22.50 ①		NB		8.50			
	BOX	21G x 1½" 100/BX NS															
116.	~~16218~~	~~CANNULA 15GA.~~															
	BOX	100/BX NS															
117.	~~16220~~	~~EXTENSION SET~~															
	CS	NS															
118.	~~16221~~	~~MASK 3M 1860~~															
	CS	120/CS NS															
119.	~~16222~~	~~LANCET ROUCHE~~															
	BOX	200/BX NS															
120.	16242	SEAL DRAW TIGHT		13.15		NB		16.31 ①		23.00 ①		NB		NB			
	PKG	RED 100/PKG NS		22663													

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121.	16243	SEAL DRAW TIGHT		14.78		NB		16.31 ①		23.00 ①		NB		NB			
	PKG	YELLOW 100/PKG NS		8121													
122.	16244	SEAL DRAW TIGHT		17.93		NB		16.31 ①		23.00 ①		NB		NB			
	PKG	BLUE 100/PKG NS						4997701									
123.	16250	LUBRICANT 2.7GRM		5.60		NB		4.98 ①		7.20 ①		NB		11.25			
	BOX	144/BOX NS						1166725									
124.	~~16251~~	~~PADS ABD 5"x9"~~															
	BOX	25/BX NS															
125.	~~16252~~	~~BANDAGE 4"x3YDS~~															
		10/BX NS															
126.	~~16253~~	~~BANDAGE 2"x5YDS~~															
	BOX	10/BX NS															
127.	16254	CARPUJET HOSPIRA		.02		NB		.03 ①		.04 ①		NB		NB			
	EA.	2047-02		D250													
128.	~~16258~~	~~REMOVER NAIL POLISH~~															
	BOX	PADS 100/BX NS															
129.	~~16261~~	~~TAPE SURGICAL 3M~~															
	BOX	1"x10YDS 12/BX NS															
130.	~~16262~~	~~BANDAGES 2" x 3"~~ 1/4															
	BOX	50/BX NS															
131.	~~16263~~	~~BANDAGES CLOTH 1"~~															
	BOX	50/BX NS															
132.	16264	BAGS PROPERTY		30.00		NB		NB		NB		NB		NB			
	BOX	25/BX NS		73250													

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133.	~~16265~~	~~TOURNIQUET C.A.T.~~															
	EA.	NS															
134.	16267	PILLOW CASE		37.17		NB		NB		35.00 ①		NB		NB			
	CS.	100/CS NS								TAYL 90-WPC 1722							
135.	~~16263~~	~~CLIPPER 3PH KIT~~															
	EA.	NS															
136.	~~16275~~	~~PADS MONITOR~~															
	BOX	DEFIB 5/BX NS															
137.	16272	CATHETER 14GA.		36.10		NB		150.23 ①		68.50 ①		NB		145.95			
	BOX	10/BX		352832													
138.	~~16273~~	~~SODIUM CHLORIDE~~															
	BOX	10 ML 30/BX NS															
139.	~~16275~~	~~PADS MONITOR~~															
	BOX	PEDI 5 PR/BX NS															
140.	~~16277~~	~~CUFF BP LG ADULT~~															
	PACK	INFANT PEDI 5 SIZES NS															
141.	~~16278~~	~~FILLER ETCO2~~															
	CS	25/CS NS															
142.	~~16279~~	~~CIRCUIT PEDI~~															
	ES	25/CS NS															
143.	~~16280~~	~~CIRCUIT ADULT~~															
	CS	25/CS NS															
144.	16281	~~PAPER 75 MM~~															
	PK	10/PK															

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145.	~~16284~~	~~PADS DELTD~~														
	BOX	5/BOX NS														
146.	~~16285~~	~~CUFF BP PEDI~~														
	EA.	NS														
147.	~~16286~~	~~CUFF BP ADULT~~														
	EA.	NS														
148.	~~16287~~	~~GAUZE SPONGES~~														
	BOX	4"x4" 50/BX NS														
149.	~~16300~~	~~MASK 3 N 1 ADULT~~														
	CS	50/CS NS														
150.	16301	MASK PEDI		58.00	NB	83.00 ①		54.50 ①	NB		68.00					
	CS	50/CS NS						OM1058								
151.	~~16302~~	~~MASK INFANT~~														
	CS	50/CS NS														
152.	~~16303~~	~~MASK AEROSOL~~														
	CS	PEDI 50/CS NS														
153.	16304	MASK AEROSOL														
	CS	ADULT 50/CS NS														
154.	~~16305~~	~~NEBULIZER SMALL~~														
	CS	50/CS NS														
155.	~~16306~~	~~MASK PEDI~~														
	CS	50/CS NS														
156.	~~16307~~	~~MASK ADULT~~														
	CS	50/CS NS														

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	B.T. AMOUNT	FERNO AMOUNT	H.S. AMOUNT	L-A AMOUNT	PHS AMOUNT	MSD AMOUNT								
157.	~~16308~~	~~HUMIDIFIERS~~														
	CS	20/cs NS														
158.	~~16309~~	~~CANNULA ADULT~~														
	CS	50/cs NS														
159.	~~16310~~	~~CANNULA PEDI~~														
	CS	50/cs NS														
160.	~~16313~~	~~PADS ADULT~~														
	SET	10/SET NS														
161.	~~16314~~	~~CABLE 10-LEAD~~														
	EA.	NS														
162.	~~16315~~	~~CABLE 5-LEAD~~														
	EA.	LIMB NS														
163.	~~16316~~	~~CABLE 5-LEAD~~														
	EA.	CHEST NS														
164.	~~16317~~	~~CABLES~~														
	EA.	NS														
165.	~~16318~~	~~SENSOR SPO2~~														
	EA.	ADULT FINGER NS														
166.	~~16319~~	~~SENSOR SPO2~~														
	EA.	ADULT FINGER SMALL NS														
167.	~~16320~~	~~ADAPTER CABLE~~														
	EA.	3M NS														
168.	~~16321~~	~~CABLE NIBP~~														
	EA.	ADULT 3M														

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	B.T. AMOUNT	FERNO AMOUNT	H.S. AMOUNT	L-A AMOUNT	PHS AMOUNT	MSD AMOUNT								
169.	~~16322~~	~~CUFF TOP ADULT~~														
	EA.	NS														
170.	~~16323~~	~~BATTERY~~														
	EA.	NS														
171.	~~16324~~	~~CHARGER~~														
	EA.	NS														
172.	~~16326~~	~~CASE SOFT~~														
	EA.	NS														
173.	~~16327~~	~~TEST DATA~~														
	EA.	NS														
174.	~~16329~~	~~CARD DATA~~														
	EA.	NS														
175.	~~16330~~	~~HOOK MTX~~														
	EA.	NS														
176.	~~16331~~	~~CASE FRS~~														
	EA.	NS														
177.	~~16333~~	~~REF FRS~~														
	EA.	NS														
178.	~~16334~~	~~BATTERY~~														
	EA.	NS														
179.	~~16376~~	~~SHARPS CONT.~~														
	CS.	24/CS NS														
180.	~~16377~~	~~COLD PACK~~														
	CS.	24/CS NS														

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
181.	16380	SPLINT SAM		223.36		NB		209.28 (1)		232.00 (1)		NB		NB			
	CS.	32/CS NS						4630952									
182.	16381	BATTERY 12V		112.45		NB		102.08 (1)		109.63 (1)		NB		NB			
	EA.	NS						4998747									
183.	16382	CPAP SYSTEM		NB		NB		201.65 (1)		~~45.35~~ (1)		NB		NB			
	BOX	LG ADULT S/BX NS						7003321		QUOTED EA. PRICE							
184.	16383	CPAP SYSTEM		NB		NB		201.65 (1)		~~45.35~~ (1)		NB		NB			
	BOX	SMALL ADULT S/BX NS						7003322		QUOTED EA. PRICE							
185.	~~16384~~	CANNISTER SUCTION															
	CS	12/CS NS															
186.	~~16385~~	HOLDER SUCTION															
	EA.	NS															
187.	~~16386~~	TRIAGE KIT RED ARIZONA															
	EA.	NS															
188.	16387	TRIAGE DECAL		21.00		NB		NB		NB		NB		NB			
	PACK	15/PK NS		1H1260													
189.	16388	TRIANGLE ROAD		6.44		NB		29.66 (1)		NB		NB		NB			
	EA.	WARNING KIT		138626													
190.	~~16389~~	BUCKET 5 GAL															
	EA.																
191.	16390	SPLINT TRACTION		349.00		337.50 (1)		367.97 (1)		~~65.00~~ (1)		NB		NB			
	EA.	PEDI NS				0822181				QUOTED SUB.							
192.	16393	EQUIPLITE SZO		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX															

(1) - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
193.	16394	EQUIPLITE SZ 1		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
194.	16395	EQUIPLITE SZ 2		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
195.	16396	EQUIPLITE SZ 3		NB		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
196.	16397	EQUIPLITE SZ 4		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
197.	16398	EQUIPLITE SZ 0		155.60		NB		NB		NB		NB		132.00			
	BX	20/BX NS															
198.	16399	EQUIPLITE SZ 1		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
199.	16400	EQUIPLITE SZ 2		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
200.	16401	EQUIPLITE SZ 3		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
201	16402	EQUIPLITE SZ 4		155.60		NB		NB		NB		NB		132.00			
	BOX	20/BX NS															
202.	~~16405~~	~~LARYNGOSCOPE~~															
	EA.	HANDLE AA NS															
203.	~~16406~~	~~LARYNGOSCOPE~~															
	EA.	HANDLE C NS															
204.	16407	GAUZE QUIKCLOT		34.78		NB		31.12 (1)		33.80 (1)		NB		NB			
	EA.	NS						7000709									

(1) - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B.T. AMOUNT		FERNO AMOUNT		H.S. AMOUNT		L-A AMOUNT		PHS AMOUNT		MSD AMOUNT			
205.	~~16409~~	GAUZE BANDAGE															
	CS																
206.	16410	AIRWAY SIZE 20		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004473									
207.	16411	AIRWAY SIZE 22		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004474									
208.	16412	AIRWAY SIZE 24		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004475									
209.	16414	AIRWAY SIZE 2928		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004477									
210.	16415	AIRWAY SIZE 30		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004478									
211.	16416	AIRWAY SIZE 32		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004479									
212.	16417	AIRWAY SIZE 34		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004480									
213.	16418	AIRWAY SIZE 36		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004472									
214.	16419	SYRINGE 10 ML		NB		NB		10.63		23.00 ①		NB		10.50			
	BOX	100/BX NS															
215.	~~16420~~	SYRINGE 20ML															
	BOX	48/BX NS															
216.	16421	AIRWAY SIZE 26		21.80		NB		15.10 ①		20.50 ①		NB		41.00			
	BOX	10/BX						7004476									

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B. L. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H. S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
217.	~~16423~~	~~SYRINGE 23GX1"~~															
	BOX	50/BX NS															
218.	~~16423~~	~~SYRINGE 27GX1/2"~~															
	BOX	50/BX NS															
219.	16424	SUCTION UNIT		186.80		NB		213.89 ①		~~48.50~~ ① QUOTED SUB		NB		NB			
	BOX	40/BX NS															
220.	16425	CATHETER SIZE 8		12.00 ①		NB		8.50 ①		14.00 ①		NB		13.90			
	CS.	SUCTION						7005293									
221.	16426	CATHETER SIZE 10		12.00		NB		8.50 ①		14.00 ①		NB		13.90			
	CS.	FRENCH SUCTION 50/CS						1083929									
222.	16428	CATHETER SUCTION		12.00		NB		8.50 ①		14.00 ①		NB		13.90			
	CS.	14 FRENCH 50/CS						9604796									
223.	16429	CATHETER SUCTION		12.00		NB		8.50 ①		14.00 ①		NB		13.90			
	CS.	16 FRENCH 50/CS						7005295									
224.	16430	CATHETER SUCTION		12.00		NB		8.50 ①		14.00 ①		NB		13.90			
	CS.	18 FRENCH 50/CS						4172866									
225.	16431	YANKAUER		20.00		NB		17.25 ①		24.00 ①		NB		NB			
	CS.	50/CS NS						1371642									
226.	16432	AIRWAYS SZ 5		9.00		NB		7.50 ①		10.00 ①		NB		NB			
	BAG	BLUE 50/BAG NS						2674715									
227.	16433	AIRWAYS SZ 5		9.00		NB		7.50 ①		10.00 ①		NB		NB			
	BAG	LT. BLUE 50/BAG NS						8570650									
228.	16434	AIRWAYS SZ 6		9.00		NB		7.00 ①		10.00 ①		NB		NB			
	BAG	BLACK 50/BAG NS						2674725									

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30 AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B.T. AMOUNT		FERNO AMOUNT		H.S. AMOUNT		L-A AMOUNT		PHS AMOUNT		MSD AMOUNT			
229.	16435	AIRWAYS SZ 7		9.00		NB		7.50 ①		10.00 ①		NB		NB			
	BAG	WHITE 50/BAG NS						857067O									
230.	16436	AIRWAYS SZ 8		9.00		NB		7.00 ①		10.00 ①		NB		NB			
	BAG	GREEN 50/BAG NS						2674735									
231.	16437	AIRWAYS SZ 9		9.00		NB		7.00 ①		10.00 ①		NB		NB			
	BAG	YELLOW 50/BAG NS						2674745									
232.	16438	AIRWAYS SZ 10		9.00		NB		7.00 ①		10.00 ①		NB		NB			
	BAG	PURPLE 50/BAG NS						2674755									
233.	16439	AIRWAYS SZ 11		9.00		NB		7.00 ①		10.00 ①		NB		NB			
	BAG	ORANGE 50/BAG NS						2674765									
234.	~~16440~~	AIRWAY KING															
	CS.	SZ 4 10/CS NS															
235.	~~16441~~	AIRWAY KING															
	CS.	SZ 5 10/CS NS															
236.	~~16442~~	RESTRAINTS LIMB															
	CS.	ADULT 48/CS NS															
237.	16443	SHEET BURN		23.16		NB		20.04 ①		27.96 ①		NB		NB			
	CS.	60"x96" 12/CS						4995379									
238.	16444	CATHETER SUCTION		6.50 X QUOTED 6		NB		8.50		14.00 ①		NB		13.90 ①			
	CS.	SZ 12 FRENCH 50/CS															
239.	16445	BANDAGE TRIANGULAR		2.76		NB		2.28 ①		4.44 ①		4.74		NB			
	CS.	40"x40"x56" 12/CS						4998403									
240.	~~16447~~	BLADE 3M 9660															
	CS.	50/CS															

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30 AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
241.	~~16468~~	~~CABLE TRUNK~~															
	EA.	10 LEAD NS															
242.	~~16469~~	~~BLANKET DISP.~~															
	CS.	GRAY 60×80 24/CS NS															
EXTENDED 243.	16471	BANDAGE 4"		538.00		NB		NB		561.00 (1)		NB		NB			
	CS.	100/CS NS															
244.	~~16472~~	~~GLUTOSE GRAPE~~															
	CS.	12/CS NS															
245.	~~16474~~	~~GLUTOSE LEMON~~															
	CS.	12/CS NS															
246.	~~16476~~	~~OINTMENT~~															
	BOX	144/BX NS															
247.	16477	BAG FERNO ALS		404.86		381.75		375.91 (1)		385.00 (1)		NB		NB			
	EA.	NS						6729542 BLUE 6725570 RED									
248.	16478	BAG FERNO		27.76		26.25		26.58 (1)		29.88 (1)		NB		NB			
	EA.	INTRAVENOUS NS															
249.	16479	BAG FERNO		67.34		62.25		63.02 (1)		67.45 (1)		NB		NB			
	EA.	INTUBATION NS															
250.	16480	BAG FERNO		404.86		229.50		232.35 (1)		235.00 (1)		NB		NB			
	EA.	NS															
251.	16481	BOTTOM REPLACEMENT		NB		16.50		NB		24.30 (1)		NB		NB			
	EA.	FOR FERNO BAG NS															
252.	16482	POUCH UTILITY		10.22		NB		NB		NB		NB		NB			
	EA.	BLUE NS		UT: 01-BLUE													

(1) - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.G. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
253.	~~16483~~	~~FORCEPS CHILD 8"~~															
	BOX	AD # 315 12/BOX NS															
254.	16484	TRANSPORT UNIT		237.90		NB		NB		225.00 ①		NB		NB			
	CS.	1000LB CAP. 10/CS NS								BS800							
255.	~~16486~~	~~CABLE 3 LEAD~~															
	EA.	NS															
256.	~~16487~~	~~SOFTWARE FRS~~															
	EA.	NS															
257.	16488	CUFF BP		15.93		NB		15.52 ①		20.53 ①		NB		19.00			
	EA.	ADC #760-9CBK NS						4997943									
258.	16489	BACKBOARD PEDI		NB		327.00		346.82 ①		365.00 ①		NB		NB			
	EA.	FERNO #78 NS															
259.	~~16490~~	~~TRIAGE KIT~~															
	EA.	ARIZONA NS															
260.	16492	SPLINT TRACTION		349.00		337.50		367.97 ①		365.00 ①		NB		NB			
	EA.	CHILD #443 NS															
261.	16493	KENDRICK GREEN		113.92		109.50		119.39 ①		122.50 ①		NB		NB			
	EA.	EXTRICATION DEVICE #/E1250 NS															
262.	~~16503~~	~~PEDIA TAPE~~															
	EA.	NS															
263.	~~16504~~	~~WRENCH~~															
	EA.																
264.	~~16505~~	~~CONNECTOR 02~~															
	BAG	50/BAG															

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30AM

NAMES OF BIDDERS

	ITEM NUM.	DESCRIPTION		B. L. AMOUNT		FERNO AMOUNT		H.S. AMOUNT		L-A AMOUNT		PHS AMOUNT		MSD AMOUNT			
265.	16506	BAG FERNO		255.39		245.25		248.30 ①		282.55 ①		NB		NB			
	EA.	#0819770 NS															
266.	16507	BOTTOM REPLACEMENT		NB		245.25		NB		NB		NB		NB			
	EA.	MB5100 NS															
267.	~~16508~~	~~ADAPTER #2311~~															
	EA.	NS															
268.	~~16509~~	~~FLOWMETER~~															
	EA.	# BMFA1005 NS															
269.	~~16510~~	~~REGULATOR~~															
	EA.	AMVXX NS															
270.	16511	LABEL BIOHAZARD		326.40		NB		NB		NB		NB		NB			
	ROLL	500/RL NS		R2054													
271.	16513	CANNISTER SUCTION		126.00 X		NB		183.89 ①		NB		NB		175.00			
	CS.	#8002K055 50/CS NS		DID NOT QUOTE TUBE													
272.	16514	TUBE VACUUM		10.66		NB		10.05 ①		11.00 ①		NB		NB			
	EA.	# 886106 NS															
273.	~~16515~~	~~BRACKET SHARPS~~															
	CS.	CONTAINER 20/CS NS															
274.	16516	DISPOSABLE EMESIS		124.02		NB		NB		113.10 ①		NB		99.00 ①			
	CS.	BAG 6/CS NS												NON EM BG DISP			
275.	16517	NASAL ATOMIZER		172.50		NB		166.75		168.75 ①		NB		NB			
	BOX	25/BX NB						420 9994									
276.	16518	NEEDLE STABILIZER		NB		NB		NB		NB		NB		NB			
	BOX	EZ-IO 9066-VC-005 5/BX NS															

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TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	AMOUNT	B.T. AMOUNT	FERNO AMOUNT	H.S. AMOUNT	L-A AMOUNT	PHS AMOUNT	MSD AMOUNT
277.	~~16519~~	SENSOR SPO2							
	BOX	ADULT 20/BX NS							
278.	~~16520~~	SENSOR SPO2							
	BOX	INFANT 20/BX NS							
279.	~~16521~~	CABLE # MT3988							
	EA.	NS							
280.	~~16523~~	SENSI WRAP							
	CS.	2 x 5 YDS 36/CS NS							
281.	~~16524~~	CAPNOLINE PLUS 02							
	BOX	25/BX NS							
282.	17377	STETHOSCOPE		NB	NB	6.86 ① QUOTED WRONG PRICE PER JOAN	46.49 ①	NB	38.25
	EA.	ADC 6147 NS							
283.	17378	TRANSPORT FERNO		87.06	78.00	82.73 ①	102.80 ①	NB	NB
	EA.	417-3 031-4183 NS							
284.	17379	TRANSPORT FERNO		89.37	87.00	92.27 ①	111.20 ①	NB	NB
	EA.	031-4184 NS							
285.	17380	RESTRAINT		84.54	79.50	84.32 ①	104.20 ①	NB	NB
	EA.	417-1 NS							
286.	17381	RESTRAINT		NB	21.75	23.07 ①	30.35 ①	NB	NB
	EA.	#430 7' NS							
287.	17382	RESTRAINT		NB	33.00	35.00 ①	46.25 ①	NB	NB
	EA.	#430 9' NS							
288.	17383	RESTRAINT		23.70	21.75	23.72 ①	26.80 ①	NB	NB
	EA.	#430 5' NS							

① - COMMENT

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10: 30 AM

NAMES OF BIDDERS

	ITEM Num.	DESCRIPTION	AMOUNT	B.T. AMOUNT		FERNO AMOUNT		H.S. AMOUNT		L-A AMOUNT		PHS AMOUNT		MSD AMOUNT			
289	~~17384~~	~~CAPNOLINE O2~~															
	BOX	PEDI 25/BX NS															
290.	~~17385~~	~~SMART CAPNOLINE~~															
	BOX	ADULT 25/BX NS															
291.	17386	GLOVES NITRILE		157.60		NB		163.10 ①		175.00 ①		NB		163.00			
	CS.	MICROFLEX XL 10 BX/CS NS												L.P.			
292.	17387	GLOVES NITRILE		157.60		NB		163.10 ①		175.00 ①		NB		163.00			
	CS.	MICROFLEX LARGE 10 BX/CS NS												L.P.			
293.	17388	GLOVES NITRILE		157.60		NB		163.10 ①		175.00 ①		NB		163.00			
	CS.	MICROFLEX MED. 10 BX/CS NS												L.P.			
294.	17389	GLOVES NITRILE		157.60		NB		163.10 ①		175.00 ①		NB		163.00			
	CS.	MICROFLEX SMALL 10 BX/CS NS												L.P.			
295.	~~17390~~	~~SENSOR SPO2~~															
	EA.	ADULT FINGER NS															
296.	~~17518~~	~~SODIUM CHLORIDE~~															
	CS	500 ML BAG 24/CS NS															
297.	~~17519~~	~~TUBING ADAPTER~~															
	CS	#1423 50/CS NS															
298.	~~17520~~	~~O2 MAK BITEAC ED~~															
	CS	MASK ADULT LG 10/CS NS															
299.	~~17521~~	~~O2 MAK BITEAC ED~~															
	CS	MASK ADULT MED 10/CS NS															
300.	~~17522~~	~~CPAP ICIT ADULT~~															
	EA.	MED NS															

① - COMMENT

L.P. - LOCAL PREF.

TABULATION OF BIDS

BID # 5432

EQUIPMENT MEDICAL

10:30 AM

Sheet 26 OF 26

NAMES OF BIDDERS

ITEM Num.	DESCRIPTION	AMOUNT	B.T. AMOUNT	AMOUNT	FERNO AMOUNT	AMOUNT	H.S. AMOUNT	AMOUNT	L-A AMOUNT	AMOUNT	PHS AMOUNT	AMOUNT	MSD AMOUNT	AMOUNT	AMOUNT	AMOUNT
BKT X 301 17523	CPAP kit		52.00		NB		NB		NB		NB		NB			
EA.	ADULT MED NS															
302 17727	CLIPPER SURGICAL		59.74		NB		46.59 ①		104.10 ①		NB		55.29 ①			
EA.	3M #96617						1311368									
	W/PIVOTING HEAD NS															

① - COMMENT

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 007

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
06/12/2020	5432	Various	As Specified

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM Tuesday, July 7, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.					

EQUIPMENT MEDICAL

The City of Mobile requests bids for the following items as per attached **RFQ**. Pricing shall remain firm until **31 July 2021**.

At the option of the City and the successful Vendor, the award may be extended for two (2) additional one (1) year periods.

Quote pricing & quote units as specified on RFQ.

On items with more than one (1) acceptable choice, you must indicate the specific item that you are bidding. Failure to indicate will be entered as a no bid on that item.

All substitutions must be indicated on RFQ near description of item specified. Indicate on your bid if an item has been discontinued. Vendors found to be substituting, without that item being indicated on this bid as a substitution, may lose that awarded item.

If vendor states a vendor item number that item must also state manufacturers make and model number. Failure to indicate this will be entered as a no bid on that item.

It is the responsibility of the vendor to provide the City with the necessary catalogs, samples or literature, to compare the items being bid. **If sample is requested**, it must be delivered to the City of Mobile within 48 hours.

			TOTAL		

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE		EXTENSION	
				Dollars	Cents	Dollars	Cents

The City reserves the right to reject any item bid by a vendor due to lack of information in order to compare item (i.e.: no catalogs, literature or specifications). Do not send catalog or literature unless requested.

The City reserves the right to reject an item from contract if that item fails to perform as needed or does not meet the best needs of the City of Mobile.

All quantities purchased will be based on an as needed basis by City Department.

All items/orders to be delivered to departments.

All prices quoted are to be delivered prices F.O.B. Mobile.

State any special conditions or ordering instructions. (Pay particular attention to instruction #9 on back of page 1).

The City will attempt to send purchase orders for higher amounts; however, due to computerized issuance of P.O.'s, some will be for low dollar amounts. Vendor must accept all (large & small) purchase orders for items awarded.

Please note: In an effort to update our bid files, vendor(s) who fail to bid may be removed from medical equipment listings.

If you do not wish to bid on the following categories, yet wish to remain on bid list for items other than those on the following pages, you must so notify the City of Mobile Purchasing Department in writing as to specific items that you wish to be listed for, otherwise removal may occur.

No Bid Bond is required.

All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**

If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name_____

By_____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.		Dollars	Cents	Dollars	Cents

Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required.
See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx.
Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.

Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed.
(Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).

Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order.

Be sure to sign and return this page including the terms and conditions on the reverse of page 1.

THE CITY OF MOBILE DOES NOT ACCEPT VENDOR'S TERMS AND CONDITIONS.

TO BE AWARDED ON AN ITEM BASIS

The Purchasing Department is seeking to make this bid process more acceptable for all parties involved. Recommendations for changes or modifications that could be incorporated into the next Industrial and Safety Supply bid should be submitted under separate cover. Do not submit with or on this bid.

State of Alabama Local Vendor Preference Law 41-16-50 (a) and (d) will apply to this purchase.

Remember to return this original bid sheet signed along with attached RFQ.

For additional information contact:
City of Mobile Purchasing
Jim Neese (Buyer) @ (251) 208-7401

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name_____

By_____

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

ITEMS THAT HAVE AN **"X"** THROUGH THE DESCRIPTION AND THE PRICE LINE ARE **NOT** TO BE QUOTED.

THESE ITEMS HAVE BEEN REMOVED FROM THE BID OR THE SUCCESSFUL VENDORS HAVE EXTENDED THEIR PRICES FOR ANOTHER CONTRACT PERIOD.

RFQ FOR MEDICAL BID

	ITEM	DESCRIPTION	UOM	PRICE
1	1000	BAG C-COLLAR, LA RESCUE NAVY BLUE, 24"L x 5"W x 11"T NO SUBS	EACH	$_____
2	2078	EYE WASH, 4 OZ., US 3020.	EACH	$_____
3	2080	EYE DROPS, TETRASINE, 1/2 OZ ., ARTIFICIAL TEARS.	BOTT	$_____
4	4264	KENDRICK FOREHEAD/CHIN RESTRAINTS FOR KED EXTRICATION DEVICE MODEL 125 FERNO PART #039-02 01-00.	EACH	$_____
5	4339	PUNCH WINDOW, SPRING LOADED, ADJUSTABLE, MATRX #AN360.	EACH	$_____
6	4622	SCISSORS EMT, STAINLESS STEEL, AMERICAN DIAGNOSTIC (ADC) MEDICUT, 7 1/4", #320NY, NEON YELLOW HANDLE, NO SUBS.	EACH	$_____
7	4887	BACKBOARD POLYETHYLENE PLASTIC, RED, IMPRINTED: MOBILE FIRE RESCUE, 251-208-7351; CAPACITY 500 LBS., 22 HANDHOLDS, NAJO REDIWIDE.	EACH	$_____
8	6864	FORCEPS ADULT 9 3/4", MAGILL AMERICAN DIAGNOSTIC #316, NO SUBS.	EACH	$_____

9	6870	SPLINT TRACTION, ADULT, HARE TYPE ONLY.	EACH	$_____
10	6871	BLOOD PRESSURE CUFF, AMERICAN DIAGNOSTIC CORPORATION (ADC), BLACK ENAMEL 300 MMHG MANOMETER, CHROME PLATED BRASS AIR RELEASE VALVE LEATHERETTE CARRYING CASE, ADULT, ADC #760-11ABK, NO SUBS.	EACH	$_____
11	6872	V-VAC STARTER KIT, ONE HAND APPLICATION, SUCTION UNIT, ADAPTER TIP, INSTRUCTIONS, LAERDAL MEDICAL, NO SUBS.	EACH	$_____
12	6878	BLOOD PRESSURE CUFF, AMERICAN DIAGNOSTIC CORPORATION (ADC), BLACK ENAMEL 300 MMHG MANOMETER, CHROME PLATED BRASS AIR RELEASE VALVE LEATHERETTE CARRYING CASE, PEDIATRIC, (CHILD) ADC #760-9CBK, NO SUBS.	EACH	$_____
13	6887	THOMAS TUBE HOLDER, LAERDAL #600-10000, ADULT, 25/BOX, NO SUBS.	BOX	$_____
14	6888	THOMAS TUBE HOLDER, LAERDAL #600-20000, PEDIATRIC, 25/BOX, NO SUBS.	BOX	$_____
15	6893	BLOOD PRESSURE CUFF, AMERICAN DIAGNOSTIC CORPORATION (ADC), BLACK ENAMEL 300 MMHG MANOMETER, CHROME PLATED BRASS		

		AIR RELEASE VALVE, LEATHERETTE CARRYING CASE, THIGH, ADC #760-13TBK, NO SUBS.	EACH	$_____
16	6901	SUCTION UNIT, PORTABLE, LAERDAL COMPACT SUCTION UNIT 4, 800 ML DISPOSABLE CANISTER, PATIENT TUBE 6', AC/DC ADAPTER CHARGER, W/AC CORD, BATTERY, DIRECTIONS, CARRY BAG, (FOR 800ML VERSION), WIRE STAND, VACUUM TUBE, LCSU 4 MAIN UNIT, NO SUBS.	EACH	$_____
17	6906	FAST STRAP, MEDSPEC, T-STYLE, BLUE, PRODUCT #113820, NO SUBS.	EACH	$_____
18	6907	IMMOBILIZER FERNO PEDI-PAC FULL BODY IMMOBILIZATION DEVICE, FERNO WASHINGTON, NO SUBS.	EACH	$_____
19	6909	STRETCHER SCOOP, FERNO, EXL SCOOP STRETCHER WITH PINS, INCLUDES RESTRAINTS, NO SUBS.	EACH	$_____
20	6915	ALCOHOL PREP PADS, STERILE, MEDIUM, 2-PLY, 70% ISOPROPYL ALCOHOL, MEDLINE, 200/BOX, NO SUBS.	BOX	$_____
21	6919	RING CUTTER, CHROME HANDLE WITH SAFETY LEVER, LARGE THUMBSCREW AMERICAN DIAGNOSTIC #380, NO SUBS.	EACH	$_____
22	6932	BOX MEDICAL, FOR FIREMEDICS, PLANO #747-004 XL 3 TRAY, 3 PULLOUT DRAWERS,		

		EXTRA DEEP BOTTOM, 20.83" X 11.5" X 12.75", NO SUBS.	EACH	$_____
23	6940	REEVES SLEEVES, #SS 31220.	EACH	$_____
24	6944	OB KITS, 12 EACH/CASE.	DOZEN	$_____
25	6951	BAGS RED, BIO MEDICAL WASTE BAGS, WITH SYMBOL & WORDS IN BLACK, MEET A.S.T.M. DART TEST REQUIREMENTS, 25 X 34, 20 GAL., 50 EACH PER BOX, 4 BOXES PER CASE.	CASE	$_____
26	6966	THERMOMETER WELCH ALLYN. BRAUN THERMOSCAN PRO 6000 EAR THERMOMETER, NO SUBS.	EACH	$_____
27	6967	BRAUN THERMOSCAN PRO 6000 EAR THERMOMETER DISPOSABLE PROBE COVERS (QTY. 5000): 1 CASE CONTAINS 25 SHELF BOXES, EACH SHELF BOX CONTAINS 10 PACKS, 20 COVERS PER PACK, NO SUBS.	CASE	$_____
28	6969	INTUBATION DETECTORS, TUBE CHECK AMBU INC #000 172 001, WOLFETORY #EID 100, 20 UNITS PER CASE.	CASE	$_____
29	6970	GLOVES ULTRA ONE, HIGH RISK, MEDIUM, MICROFLEX #UL-315-MED, (500/CASE), NO SUBS.	CASE	$_____
30	6972	GLOVES ULTRA ONE, HIGH RISK, EXTRA LARGE, MICROFLEX #UL-315-XL, (500/CS),		

		NO SUBS.	CASE	$_____
31	6973	GLOVES ULTRA ONE, HIGH RISK, LARGE, MICROFLEX #UL-315-L, (500/CASE) NO SUBS.	CASE	$_____
32	6974	GLOVES ULTRA ONE, HIGH RISK, SMALL, MICROFLEX #UL-315-S, (500/CASE) NO SUBS.	CASE	$_____
33	9682	BAG EMESIS, SICKNESS CLEAN-UP, CLEAN SACK, GRADUATED MARKING TO MEASURE OZ. AND CC/ML, BLUE IN COLOR, MEDLINE #NON80328, 144/CASE, NO SUBS.	CASE	$_____
34	13194	IMMOBILIZER HEAD, DISPOSABLE, 15"X 4"X 3", 5.0 OZ URATHANE FOAM ADHESIVE FASTENER, 100% X-RAY TRANSLUCENT. STA-BLOCK 260975, NO SUBS.	EACH	$_____
35	13205	STETHOSCOPE PLATINUM CLINICIAN ADSCOPE 612, ADULT, OVERALL LENGTH 30.5", ADC ITEM 612BK, COLOR-BLACK, NO SUBS.	EACH	$_____
36	13269	SHARPS-A-GATOR, SMALL, 5 QUART, PACKED 30 PER CASE, TYCO.HEALTHCARE/ KENDALL #4838-R, REF #31144-36 #31144010.	CASE	$_____
37	13526	GLOVES EXAM, STERLING NITRILE-XTRA, POWDER FREE, KIMBERLY CLARK KC300, 12" LENGTH, 100 PER BOX, 10 BOXES PER		

		CASE, MEDIUM #53139, NO SUBS.	CASE	$_____
38	13607	TUBE SHILEY., ENDOTROL ORAL/NASAL ENDOTRACHEAL TUBE CUFFED, MURPHY EYE, 7.0 MM, WITH CONTROL TIP, COVIDIEN, 10/BOX . NO SUBS.	BOX	$_____
39	13609	PILLOW DISPOSABLE, 16" X 22", 10 OZ., LATEX FREE, 12/CASE, MEDLINE #NON24391, NO SUBS.	CASE	$_____
40	13611	SOAP ANTIMICROBIAL, LIQUID, DIAL PROFESSIONAL GOLD PUMP 16 OZ OZ. 12/CASE, NO SUBS.	CASE	$_____
41	13612	WIPES ANTISEPTIC, SANI HANDS ALC, PDI PRODUCT, INDIVIDUAL PACKETS, CONTAINS 65.9% ETHYL ALCOHOL WITH MOISTURIZING ALOE, GLYCERIN & VITAMIN E, 100/BOX, 10 BOXES/CASE, NO SUBS.	CASE	$_____
42	13613	MASK FLUIDSHIELD, FOG FREE PROCEDURE MASK W/WRAP AROUND SPLASHGUARD VISOR, PLEAT-STYLE 2/EARLOOPS, FOAM BAND, ORANGE, 2 BOXES OF 12/CASE, KIMBERLY CLARK 47147, NO SUBS.	CASE	$_____
43	13614	CATHETER IV, 24 GAUGE X 3/4". STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS, 200/CASE, BRAUN 4252500, NO SUBS.	CASE	$_____
44	13615	CATHETER IV, 22 GAUGE X 1", STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS,		

		200/CASE, BRAUN 4252519, NO SUBS.	CASE	$_____
45	13616	CATHETER IV, 20 GAUGE X 1-1/4", STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS, 200/CASE, BRAUN 4252535, NO SUBS.	CASE	$_____
46	13617	CATHETER IV, 18 GAUGE X 1-1/4", STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS, 200/CASE, BRAUN 4252560, NO SUBS.	CASE	$_____
47	13618	CATHETER IV, 16 GAUGE X 1-1/4", , STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS 200/CASE, BRAUN, 4252586, NO SUBS.	CASE	$_____
48	13619	CATHETER IV, 14 GAUGE X 1-1/4", STRAIGHT, FEP, INTROCAN SAFETY IV CATHETERS. 200/CASE, BRAUN 4151890, NO SUBS.	CASE	$_____
49	13624	STRIPS BLOOD GLUCOSE AND KETONE MONITORING STRIPS, 50/BOX, 12 BOXES/ CASE, ABBOTT MEDI-SENSE PRECISION XTRA BLOOD GLUCOSE STRIPS #99695-35, NO SUBS.	CASE	$_____
50	13627	RESUSCITATOR AMBU SPUR II BAG, ADULT, WITH BAR RESERVOIR, 12/CASE AMBU 520 21100, NO SUBS.	CASE	$_____
51	13628	RUSUSCITATOR AMBU SPUR II BAG, PEDIATRIC, WITH BAG RESERVOIR, 12/CASE,		

		AMBU 530 213 000B, NO SUBS.	CASE	$_____
52	13629	RESUSCITATOR AMBU SPUR II BAG, INFANT, WITH BAG RESERVOIR, 12/CASE, AMBU 540 211 000, NO SUBS.	CASE	$_____
53	13634	IV STARTER KIT, LATEX FREE, INCLUDES: ALCOHOL PREP PAD, PVP AMPULE, DRESSING 2 GAUZE, TOURNIQUET, TAPE, PACKED 100/BOX, MEDLINE DYND740888, NO SUBS.	BOX	$_____
54	13637	SODIUM CHLORIDE, 0.9% SODIUM CHLORIDE INJECTION USP 250 ML BAG, 24/CASE, BRAND OR MANUFACTURER MAY BE BRAUN, BAXTER OR HOSPIRA, THESE BRANDS ONLY, NO SUBS.	CASE	$_____
55	13638	SODIUM CHLORIDE, 0.9% SODIUM CHLORIDE INJECTION USP, 1000 ML BAG, 12/CASE, BRAND OR MANUFACTURER MAY BE BRAUN, BAXTER OR HOSPIRA, THESE BRANDS ONLY, NO SUBS.	CASE	$_____
56	13639	EZ-10 NEEDLE SET 25MM, EACH SET INCLUDES A 15 GAUGE STERILE EZ-10 NEEDLE, EZ-CONNECT, PATIENT WRIST BAND, AND NEEDLE VISE SHARPS BLOCK, 5/BOX, ITEM #9001-VC-005, NO SUBS.	BOX	$_____
57	13643	GLOVES, EXAM, STERLING NITRILE-XTRA, POWDER FREE, KIMBERLY CLARK KC300, 12" LENGTH, 100 PER BOX, 10 BOXES PER CASE, SMALL #53138, NO SUBS.	CASE	$_____

58	14185	GLOVES, EXAM, STERLING NITRILE-XTRA POWDER FREE, KIMBERLY CLARK KC300, 12" LENGTH, 100 PER BOX, 10 BOXES PER CASE, LARGE #53140, NO SUBS.	CASE	$
59	14186	GLOVES EXAM, STERLING NITRILE-XTRA, POWDER FREE, KIMBERLY CLARK KC300, 12" LENGTH, 100 PER BOX, 10 BOXES PER CASE, EXTRA-LARGE #53141, NO SUBS.	CASE	$
60	15002	CANNULA LEVER LOCK, #BF303370, 100 PER BOX.	BOX	$
61	15003	AIRWAY KING LTS-D, SUPRAGLOTTIC AIRWAY KIT SIZE 3, KLTSD433, 10/CASE, NO SUBS.	CASE	$
62	16000	MONITOR DEFIBRILATION PADS, STAT PADZ ADULT MULTI-FUNCTION ELECTRODES, 12 PAIR PER CASE, ZOLL #8900-4003. NO SUBS.	CASE	$
63	16001	MONITOR DEFIBRILATION PADS, PEDIC PADZ PEDIATRIC MULTI-FUNCTION ELECTRODES, 6 PAIR PER CASE, ZOLL #8900-2065. NO SUBS.	CASE	$
64	16002	MONITOR DEFIBRILATION PADS, STAT PADZ II, ADULT MULTI-FUNCTION ELECTRODES, 12 PAIR PER CASE, , ZOLL #8900-0802-01. NO SUBS.	CASE	$
65	16005	BATTERY M SERIES STANDARD		

		BATTERY , EACH ZOLL #800-299-01.	EACH	$_____
66	16007	CORD POWER CORD EXTENSION CABLE (PIGTAIL), 12 INCHES, ZOLL OLD #8000-0743, NEW #8000-0730.	EACH	$_____
67	16040	EZ-10 NEEDLE SET 45MM, EACH SET INCLUDES A 15 GAUGE STERILE EZ-10 NEEDLE, EZ-CONNECT, PATIENT WRIST BAND AND NEEDLE VISE SHARPS BLOCK, 5/BOX, ITEM #9079-VC-005, NO SUBS.	BOX	$_____
68	16042	IV ADMINISTRATION SET, 60 DROP, 83" TUBING, NEEDLELESS INJECTION SITE, 50 PER CASE, AMSINO IV#608306, NO SUBS.	CASE	$_____
69	16043	IV ADMINISTRATION SET, 10 DROP, 83" TUBING, 2 INJECTION SITES, LATEX FREE, 50 PER CASE, AMSINO IV #108306, NO SUBS.	CASE	$_____
70	16044	IV EXTENSION SET WITH AMSAFE INJECTION SITE, NEEDLELESS INJECTION SITE, LATEX FREE, 100 PER CASE, AMSINO IV EXTENSION #AE3108, NO SUBS.	CASE	$_____
71	16051	EZ-10 NEEDLE SET 15MM, EACH SET INCLUDES A 15 GAUGE STERILE EZ-10 NEEDLE, EZ-CONNECT, PATIENT WRIST BAND AND NEEDLE VISE SHARPS BLOCK, 5/BOX, ITEM #9018-VC-005, NO SUBS.	BOX	$_____

72	16052	HAND SANITIZER, KLEENEX, ALCOHOL FREE FOAM, KIMBERLY-CLARK #34136, 1.5 oz BOTTLE, 24 BOTTLES PER CASE, NO SUBS.	CASE	$
73	16053	HAND SANITIZER, KLEENEX, ALCOHOL FREE FOAM, KIMBERLY-CLARK #45827, 18 oz BOTTLE, 4 BOTTLES PER CASE. NO SUBS.	CASE	$
74	16055	ET TUBE INTRODUCER, BOUGIE-TO-GO, ADULT WITH COUDE TIP, 15 FR, 60 MM, 10 PER BOX, NO SUBS.	BOX	$
75	16057	ELECTRODES MONITORING, AMBU EKG ELECTRODE, BLUE SENSOR SP, HIGHLY CONDUCTIVE WET GEL, GENTLE TO SKIN, 50 PER PACK, #AMBU SP 50, NO SUBS.	PACK	$
76	16058	IV PRESSSURE INFUSER, INFU-STAT, 1000 ML, CURAPLEX, DISPOSABLE, 25/CASE, NO SUBS.	BOX	$
77	16059	COLLAR CERVICAL, INFANT, 50 PER CASE, AMBU #264-501, NO SUBS.	CASE	$
78	16060	COLLAR CERVICAL, PEDIATRIC, 50 PER CASE, AMBU #264-502, NO SUBS.	CASE	$
79	16061	COLLAR CERVICAL, NECKLESS, 50 PER CASE, AMBU #264-503, NO SUBS.	CASE	$
80	16062	COLLAR CERVICAL, SHORT, 50 PER		

		CASE, AMBU #264-504, NO SUBS.	CASE	$_____
81	16063	COLLAR CERVICAL, REGULAR, 50 PER CASE, AMBU #264-505, NO SUBS.	CASE	$_____
82	16064	COLLAR CERVICAL, TALL, 50 PER CASE, AMBU #264-506, NO SUBS.	CASE	$_____
83	16065	TUBE TRACHEAL, RUSCH FLEXI-SET 2.5 MM, UNCUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #506525, 10 EACH PER BOX, NO SUBS.	BOX	$_____
84	16066	TUBE TRACHEAL, RUSCH FLEXI-SET 3.0 MM, UNCUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #506530, 10 EACH PER BOX, NO SUBS.	BOX	$_____
85	16068	TUBE TRACHEAL, RUSCH FLEXI-SET 4.0 MM, UNCUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #506540, 10 EACH PER BOX, NO SUBS.	BOX	$_____
86	16069	TUBE TRACHEAL, RUSCH FLEXI-SET 5.0 MM, CUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #504550, 10 EACH PER BOX, NO SUBS.	BOX	$_____
87	16070	TUBE TRACHEAL, RUSCH FLEXI-SET 6.0 MM, CUFFED ENDOTRACHEAL		

		TUBE WITH STYLET AND MURPHY EYE, RUSCH #504560, 10 EACH PER BOX, NO SUBS.	BOX	$_____
88	16071	TUBE TRACHEAL, RUSCH FLEXI-SET 7.0 MM, CUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH # 504570, 10 EACH PER BOX, NO SUBS.	BOX	$_____
89	16072	TUBE TRACHEAL, RUSCH FLEXI-SET 8.0 MM, CUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #504580, 10 EACH PER BOX, NO SUBS.	BOX	$_____
90	16073	TUBE TRACHEAL, RUSCH FLEXI-SET 9.0 MM, CUFFED ENDOTRACHEAL TUBE WITH STYLET AND MURPHY EYE, RUSCH #504590, 10 EACH PER BOX, NO SUBS.	BOX	$_____
91	16082	STRETCHER: FERNO MODEL 9, ADJUSTABLE BACKREST EMERGENCY STRETCHER, FOLDING, INCLUDES PATIENT RESTRAINTS, 4" WHEELS @ HEAD END WITH STATIONARY POSTS @ FOOT END, NO SUBS.	EACH	$_____
92	16083	EZ-10 DRIVER, VASCULAR ACCESS DRIVER FOR USE WITH EZ-10 VASCULAR ACCESS SYSTEM AND EZ-10 NEEDLE SETS, SPECS POWER: SEAL LITHIUM DIMENSIONS: 6.5" X 4.5" X 2.5" (16.5CM x 11.4CM x		

		6.4CM) WEIGHT: 11.1OZ (315 GRAMS) ITEM #9058, NO SUBS.	EACH	$_____
93	16084	BOX: CLEAR TOP BOX NARCOTICS BOX, WITH LOCK, 6¼"W x 7¼"L x 2⅛"D WITH FOUR 1¼" INTERNAL SLOTS FOR DRUG STORAGE, CN13-200, NO SUBS.	EACH	$_____
94	16086	BOX MEDICAL, FLAMBEAU 2072.	EACH	$_____
95	16145	PENLIGHT DISPOSABLE, DIAGNOSTIC PENLIGHT WITH PUPIL GAUGE, 6 EACH PER PACK, CURAFLEX, NO SUBS.	PACK	$_____
96	16146	SPLINT MULTI -PURPOSE UNIVERSAL WITH SELF-ADHERENT ADHESIVE WRAP, ACTISPLINT WITH SENSI-WRAP, DYNAREX, ROLLED SPLINT 4.5" X 36" WITH SENSI-WRAP 2" X 5 YDS., BLACK, 50/CASE, NO SUBS.	CASE	$_____
97	16147	DRESSING SAM CHEST SEAL DRESSING, 9.2" X 7.6", DESIGNED FOR OPEN CHEST WOUNDS, LARGE COVERAGE AREA, 2 DRESSINGS PER PACK (NON-VALVE VERSION), LATEX FREE, TRANSPARENT 5" X 9" PAD, SAM #CS062011, NO SUBS.	PACK	$_____
98	16148	CO2 INDICATOR, FENEM CO2 INDICATOR ATTACHES TO EXHALATION PORT OF RESUSCITATOR BAG, 30 MM I.D., BODY MASS RANGE >1 KG, 2 YEAR SHELF LIFE, LATEX-FREE, 10 EACH PER BOX, NO SUBS.	BOX	$_____
99	16171	DRESSING MULTI-TRAUMA DRESSING,		

		12" X 30" ONE STERILE DRESSING PER POUCH, LATEX FREE, 50 PER CASE, DYNAREX, NO SUBS.	CASE	$_____
100	16172	BATTERY RECHARGABLE, LAERDAL HIGH CAPACITY RECHARGABLE BATTERY, 12 VOLT DC NIMH FOR LAERDAL COMPACT SUCTION UNIT, 800 ML, LAERDAL ITEM #88007005, NO SUBS.	EACH	$_____
101	16174	BLOOD PRESSURE CUFF, AMERICAN DIAGNOTIC CORPORATION (ADC), BLACK ENAMEL 300 MMHG MANOMETER, CHROME PLATED BRASS AIR RELEASE VALVE, LEATHERETTE CARRYING CASE, INFANT, ADC #760-71BK, NO SUBS.	EACH	$_____
102	16175	HANDLE V-VAC, LAERDAL V-VAC REPLACEMENT HANDLE, NO SUBS.	EACH	$_____
103	16176	CONNECTOR, LAERDAL V-VAC SUCTION UNIT DOUBLE MALE CONNECTORS, PACK OF 10 EACH, NO SUBS.	PACK	$_____
104	16177	ADAPTER TIPS, LAERDAL V-VAC REPLACEMENT ADAPTAR TIPS, SUCTION UNIT, 4 EACH PER PACK, NO SUBS.	PACK	$_____
105	16178	CATHETERS LAERDAL V-VAC CATHETERS, SHORT, SUCTION UNIT, 8", 18FR, 4 EACH PER PACK, NO SUBS.	PACK	$_____
106	16179	CARTRIDGE LAERDAL V-VAC REPLACEMENT CARTRIDGE FOR SUCTION		

		UNIT, NO SUBS.	EACH	$_____
107	16182	INFUSION SET, WINGED, SURSHIELD SAFETY WINGED INFUSION SET, TERUMO, 23GA x 3/4, 3.5" TUBING, SV*S23BLS, 50/BOX. NO SUBS.	BOX	$_____
108	16183	BITE BLOCK - TONGUE DEPRESSOR, UNBREAKABLE, ONE PIECE, EACH PACKAGED IN SANITARY BAG.	EACH	$_____
109	16186	GAUZE PETROLATUM, NON-ADHERING, LATEX FREE, FOIL PACKAGE, STERILE, 3" X 9", NO SUBS.	BOX	$_____
110	16187	BANDAGE CONFORMING, GAUZE, SOF-FORM, STERILE, 4" X 75" MEDLINE, 12/BOX, NO SUBS.	BOX	$_____
111	16189	ICE PACK, FILLABLE, SMALL WITH VELCRO STRAPS, SECURE-ALL LATEX FREE, 5" X 12", 15 PER BOX, KIMBERLY CLARK #33595, NO SUBS.	BOX	$_____
112	16190	TAGS TRIAGE, REPLACEMENT ARIZONA TRIAGE WITH CABLE TIES, 35 PER PACK, REF: BOUNDTREE #441260, NO SUBS	PACK	$_____
113	16191	WATER STERILE FOR IRRIGATION, USP SEALED OUTER CLOSURE, STERILE SCREW ON INNER CAP, BAXTER, 500 ML, 18 PER CASE, NDC #0338-0004-03.	CASE	$_____

114	16216	NEEDLE HYPODERMIC, REGULAR BEVEL, 18G X 1 1/2", STERILE, 100/BOX, BECTON DICKINSON, NO SUBS	BOX	$_____
115	16217	NEEDLE HYPODERMIC, REGULAR BEVEL, 21G X 1 1/2", STERILE, 100/BOX, BECTON DICKINSON, REF: BOUNTREE ITEM 1641-16721, NO SUBS.	BOX	$_____
116	16218	CANNULA INTERLINK VIAL ACCESS, 15 GAUGE, NEEDLESS ACCESS OF A SINGLE DOSE VIAL, BECTON DICKINSON 100/BOX, REF: BOUNDTREE ITEM 353367, NO SUBS.	BOX	$_____
117	16220	EXTENSION SET, STANDARD BORE, FEMALE LUER LOCK, FLOW CONTROLLER, 1 SLIDE CLAMP, 1 AMSAFE NEEDLE-FREE Y SITE, ROTATING MALE LUER LOCK, PE POLY POUCH, PRIMING VOLUME: 4.0 ML, 20" STANDARD BORE TUBING, 50/CASE, AMSINO AFS106, NO SUBS.	CASE	$_____
118	16221	MASK, 3M HEALTH CARE PARTICULATE RESPIRATOR AND SURGICAL MASK 1860 NIOSH APPROVED N95, FDA CLEARED, FLUID RESISTANT AND DISPOSABLE, 120/CASE, 3M ITEM ID70070612364, NO SUBS.	CASE	$_____
119	16222	LANCET, ACCU-CHEK SAFE-T-PRO LANCET SINGLE USE, 200/BOX, ROUCHE DIAGNOSTICS, REF: BOUNDTREE #170951,		

		NO SUBS.	BOX	$_____
120	16242	SEAL DRAW TIGHT, RED, AVERAGE BREAKING STRENGTH 15 LB., PRINTABLE AREA (CAN BE WRITTEN ON W/ PERMANENT MARKER), MADE OF NYLON, 100/PKG, 7 - 7/8" LENGTH, HEALTH CARE LOGISTICS, #7951, NO SUBS.	PKG	$_____
121	16243	SEAL DRAW TIGHT, YELLOW, AVERAGE BREAKING STRENGTH 15 LB., PRINTABLE AREA (CAN BE WRITTEN ON W/ PERMANENT MARKER) MADE OF NYLON, 100/PKG., 7-7/8" LENGTH, HEALTH CARE LOGISTICS #7952, NO SUBS.	PKG	$_____
122	16244	SEAL DRAW TIGHT, BLUE, AVERAGE BREAKING STRENGTH 15 LB., PRINTABLE AREA (CAN BE WRITTEN ON W/ PERMANENT MARKER), MADE OF NYLON, 100/PKG., 7-7/8" LENGTH, HEALTH CARE LOGISTICS #7953, NO SUBS.	PKG	$_____
123	16250	LUBRICANT STERILE LUBRICATING JELLY, FOIL PACK, 2.7 GRAM, MEDLINE, 144/BOX, NO SUBS.	BOX	$_____
124	16251	PADS ABDOMINAL, ABD PADS, STERILE LATEX FREE, 5" X 9", MEDLINE, 25/BOX, NO SUBS.	BOX	$_____
125	16252	BANDAGE NON-STERILE MATRIX ELASTIC BANDAGES, 4" X 5 YD., VELCRO, LATEX FREE, 10/BOX, MEDLINE #MDS087004LF,		

		NO SUBS.	BOX	$_____
126	16253	BANDAGE NON-STERILE MATRIX ELASTIC BANDAGES, 2" X 5 YD., VELCRO, LATEX FREE, 10/BOX, MEDLINE ITEM MDS087002LF, NO SUBS.	BOX	$_____
127	16254	CARPUJET, STERILE CARTRIDGE UNIT, HOSPIRA, LIST NO. 2049-02.	EACH	$_____
128	16258	REMOVER NAIL POLISH REMOVER PADS, 100/BOX, MEDLINE, NO SUBS.	BOX	$_____
129	16261	TAPE TRANSPORE SURGICAL TAPES, 3M HEALTHCARE, CLEAR, POROUS, HYPOALLERGENIC, 1" X 10 YDS., 12/BOX, NO SUBS.	BOX	$_____
130	16262	BANDAGES CURITY ADHESIVE, FLEXIBLE, 2" X 3 1/2", 50/BOX KENDALL HEALTHCARE NO SUBS.	BOX	$_____
131	16263	BANDAGES CURITY ADHESIVE, FLEXIBLE, CLOTH, 1", 50/BOX. KENDALL HEALTHCARE, NO SUBS.	BOX	$_____
132	16264	BAGS SMARTSAFE PROPERTY BAGS, 315 MM X 275 MM, SMALL SIZE, DESIGNED TO SECURE, TRACK AND RETURN PERSONAL BELONGINGS, (JEWELRY, MEDICATION, DENTURES), 25/BOX, TSG ASSOCIATES ITEM, NO SUBS.	BOX	$_____
133	16265	TOURNIQUET, C-A-T, COMBAT APPLICATION		

		TOURNIQUET, 6.5" L X 2.4" W X 1.5" D, BLACK, NSN #6515-01-521-7976, NO SUBS	EACH	$_____
134	16267	PILLOW CASE, STANDARD, 17" X 25", 100/CASE, WHITE, TAYLOR HEALTHCARE #90-2PC1722, NO SUBS.	CASE	$_____
135	16268	CLIPPER 3M SURGICAL, CLIPPER STARTER KIT 9667L KIT CONTAINS 9661L BODY AND STAND, 9662L CHARGER, NO SUBS.	EACH	$_____
136	16275	PADS MONITOR DEFIBRILLATION, MULTI-FUNCTION ELECTRODE PADS, PLUG-STYLE, PEDIATRIC PLUS, 5 P/BOX, PHILLIPS ITEM #M3717A, NO SUBS.	BOX	$_____
137	16272	CATHETER ANGIOCATH, 14 GAUGE, 3.25", STERILE, BECTON DICKINSON ITEM #BD382268, 10/BOX.	BOX	$_____
138	16273	SODIUM CHLORIDE 0.9%, 10ML PREFILLED SYRINGE WITH LUER LOCK, INDIVIDUALLY PACKAGED, 30 PER BOX, BECTON DICKINSON ITEM #BD306546, NO SUBS.	BOX	$_____
139	16275	PADS MONITOR DEFIBRILLATION, MULTI-FUNCTION ELECTRODE PADS, PLUG-STYLE, PEDIATRIC PLUS, 5 PR/BOX, PHILLIPS ITEM #M3717A, NO SUBS.	BOX	$_____
140	16277	CUFF BLOOD PRESSURE, REUSABLE NBP KIT, INCLUDES 5 SIZES: INFANT, PEDIATRIC, ADULT, LARGE ADULT, THIGH, PHILLIPS ITEMS 40400B, NO SUBS.	PACK	$_____

141	16278	FILTER ETC02 INTUBATED CIRCUIT, FILTER LINE SET ADULT/PEDIATRIC, 25 SETS/CASE, PHILLIPS ITEM #M1920A, NO SUBS.	CASE	$
142	16279	CIRCUIT NON-INTUBATED, SINGLE PURPOSE, SMART CAPNOLINE PEDIATRIC SIZE, C02, 25 SETS/CASE, PHILLIPS ITEM #M2524A, NO SUBS.	CASE	$
143	16280	CIRCUIT NON-INTUBATED, SINGLE PURPOSE, SMART CAPNOLINE ADULT SIZE, C02, 25 SETS/CASE, PHILLIPS ITEM #M2526A, NO SUBS.	CASE	$
144	16281	PAPER 75MM, CHEMICAL THERMAL PAPER, 10 ROLLS/PACK, PHILLIPS ITEM #989803138171.	PACK	$
145	16284	PADS DEFIBRILLATION, SMART PAD III, FOR THE FR3 DEFIBRILLATOR, 5 SETS PER BOX, PHILLIPS #989803149991, NO SUBS.	BOX	$
146	16285	CUFF BLOOD PRESSURE CUFF, TRADITIONAL REUSABLE NBP PEDIATRIC SIZE, PHILLIPS MRX #40401B, NO SUBS.	EACH	$
147	16286	CUFF BLOOD PRESSURE CUFF, TRADITIONAL REUSABLE NBP LARGE ADULT SIZE, PHILLIPS MRX #40401D, NO SUBS.	EACH	$
148	16287	GAUZE SPONGES, 12 PLY, 4" X 4", STERILE, LATEX FREE, USP TYPE VII, 50/BOX, MEDLINE, NO SUBS.	BOX	$

149	16300	MASK ADULT 3 IN 1, INCLUDES MASK WITH FLAPPER VALVE, 7' OXYGEN SUPPLY TUBING AND OXYGEN CONNECTOR, ADJUSTABLE NOSE CLIP, 750ML RESERVOIR BAG, HUDSON RCI-TELEFLEX MEDICAL ITEM #1061, INDIVIDUALLY PACKAGED 50/CASE, NO SUBS.	CASE	$_____
150	16301	MASK PEDIATRIC NON REBREATHING WITH SAFETY VENT, ADJUSTABLE NOSE CLIP, 750ML RESERVOIR BAG COMPLETE WITH 7' OXYGEN SUPPLY TUBING, HUDSON RCI TELEFLEX MEDICAL ITEM #1058, INDIVIDUALLY PACKAGED 50/CASE, NO SUBS.	CASE	$_____
151	16302	MASK INFANT HIGH CONCENTRATION WITH 7' TUBING, HUDSON RCI-TELEFLEX MEDICAL ITEM #395407, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$_____
152	16303	MASK AEROSOL ELONGATED PEDIATRIC HUDSON RCI-TELEFLEX MEDICAL ITEM #1085, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$_____
153	16304	MASK AEROSOL ELONGATED ADULT, HUDSON RCI-TELEFLEX MEDICAL ITEM #1083, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$_____
154	16305	NEBULIZER SMALL VOLUME NEBULIZERS MICRO MIST, CONTAINS: NEBULIZER, TEE,		

		MOUTHPIECE, RESERVOIR TUBE, 7' TUBING, STANDARD CONNECTOR, HUDSON RCI-TELEFLEX MEDICAL ITEM #1883, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$
155	16306	MASK TRACHESTOMY PEDIATRIC, HUDSON RCI-TELEFLEX MEDICAL ITEM #1076, MASKS ARE INDIVIDUALLY PACKAGED 50/CASE, NO SUBS.	CASE	$
156	16307	MASK TRACHEOSTOMY ADULT, HUDSON RCI-TELEFLEX MEDICAL ITEM #1075, MASKS ARE INDIVIDUALLY PACKAGED 50/CASE. NO SUBS.	CASE	$
157	16308	HUMIDIFIERS AQUAPAK, RESERVOIR BOTTLES HAVE BUILT-IN OXYGEN TUBING CONNECTORS, AQUAPAK 340ML KIT, 340ML OF STERILE WATER, INCLUDES 000-40 HUMIDIFIER ADAPTOR, HUDSON RCI-TELEFLEX MEDICAL ITEM #003-40, INDIVIDUALLY PACKAGED 20/CASE, NO SUBS.	CASE	$
158	16309	CANNULA SOFTECH NASAL, ADULT, 7' STAR LUMEN TUBING, STANDARD CONNECTOR, HUDSON RCI-TELEFLEX MEDICAL ITEM #1820, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$
159	16310	CANNULA SOFTECH NASAL, PEDIATRIC, 7' STAR LUMEN TUBING, STANDARD CONNECTOR, HUDSON RCI-TELEFLEX		

		MEDICAL ITEM #1838, INDIVIDUALLY PACKAGED, 50/CASE, NO SUBS.	CASE	$
160	16313	PADS ADULT PRE-CONNECT, 10 PER SET, PHILLIPS MRX #989803166021, NO SUBS.	SET	$
161	16314	CABLE 10-LEAD ECG TRUNK CABLE, 12-PIN CONNECTOR, 1.3 METERS LONG, (3 LEAD PLUS 12 LEAD USE) PHILLIPS MRX #M3525A. NO SUBS.	EACH	$
162	16315	CABLE 5-LEAD RUGGEDIZED EMS SET, SNAP, SHIELDED (AAMI), LIMB, PHILLIPS MRX #989803176161, NO SUBS.	EACH	$
163	16316	CABLE 5-LEAD RUGGEDIZED EMS SET, SNAP, SHIELDED (AAMI) CHEST, PHILLIPS MRX #989803176171, NO SUBS.	EACH	$
164	16317	CABLES EXTERNAL MULTIFUNCTION CABLES HANDS-FREE PADS CABLE, HEADSTART CONNECTOR, PLUG-STYLE, PHILLIPS MRX #M3508A, NO SUBS.	EACH	$
165	16318	SENSOR SPO2 REUSABLE, ADULT FINGER, (1M) PHILLIPS MRX #M1191B, 1 SENSOR, NO SUBS.	EACH	$
166	16319	SENSOR SPO2 REUSABLE, PEDIATRIC/ SMALL ADULT FINGER, PHILLIPS MRX #M1192A, 1 SENSOR, NO SUBS.	EACH	$
167	16320	ADAPTER CABLE, NELLCOR SPO2 SENSOR (3M) PHILLIPS MRX #M1943A, NO SUBS.	EACH	$

168	16321	CABLE NIBP INTERCONNECT TUBING, ADULT, PRESSURE (3M) PHILLIPS MRX #M1599B.	EACH	$
169	16322	CUFF BLOOD PRESSURE, CUFF, TRADITIONAL REUSABLE NBP ADULT, PHILLIPS MRX #40401C, NO SUBS.	EACH	$
170	16323	BATTERY LITHIUM ION BATTERY MODULE, PHILLIPS MRX #M3538A, NO SUBS	EACH	$
171	16324	CHARGER AC POWER MODULE, PHILLIPS MRX #M3539A, NO SUBS.	EACH	$
172	16326	CASE SOFT CARRYING CASE, MRX BLACK, (PADS ONLY) PHILLIPS MRX #989803172501, NO SUBS.	EACH	$
173	16328	TRAY DATA CARD TRAY, PHILLIPS MRX #M3544A, NO SUBS.	EACH	$
174	16329	CARD DATA CARD AND TRAY, PHILLIPS MRX #989803146981, NO SUBS.	EACH	$
175	16330	HOOK MRX WIDE METAL BEDRAIL HOOK, PHILLIPS MRX #M3549A, NO SUBS.	EACH	$
176	16331	CASE FR3 SYSTEM CASE, RIGID, PHILLIPS #989803149971, NO SUBS	EACH	$
177	16333	KEY FR3 INFANT/CHILD KEY, PHILLIPS #989803150031, NO SUBS.	EACH	$

178	16334	BATTERY REPLACEMENT BATTERY FOR THE FR3 DEFIBRILLATOR, PHILLIPS #989803150161, NO SUBS.	EACH	$_____
179	16376	SHARPS CONTAINER, SHARPS DART, SHARPS CONTAINER WITH ONE TIME LOCKABLE SEAL, 6.5" CURAPLEX, 24/CASE, NO SUBS.	CASE	$_____
180	16377	COLD PACK, STANDARD COLD PACK, 5.75" X 9", LATEX FREE, MEDLINE, 24/CASE, NO SUBS.	CASE	$_____
181	16380	SPLINT, SAM SPLINT, XL, 5.5" X 36", WATERPROOF, REUSABLE, FLATFOLD, RADIOLUCENT SAM MEDICAL PRODUCTS #SP1121XL, 32 PER CASE, NO SUBS.	CASE	$_____
182	16381	BATTERY, 12V DC NIMH, RECHARGEABLE, FOR LCSC 4: LAERDAL ITEM #886113, NO SUBS.	EACH	$_____
183	16382	CPAP SYSTEM, FLOW-SAFE II, DISPOSABLE, LATEX FREE, BUILT IN MANOMETER & PRESSURE RELIEF VALVE, LARGE ADULT MASK, HEAD HARNESS, 7' OXYGEN TUBING, BLUE PACKAGE, MERCURY MEDICAL #10-57209, 5 PER BOX, NO SUBS.	BOX	$_____
184	16383	CPAP SYSTEM, FLOW-SAFE II, DISPOSABLE, LATEX FREE, BUILT IN MANOMETER & PRESSURE RELIEF VALVE, SMALL ADULT MASK, HEAD HARNESS, 7' OXYGEN		

		TUBING, GREEN PACKAGE, MERCURY MEDICAL #10-57210, 5 PER BOX, NO SUBS.	BOX	$_____
185	16384	CANISTER SUCTION KIT: 850CC SUCTION CANISTER KIT WITH FLOAT LID AND SUCTION TUBING (1 EACH OF 6' TUBING AND 18" TUBING), MEDLINE INDUSTRIES #HCS7851: 12 KITS PER CASE, NO SUBS.	CASE	$_____
186	16385	HOLDER SUCTION CANISTER HOLDER, SSCOR/BOARD CANISTER HOLDER - METAL, MFG ITEM #22002, NO SUBS.	EACH	$_____
187	16386	TRIAGE KIT, ARIZONA, RED FANNY PACK, WITH 35 TRIAGE TAGS/TIES, 15 IMMEDIATE DECALS, 6 ORAL AIRWAYS, 1 PR TRAUMA SCISSORS, 3 PENS, NO SUBS.	EACH	$_____
188	16387	TRIAGE IMMEDIATE DECAL, WHITE LETTERS ON RED BACKGROUND, 5" X 7", 15 PER PACK, NO SUBS.	PACK	$_____
189	16388	TRIANGLE ROAD WARNING KIT, REFLECTIVE, 3 TRIANGLES IN HEAVY DUTY ABS RED CASE.	EACH	$_____
190	16389	BUCKET 5 GALLON, PLAIN WHITE (NO WRITING OR DESIGNS) WITH LID AND HANDLE, POLYETHYLENE.	EACH	$_____
191	16390	SPLINT TRACTION, PEDIATRIC, FERNO MODEL #443, WITH CARRYING CASE, NO SUBS.	EACH	$_____

192	16393	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, MACINTOSH SIZE O, COLOR-CODE PEACH, ITEM #004651000, 20/BOX, NO SUBS.	BOX	$_____
193	16394	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, MACINTOSH SIZE 1, COLOR-CODE WHITE, ITEM #004651001, 20/BOX, NO SUBS.	BOX	$_____
194	16395	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE TURQUOISE, ITEM #004651002, MACINTOSH, SIZE 2, 20/BOX, NO SUBS.	BOX	$_____
195	16396	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE YELLOW, ITEM #004651003, MACINTOSH, SIZE 3, 20/BOX, NO SUBS.	BOX	$_____
196	16397	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE PINK, ITEM #004651004, MACINTOSH, SIZE 4, 20/BOX, NO SUBS.	BOX	$_____
197	16398	EQUIPLITE RUSCH LARYNGOSOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE PURPLE,		

		ITEM #004650000, MILLER, SIZE 0, 20/BOX, NO SUBS.	BOX	$_____
198	16399	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE ORANGE, ITEM #004650001, MILLER, SIZE 1, 20/BOX, NO SUBS.	BOX	$_____
199	16400	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE GRAY, ITEM #004650002, MILLER, SIZE 2, 20/BOX, NO SUBS.	BOX	$_____
200	16401	EQUIPLITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE GREEN, ITEM # 004650003, MILLER, SIZE 3, 20/BOX, NO SUBS.	BOX	$_____
201	16402	EQUILITE RUSCH LARYNGOSCOPE BLADE, DISPOSABLE, LED, TELEFLEX, COLOR-CODE LIGHT LAVENDER ITEM #004650004, MILLER, SIZE 4, 20/BOX, NO SUBS.	BOX	$_____
202	16405	LARYNGOSCOPE HANDLE, WATER RESISTANT, RUSCH DOLPHIN STANDARD LARYNGOSCOPE HANDLE SMALL/ PENLIGHT, "AA" BATTERIES, TELEFLEX ITEM #145100, NO SUBS.	EACH	$_____
203	16406	LARYNGOSCOPE HANDLE, WATER		

		RESISTANT, RUSCH DOLPHIN, STANDARD LARYNGOSCOPE HANDLE, MEDIUM/ STANDARD, "C" BATTERIES, TELEFLEX ITEM #145000, NO SUBS.	EACH	$_____
204	16407	GAUZE QUIKCLOT, QUIKCLOT COMBAT GAUZE LE, 3" X 4 YARDS, Z-FOLDED, SOFT, WHITE, NON-WOVEN, HYDROPHILIC GAUZE IMPREGNATED WITH KAOLIN, ITEM #350, IS PACKAGED IN AN EASY-TEAR POUCH, CONTAINS AN X-RAY DETECTABLE STRIP FOR EASY IDENTIFICATION AND HAS FIVE YEAR EXPIRATION, EACH, NO SUBS.	EACH	$_____
205	16409	GAUZE BANDAGE, STERILE, LATEX FREE, BULKEE II, 4.5" X 4.1 YDS, MEDLINE, 100/CASE, NO SUBS.	CASE	$_____
206	16410	AIRWAY NASOPHARYNGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 20 FR, 10/BOX.	BOX	$_____
207	16411	AIRWAY NASOPHARYNGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 22 FR, 10/BOX.	BOX	$_____
208	16412	AIRWAY NASOPHARNYGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 24 FR, 10/BOX.	BOX	$_____
209	16414	AIRWAY NASOPHARNYGEAL ROBERTAZZI,		

		LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 29 28 FR, 10/BOX.	BOX	$_____
210	16415	AIRWAY NASOPHARNYGEAL, ROBERTAZZI; LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 30 FR, 10/BOX.	BOX	$_____
211	16416	AIRWAY NASOPHARYNGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 32 FR, 10/BOX.	BOX	$_____
212	16417	AIRWAY NASOPHARNYGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 34 FR, 10/BOX.	BOX	$_____
213	16418	AIRWAY NASOPHARNYGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 36 FR, 10/BOX.	BOX	$_____
214	16419	SYRINGE DISPOSABLE, WITH 1/5ML GRADUATION, STERILE, SINGLE USE, 10ML, BO LUER-LOK TIP, BECTON DICKINSON ITEM #309604, 100/BOX, NO SUBS.	BOX	$_____
215	16420	SYRINGE DISPOSABLE, HAS 1 ML, 3/4 OZ. IN 1/8 OZ GRADUATION, STERILE SINGLE USE, 20 ML BD LUER-LOK TIP, BECTON DICKINSON #302830, 48/BOX, NO SUBS.	BOX	$_____

216	16421	AIRWAY NASOPHARYNGEAL, ROBERTAZZI, LATEX FREE, SOFT AND FLEXIBLE, INDIVIDUALLY PACKAGED, SIZE 26 FR, 10/BOX.	BOX	$_____
217	16422	SYRINGE WITH DETACHABLE NEEDLE, 23G X 1" BD ECLIPSE HYPODERMIC NEEDLE WITH PIVOTING SHIELDING MECHANISM, 3 ML BD LUER-LOK, BECTON DICKINSON #305782, 50/BOX, NO SUBS.	BOX	$_____
218	16423	SYRINGE WITH DETACHABLE NEEDLE, 27G X 1/2" BD ECLIPSE HYPODERMIC NEEDLE WITH PIVOTING SHIELDING MECHANISM, 1 ML BD LUER-LOK, BECTON DICKINSON #A305789, 50/BOX, NO SUBS.	BOX	$_____
219	16424	SUCTION UNIT, MECONIUM ASPIRATOR, SINGLE HAND, THUMB PORT, NEOTECH PRODUCT, ELIMINATES MOUTH SUCTIONING OF MECONIUM OF NEW BORNS, 40/BOX, REF: BOUNDTREE #590101 NO SUBS	BOX	$_____
220	16425	CATHETER SUCTION, COILED, GRADUATED WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 8	CASE	$_____
221	16426	CATHETER SUCTION, COILED, GRADUATED WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 10, FRENCH, 50 PER CASE.	CASE	$_____
222	16428	CATHETER SUCTION, COILED, GRADUATED		

		WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 14 FRENCH, 50 PER CASE.	CASE	$_____
223	16429	CATHETER SUCTION, COILED, GRADUATED WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 16 FRENCH, 50 PER CASE.	CASE	$_____
224	16430	CATHETER SUCTION, COILED, GRADUATED WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 18 FRENCH, 50 PER CASE.	CASE	$_____
225	16431	YANKAUER, STANDARD BULB TIP WITH CONTROL VENT, SINGLE USE, STERILE DYNAREX, 50/CASE, NO SUBS.	CASE	$_____
226	16432	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 40MM, SIZE 4, PINK, 50 PER BAG, NO SUBS.	BAG	$_____
227	16433	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 50MM, SIZE 5, LT. BLUE, 50 PER BAG, NO SUBS.	BAG	$_____
228	16434	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 60MM, SIZE 6, BLACK, 50 PER BAG, NO SUBS.	BAG	$_____
229	16435	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 70MM, SIZE 7, WHITE, 50 PER BAG, NO SUBS.	BAG	$_____

230	16436	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 80MM, SIZE 8, GREEN, 50 PER BAG, NO SUBS.	BAG	$_____
231	16437	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 90MM, SIZE 9, YELLOW, 50 PER BAG, NO SUBS.	BAG	$_____
232	16438	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 100MM, SIZE 10, PURPLE, 50 PER BAG, NO SUBS.	BAG	$_____
233	16439	AIRWAYS BERMAN, COLOR-CODED, DISPOSABLE, 110MM, SIZE 11, ORANGE, 50 PER BAG, NO SUBS.	BAG	$_____
234	16440	AIRWAY KING LTS-D, SUPRAGLOTTIC AIRWAY KIT SIZE 4, KLTSD434, 5/CASE, NO SUBS.	CASE	$_____
235	16441	AIRWAY KING LTS-D, SUPRAGLOTTIC AIRWAY KIT SIZE 5, KLTSD435, 5/CASE, NO SUBS.	CASE	$_____
236	16442	RESTRAINTS LIMB, ADULT, WRIST/ANKLE, 2 D-RINGS, ADJUSTABLE, DISPOSABLE, POLY, WHITE, 48 PER CASE, NO SUBS.	CASE	$_____
237	16443	SHEET BURN, LARGE, 60" X 96", STERILE, TO PROTECT PATIENT FROM INFECTION, DISPOSABLE, NON-WOVEN, LAMINATED TISSUE FIBERS, RESISTANT TO TEARING, 12 PER CASE.	CASE	$_____

238	16444	CATHETER SUCTION, COILED, GRADUATED WITH CONTROL TIP, FROSTED SURFACE, KINK RESISTANT, SIZE: 12 FRENCH, 50 PER CASE.	CASE	$_____
239	16445	BANDAGE TRIANGULAR LATEX FREE, POLYBAGGED 2 SAFETY PINS, 40" X 40" X 56" 12 PER CASE	CASE	$_____
240	16447	BLADE 3M SINGLE-USE PIVOTING BLADE 3M #9660, ASSEMBLY FOR CLIPPER 9661L, 50 PER CASE.	CASE	$_____
241	16468	CABLE TRUNK, 10 LEAD, ECG TRUNK, 6.5' WITH 2 PIN, PHILLIPS #M1663A, REF: MATRX #4996623, NO SUBS.	EACH	$_____
242	16469	BLANKET 100% POLYESTER, DISPOSABLE, GRAY, 60" X 80", DYNAREX, 24 PER CASE, NO SUBS.	CASE	$_____
243	16471	BANDAGE EMERGENCY, FIRST CARE, WHITE, 4" COMPRESSION, STERILE 100 PER CASE, NO SUBS.	CASE	$_____
244	16472	GLUTOSE 15, ORAL GLUCOSE GEL, 15G GLUCOSE PER TUBE, 3 TUBES PER PACK, 12 PACKS PER CASE, GRAPE FLAVOR, NDC #0574-0070-30. NO SUBS.	CASE	$_____
245	16474	GLUTOSE 15, ORAL GLUCOSE GEL, 15G GLUCOSE PER TUBE, 3 TUBES PER PACK, 12 PACKS PER CASE, LEMON FLAVOR, NDC #0574-0069-30, NO SUBS.	CASE	$_____

246	16476	OINTMENT TRIPLE ANTIBIOTIC, 0.9 GRAM FOIL PACKET, DYNAREX, 144/BOX, NO SUBS.	BOX	$_____
247	16477	BAG FERNO, PROFESSIONAL ALS BAG SYSTEM WITH THE ADDITION OF 4 MINI-BAGS: MEDICATION MINI-BAG 5114/ INTUBATION MINI-BAG 5115 AND TWO INTRAVENOUS MINI-BAG 5116, BLUE FERNO ITEM #0819791, OR RED FERNO ITEM #0819790, COLOR AND PART NUMBER TO BE SPECIFIED AT TIME OF ORDER, NO SUBS	EACH	$_____
248	16478	BAG FERNO PROFESSIONAL INTRAVENOUS MINI-BAG, BLUE FERNO ITEM #0819819, OR RED FERNO ITEM #0819818, COLOR AND PART NUMBER TO BE SPECIFIED AT TIME OF ORDER, NO SUBS.	EACH	$_____
249	16479	BAG FERNO PROFESSIONAL INTUBATION MINI-BAG BLUE FERNO ITEM #0819816, OR RED FERNO ITEM #0819815, COLOR AND PART NUMBER TO BE SPECIFIED AT TIME OF ORDER, NO SUBS.	EACH	$_____
250	16480	BAG FERNO PROFESSIONAL BAG ONLY, BLUE FERNO ITEM #0819788, OR RED FERNO ITEM #0819787, COLOR AND PART NUMBER TO BE SPECIFIED AT TIME OF ORDER, NO SUBS.	EACH	$_____
251	16481	BOTTOM REPLACEMENT FOR FERNO BAG		

		MB5108, REPLACEMENT BOTTOM 5156, BLACK, NO SUBS.	EACH	$_____
252	16482	POUCH UTILITY, PROPAK MANUFACTURING 9" LONG X 9 1/4" WIDE X 2 3/4" DEEP, BLUE IN COLOR, NO SUBS.	EACH	$_____
253	16483	FORCEPS CHILD, 8" MAGILL, STAINLESS STEEL, AMERICAN DIAGNOSTIC #315, 12/BOX, NO SUBS.	BOX	$_____
254	16484	TRANSPORT UNIT, GRAHAM, MEGAMOVER, WHIE WITH 14 HANDLES, 1000 LB CAPACITY 40" X 80", 10 PER CASE, NO SUBS.	CASE	$_____
255	16486	CABLE 3 LEAD ECG CABLE FOR FR3, PHILLIPS #989803150041, NO SUBS.	EACH	$_____
256	16487	SOFTWARE FR3 SOFTWARE UPGRADE KIT SP02, PHILLIPS #989803184831, NO SUBS.	EACH	$_____
257	16488	CUFF BLOOD PRESSURE, AMERICAN DIAGNOSTIC CORPORATION (ADC), BLACK ENAMEL 300 mmHg MANOMETER, CHROME PLATED BRASS AIR RELIEF VALVE, LEATHERETTE CARRYING CASE, CHILD, ADC #760-9CBK, NO SUBS.	EACH	$_____
258	16489	BACKBOARD PEDIATRIC IMMOBILIZER BOARDS WITH CASE, FROM 28" TO 54", FERNO #78, NO SUBS.	EACH	$_____
259	16490	TRIAGE KIT, ARIZONA TRIAGE SYSTEM INCLUDES: CUSTOM DESIGNED FANNY		

		PACK, CONTAINING 35 TRIAGE TAGS & TIES, 1 PR TRAUMA SHEARS, 15 REFLECTIVE "IMMEDIATE" DECALS, 3 PENS, 6 ORAL AIRWAYS. REF: BOUNDTREE #681207. NO SUBS,	EACH	$_____
260	16492	SPLINT TRACTION, CHILD, FERNO #443, NO SUBS.	EACH	$_____
261	16493	KENDRICK EXTRICATION DEVICE, GREEN, FERNO #1E1250, NO SUBS.	EACH	$_____
262	16503	PEDIA TAPE PEDIATRIC EMERGENCY MEASURING TAPE, COLOR-CODED, LAMINATED, MEASURE LENGTH AND ESTIMATE WEIGHT, COMPATIBLE WITH THE MOST RECENT BROSELOW TAPE, NO SUBS.	EACH	$_____
263	16504	WRENCH LARGE CYLINDER, FOR USE WITH CGA OXYGEN REGULATORS, METAL.	EACH	$_____
264	16505	CONNECTOR 02, NIPPLE/NUT, SWIVEL, GREEN, BARB ADAPTER, FOR CONNECTING OXYGEN MASKS OR CANNULA TO OXYGEN FLOWMETER, 50/BAG.	BAG	$_____
265	16506	BAG FERNO, AIRWAY MANAGEMENT/ OXYGEN, INCLUDES: TWO 5137 UTILITY POUCHES/ONE 5131 POUCH, AND 02 BAG WITH HANDLE, BLUE IN COLOR, FERNO ITEM #0819770, NO SUBS.	EACH	$_____
266	16507	BOTTOM REPLACEMENT, REPLACEABLE		

		BOTTOM TO PROTECT BAG FROM WET GROUND, FERNO, COMPATIBLE WITH AIRWAY MANAGEMENT OXYGEN BAG #MB5100, NO SUBS.	EACH	$_____
267	16508	ADAPTER/CONNECTOR QUICK CONNECT, VACUUM OHMEDA, 1/4" HOSE BARB, PRECISION, ITEM #2311, NO SUBS.	EACH	$_____
268	16509	FLOWMETER OXYGEN WITH OHMEDA QUICK CONNECT ADAPTER, 0-15 LPM, PRECISION ITEM #8MFA1005, NO SUBS.	EACH	$_____
269	16510	REGULATOR COMPACT, WITH NUT AND NIPPLE, OXYGEN, BRASS (CGA-540/GR-540) AMVEX, NO SUBS.	EACH	$_____
270	16511	LABEL BIOHAZARD, MEETS OSHA REQUIREMENTS FOR BLOODBORNE PATHOGENS, PEEL AND STICK, 6" X 6", RED BACKGROUND, BLACK LETTERING, WITH INTERNATIONAL BIOHAZARD SYMBOL, 500/ROLL, NO SUBS.	ROLL	$_____
271	16513	CANISTER SUCTION, HI-FLOW SUCTION CANISTERS W/ AEROSTAT FILTERS AND FLOAT VALVE SHUTOFF, 800CC WITH 6' CONNECTING TUBE, BEMIS, PRODUCT #8002K 055, 50/CASE, NO SUBS.	CASE	$_____
272	16514	TUBE VACUUM, LAERDAL SUCTION UNIT, LCSU 4, LAERDAL #886106, EA, NO SUBS.	EACH	$_____
273	16515	BRACKET SHARPS CONTAINER, COVIDIEN,		

		ITEM #31158960, 20/CASE, NO SUBS.	CASE	$_____
274	16516	DISPENSER EMESIS BAG, WALL MOUNT, HOLDS UP TO 24 BAGS, MEDLINE #NON80328D, 6/CASE, NO SUBS.	CASE	$_____
275	16517	NASAL ATOMIZER, INTRANASAL MUCOSAL ATOMIZATION DEVICE, LMA MAD NASAL, TELEFLEX #MAD300, 25/BOX, NO SUBS.	BOX	$_____
276	16518	NEEDLE STABILIZER, EZ-10, EZ-STABILIZER, LATEX-FREE 5.75" X 5.25" X 1.25", MFG ITEM #9066-VC-005, 5/BOX, NO SUBS.	BOX	$_____
277	16519	SENSOR SP02, ADULT/PEDIATRIC FINGER CLIP, DISPOSABLE, PHILLIPS #M1131A, 20 SENSORS/BOX, NO SUBS.	BOX	$_____
278	16520	SENSOR SP02, INFANT, DISPOSABLE, PHILLIPS #M1132A, 20 SENSORS/BOX, NO SUBS.	BOX	$_____
279	16521	CABLE NIBP BLOOD PRESSURE AIR HOSE, 1.5M LENGTH, PHILLIPS ITEM #M1598B, NO SUBS.	EACH	$_____
280	16523	SENSI WRAP, DYNAREX, SELF-ADHERENT, LATEX-FREE, 2" X 5 YDS, RAINBOW COLOR, 36 PER CASE, NO SUBS.	CASE	$_____
281	16524	PHILLIPS SMART CAPNOLINE PLUS 02, ADULT/INTERMED, NON-INTUBATED DUAL PURPOSE, ORAL/NASAL SAMPLE LINE, 25 SETS PER BOX, NO SUBS.	BOX	$_____

282	17377	STETHOSCOPE PLATINUM PEDIATRIC ADSCOPE 614, PEDIATRIC, OVERALL LENGTH 30.5", ADC (AMERICAN DAIGNOSTIC CORPORATION) ITEM #614P, COLOR-PINK NO SUBS.	EACH	$_____
283	17378	TRANSPORT RESTRAIN SYSYTEM, FERNO, MODEL 417-3, SHOULDER HARNESS, ITEM #031-4183, NO SUBS.	EACH	$_____
284	17379	TRANSPORT RESTRAIN SYSTEM, FERNO, MODEL 417-3, WAIST RESTRAINT, ITEM #031-4184, NO SUBS.	EACH	$_____
285	17380	RESTRAINT SHOULDER HARNESS, COT RESTRAINT, FERNO, MODEL 417-1, FEATURES TWO ADJUSTABLE SHOULDER STRAPS AND AN ADJUSTABLE TWO-PIECE TORSO STRAP, BLACK, NO SUBS.	EACH	$_____
286	17381	RESTRAINT COT, TWO-PIECE, ADJUSTABLE, FERNO, MODEL 430, 7' (FT) IN LENGTH, BLACK, NO SUBS.	EACH	$_____
287	17382	RESTRAINT COT, TWO-PIECE, ADJUSTABLE, FERNO, MODEL 430, 9' (FT) IN LENGTH, BLACK, NO SUBS.	EACH	$_____
288	17383	RESTRAINT COT, TWO-PIECE, ADJUSTABLE, FERNO, MODEL 430, 5' (FT) IN LENGTH, BLACK, NO SUBS.	EACH	$_____
~~289~~	17384	SMART CAPNOLINE 02, PEDIATRIC C02		

		ORAL/NASAL SAMPLING SET WITH O2 TUBING MICROSTREAM, REF 007269, 25/BOX, NO SUBS.	BOX	$
~~290~~	17385	SMART CAPNOLINE PLUS 02, ADULT INTERMEDIATE C02, ORAL/NASAL SAMPLING SET WITH 02 TUBING, MICROSTREAM, REF 009822, 25/BOX, NO SUBS.	BOX	$
291	17386	GLOVES MICROFLEX, LIFESTAR EC, NITRILE, EXTENDED CUFF, 100 GLOVES PER BOX, 10 BOXES PER CASE, SIZE: XL PART #LSE-104-XL, NO SUBS.	CASE	$
292	17387	GLOVES MICROFLEX, LIFESTAR EC, NITRILE, EXTENDED CUFF, 100 GLOVES PER BOX, 10 BOXES PER CASE, SIZE: LARGE, PART #LSE-104-L, NO SUBS.	CASE	$
293	17388	GLOVES MICROFLEX, LIFESTAR EC, NITRILE, EXTENDED CUFF, 100 GLOVES PER BOX, 10 BOXES PER CASE, SIZE: MEDIUM, PART #LSE-104-M, NO SUBS.	CASE	$
294	17389	GLOVES MICROFLEX, LIFESTAR EC, NITRILE, EXTENDED CUFF, 100 GLOVES PER BOX, 10 BOXES PER CASE, SIZE: SMALL, PART #LSE-104-S, NO SUBS.	CASE	$
~~295~~	17390	SENSOR SP02, REUSABLE, ADULT FINGER GLOVE, LENGTH 0.45M, 9-PIN (D-SUB) CONNECTOR, FOR PHILLIPS MRX, REF #M1191T, NO SUBS.	EACH	$

296	17518	SODIUM CHLORIDE, 0.9% SODIUM CHLORIDE INJECTION USP 500 ML BAG, (24/CASE), BRAND OR MANUFACTURER MAY BE BRAUN, BAXTER OR HOSPIRA, NO SUBS.	CASE	$_____
297	17519	TUBING ADAPTER, HUDSON RCI (MFR#1423), 22MM ID X 5-7MM, TAPERED NIPPLE, 50/CASE, NO SUBS.	CASE	$_____
298	17520	02 MAX BITRAC ED MASK, W/NEB, ADULT LG, W/3-SET VALVE, OHMEDA CONNECTOR, FIXED FLOW, 10 EA/CS, NO SUBS.	CASE	$_____
299	17521	02 MAX BITRAC ED MASK, W/NEB, ADULT MED, W/3-SET VALVE, OHMEDA CONNECTOR, FIXED FLOW, 10 EA/CS, NO SUBS.	CASE	$_____
300	17522	C PAP/CAPNOGRAPHY KIT, 02 MAX NEB BITRAC ED MASK, ADULT LG, 3-SET, OHMEDA CONNECT, C02 SAMPLING LINE, NO SUBS.	EACH	$_____
301	17523	C PAP/CAPNOGRAPHY KIT, 02 MAX NEB BITRAC ED MASK, ADULT MED, 3-SET, OHMEDA CONNECT, C02 SAMPLING LINE, NO SUBS.	EACH	$_____

302 17727 CLIPPER SURGICAL, 3M #96617 WITH PIVOTING HEAD, NO SUBS.

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve purchase order to North American Fire Equipment Co Inc for 7 FLIR Thermal Camera Kits.

General Fund.

Amount of Contract:

$27,321.00

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/23/2020 - 10:16 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of Purchase Order to Sunbelt Fire Inc for 9 fire monitor/nozzle packages.

General Fund.

Amount of Contract:

$27,321.00

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
20200722 Sunbelt Agenda Package POs	Cover Memo	7/22/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/23/2020 - 10:16 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
13225	2020	1510 FIRE ADMINISTRATION	TASK FORCE FIRE MONITOR/NOZZLES: 1 BLITZFIRE OSC TFTXXC-33-HE PACKAGE, 8 BLITZFIRE HE TFTXXC-32-E PACKAGES (SEALED BID 5445)	$27,321.00	(198904) SUNBELT FIRE INC

Adopted:

_____

City Clerk

Bill To	Requisition 00013225-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No:
	1000.30.15.1510.1522.1510.0000.0000.44020.
MOBILE, AL	Review:
36601	Buyer: 910514396
vendorinvoices@cityofmobile.org	Status: Released Page 1

Vendor	Ship To
SUNBELT FIRE INC	FIRE CENTRAL SUPPLY
8050 MCGOWIN DRIVE	2851 OLD SHELL ROAD
	MOBILE, AL 36607
FAIRHOPE, AL 36532	
Tel#251-928-9917	Delivery Reference
Fax 251-928-9933	VICTORIA RICHARDSON
	Deliver To
	FIRE CENTRAL SUPPLY
	2851 OLD SHELL ROAD
	MOBILE, AL 36607

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/19/20	198904				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price
	General Notes			
	AS PER YOUR QUOTE AND MY BID #5445			
001	NOZZLES:HE BLITZFIRE OSCILLATOR COMBO TASK FORCE TFTXXC-33-HE. NO SUB. Vendor Item	1.00 EACH	3681.00000	3681.00
	1 1000.30.15.1510.1522.1510.0000.0000.44020.			3681.00
	Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON			
	Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607			
002	NOZZLES:MONITOR, BLITZFIRE HE TFTXXC-32-HE. NO SUB. Vendor Item	8.00 EACH	2955.00000	23640.00
	1 1000.30.15.1510.1522.1510.0000.0000.44020.			23640.00

Bill To	Requisition 00013225-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No:
	1000.30.15.1510.1522.1510.0000.0000.44020.
MOBILE, AL	Review:
36601	Buyer: 910514396
vendorinvoices@cityofmobile.org	Status: Released Page 2

Vendor	Ship To
SUNBELT FIRE INC	FIRE CENTRAL SUPPLY
8050 MCGOWIN DRIVE	2851 OLD SHELL ROAD
	MOBILE, AL 36607
FAIRHOPE, AL 36532	
Tel#251-928-9917	Delivery Reference
Fax 251-928-9933	VICTORIA RICHARDSON
	Deliver To
	FIRE CENTRAL SUPPLY
	2851 OLD SHELL ROAD
	MOBILE, AL 36607

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/19/20	198904				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price

Ship To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD
MOBILE, AL 36607
Delivery Reference
VICTORIA RICHARDSON

Deliver To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD
MOBILE, AL 36607

Requisition Link

Requisition Total 27321.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
1000.30.15.1510.1522.1510.0000.0000.44020.	27321.00	1389613.36
FIRE SUPPRESSION DIV EXP OPERATING SUPPLIES		

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Forward	06/19/20	JOHN PAINE	
Forward	06/19/20	JOHN PAINE	
Queued	06/19/20	DONNA MICHELE STANLEY	
Queued	06/19/20	DONALD ROSE	
Queued	06/19/20	DONNA MICHELE STANLEY	
Queued	06/19/20	JAMES NEESE JR	

Bill To	Requisition 00013225-00 FY 2020
ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Acct No: 1000.30.15.1510.1522.1510.0000.0000.44020. Review: Buyer: 910514396 Status: Released Page 3

Vendor	Ship To
SUNBELT FIRE INC 8050 MCGOWIN DRIVE FAIRHOPE, AL 36532 Tel#251-928-9917 Fax 251-928-9933	FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/19/20	198904				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price

Authorized By: _____ Date: _____
Signature

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 006

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
06/29/2020	5445	EQUIPMENT	As Specified

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM, Thursday, July 16, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.					
	TASK FORCE NOZZLE					
	TASK FORCE NOZZLE					
Qty 1-20	NOZZLES:HE BLITZFIRE OSCILLATOR COMBO TASK FORCE TFTXXC-33-HE. NO SUB.					
	Make _____ Model _____					
Qty 8-30	NOZZLES:MONITOR, BLITZFIRE HE TFTXXC-32-HE. NO SUB.					
	Make _____ Model _____					
	City will purchase minimum quantities shown upon award of bid.					
	Page 1 of 2					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents

All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**

If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.

Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.

Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).

Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order.

City of Mobile Business License Required. Successful vendor will be required to obtain prior to issuance of City of Mobile Purchase Order.

Pricing to be firm for a one-year period after award of bid. At the option of the City of Mobile and the successful vendor, the award of this bid may be extended for two (2) additional one-year periods.

State of Alabama Local Vendor Preference Law 41-16-50 (a) and (d) will apply to this purchase.

If you have any questions, please feel free to contact the Purchasing Department at purchasing@cityofmobile.org.

Questions involving the bid specifications will Not be answered within 48 hours of the bid opening. You need to ask your questions early on, as soon as possible.

TO BE AWARDED ON PER ITEM BASIS.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name_____

By_____

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

Bid Tab 5445

Vendor	Vendor Name	TFTXXC-33-HE	TFTXXC-32-HE
294767	BONAVENTURE CO INC	NO RESPONSE	
295285	CENTRAL ALABAMA TRAINING SOLUTIONS	NO RESPONSE	
295179	COASTAL RESCUE SOLUTIONS INC	NO RESPONSE	
294963	EMERGENCY EQUIPMENT PROFESSIONAL	NO RESPONSE	
291663	FELD FIRE	$4140.00 EACH	$3243.00 EACH
63109	FERRARA FIRE	NO RESPONSE	
64250	FIREHOUSE SALES	NO RESPONSE	
292026	GEORGIA FIRE & RESCUE SUPPLY LLC	NO RESPONSE	
295773	JETS FIRE & SAFETY	NO RESPONSE	
287234	MUNICPAL EMERGENCY SERVICES	NO RESPONSE	
149290	NORTH AMERICAN FIRE EQUIPMENT CO INC	NO RESPONSE	
277172	OZARK RESCUE	NO RESPONSE	
190490	RITZ SAFETY LLC	NO RESPONSE	
294679	SIGMA SURVEILLANCE	NO RESPONSE	
193010	SKELETONS FIRE EQUIPMENT INC	NO RESPONSE	
195121	SOUTHEASTERN EMERGENCY EQUIPMENT COMPANY	NO RESPONSE	
198904	SUNBELT FIRE INC	$3681.00 EACH	$2955.00 EACH
278118	TUSCALOOSA FIRE EQUIPMENT INC	NO RESPONSE	
289683	VSC FIRE & SECURITY INC	NO BID	
233030	WAREHOUSE EQUIPMENT & SUPPLY COMPANY INC	NO RESPONSE	

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve award of Item Based Bid for Large Truck Tire Retreading and Repair to Lee Rodgers Tire Co.; Southern Tire Mart, LLC; and Goodyear Tire and Rubber Co.

General Fund

Amount of Contract:

N/A to be purchased at unit prices indicated

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
20200723 Retread Agenda Summary Bids	Cover Memo	7/23/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/23/2020 - 1:45 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to accept and approve, and issue Purchase Orders against, the below proposed Bid Award, to the designated vendors, for the indicated time period, and if renewable, renewable without further action by Council, for the specified item(s) at the unit prices indicated.

Bid	Description	Number of Items	Bid Amount	Time/Renewal	Vendor(s)
5431	Large Truck Tire Retreading and Repair	7	Various, see bid tab	One year, renewable for two additional one-year periods	Lee Rodgers Tire Co.; Southern Tire Mart, LLC; Goodyear Tire and Rubber Co.

Adopted:

_____

City Clerk

5431

Bid ~~5241~~ Tire Retread

	Lee Rogers	Tie Breaker	Southern Tire Mart	Tie Breaker	Goodyear	Tie Breaker
11843	$129.00		$145.00		$140.00	
13951	$136.00		$115.00		$125.00	
13516	$141.00		$170.00		$145.00	
11956	$129.00	$126.50	$110.00	$106.00	$110.00	$105.00
11838	$126.00		$110.00		$108.00	
11842	$131.00		$125.00		$132.00	
13952	$126.00		$110.00		$125.00	
Brand	PreQ		Bandag		Goodyear Unicircle Precure	

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 006

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
6/9/2020	5431	VARIOUS	To be Specified

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM, Thursday, June 25, 2020

QUANTITY	ARTICLES (Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.)	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	TIRE RETREADING AND REPAIR FOR LARGE TRUCK TIRES					
	Large Truck/Trailer Cold process (cold cure) method recapping.					
	Note: Enforcement of the seven (7) calendar day delivery will be in effect. Bidders unable to meet the delivery requirement will not be considered. Also, the successful bidder must avail recapping facilities to designated City personnel for our assurance that proper quality and process control is performed.					
	All retreading material shall be either Bandag, Goodyear Vipal or previously approved equal.					
	Tread depth – Large truck — Radial Highway 26/32"; Radial Highway 21/32"; Radial Logger Lug 21/32"					
	If certain treads or sizes are not available in bidder's regular line retreading, bidder must furnish equivalent substitute at same price.					
	Successful vendor (s) will be responsible to make weekly pickup of tires that are set aside for retreading.					
	Tires are to be picked up and returned within seven (7) calendar days to the Municipal Garage, Gayle Street, Mobile, AL.					
	Page 1 of 3					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

Note: All tires picked up if not retreadable must be returned. Recapping to be done on a weekly basis, except for emergencies.

Prices are to be net and firm for the period and be F.O.B. Mobile, AL, less all taxes.

Attached is a sheet that lists the approximate (but not guaranteed) quantities and types of retreads the City of Mobile anticipates using for the coming year. Useages are based upon usage for the past 12 months. Note: Some are tires that have not been retreaded in the past but the City plans to retread in the future. State the per each "Unit" price on the attached list.

The City of Mobile reserves the right to inspect process and premises of successful bidder prior to the award of bid.

If at anytime the supplier fails to fulfill or abide by any of the specifications or conditions herein specified, the City of Mobile reserves the right to cancel the agreement.

Furnish literature and specifications.

See reverse side of bid for instructions.

The City of Mobile waives Bid Bond as stated in Item 15 of instructions.

After the one-year period, at the option of the successful bidder (s) and the City of Mobile, the prices may be extended up to two (2) additional one (1) year periods after award of this bid.

All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**

If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.

Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required.
See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Page 3 of 3					
	Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.					
	Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).					
	Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order.					
	TO BE AWARDED ON AN ITEM BASIS. Price					
416	Tire Retread, 11R22.5, BRM Tread, 26/32" Tread C/S #11843 ____					
31	Tire Retread, 11R24.5 Logger Lug Grip, 21/32nd Tread Depth C/S # 13951 ____					
22	Tire Retread 315/80R 22.5, Radial, Highway, Low Profile, 21/32nd Tread Depth C/S # 13516 ____					
89	Tire Retread, 11R22.5, Logger Lug Grip, 21/32" City #1570002UN C/S 11956 ____					
26	Tire Retread, 10R22.5, Logger Lug Grip 21/32", City #1570024UN C/S 11838 ____					
15	Tire Retread, 12R22.5, Logger Lug Grip, 21/32" Tread Depth, City #1570035UN C/S 11842 ____					
0	Tire Retread, 295/75R22.5, Logger Lug Grip, 21/32" Tread Depth, C/S 13952 ____					
	State Brand of Retread Material _____					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Manzie and Mayor Stimpson

Purpose and Scope of Project:

For walking trails and landscapes features at Ladd-Peebles Stadium

Amount of Contract:

$188,625.00

Funding Source

Project # Ladd-Peebles Stadium - Walking Trail, PR-081-19 **Discretionary Funds**

Project String 20002000-48010 **Contract Number:**2837

Budget Amendment **REDUCE** **INCREASE**

Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	7/17/2020 - 5:44 PM
Capital	Hollins, Tiffany	Approved	7/20/2020 - 9:04 AM
Legal	Kern, Chris	Approved	7/20/2020 - 3:45 PM
Mayors Office	Wesch, Paul	Approved	7/21/2020 - 11:35 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Brad Christensen, Real Estate Asset Management Dept

Sponsored by:

Councilmembers Richardson, Manzie, Smalls, Williams, Daves, Rich, Gregory and Mayor Stimpson

Purpose and Scope of Project:

For Fire Sprinkler & Backflow Preventer Repairs at Various City Facilities

Amount of Contract:

$16,330.00

Funding Source

Project # SR-022-20 Various City Facilities – Fire Sprinkler & Backflow Preventer Repairs	**Discretionary Funds**
Project String C0018 (20002000-48010)	**Contract Number:**2839
Budget Amendment **REDUCE** **INCREASE**	
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Real Estate Asset Management	Melton, Michelle	Approved	7/20/2020 - 3:41 PM
Capital	Hollins, Tiffany	Approved	7/20/2020 - 4:05 PM
Mayors Office	Wesch, Paul	Approved	7/21/2020 - 11:34 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Small and Mayor Stimpson

Purpose and Scope of Project:

Interior renovation to Parkway S.A.I.L. Center

Amount of Contract:

$166,000.00

Funding Source

Project # Parkway S.A.I.L. Center - Interior Renovation, PR-028-20 — **Discretionary Funds**

Project String 20002000-48010 — **Contract Number:**2847

Budget Amendment **REDUCE** **INCREASE**

Grant Funds — **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	7/21/2020 - 6:09 PM
Capital	Hollins, Tiffany	Approved	7/22/2020 - 9:32 AM
Legal	Kern, Chris	Approved	7/22/2020 - 1:37 PM
Mayors Office	Wesch, Paul	Approved	7/22/2020 - 2:56 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

Contract with Green Magic Landscape LLC for Right of Way Mowing on Dauphin Street from Mobile St. to McGregor Ave.

General Fund

Amount of Contract:

$1,015.00 per mowing

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
2020 Mowing Dauphin St.	Cover Memo	7/22/2020

REVIEWERS:

Department	Reviewer	Action	Date
Budget	Sapp, Celia	Approved	7/22/2020 - 3:16 PM
Legal	Kern, Chris	Approved	7/22/2020 - 4:26 PM
Legal	Kern, Chris	Approved	7/22/2020 - 4:26 PM
Mayors			7/22/2020 - 5:11

Office	Wesch, Paul	Approved	PM

AGENDA ITEM SUMMARY SHEET

Agenda of: _____ (Date) Item No. _____

Submitted by: PROCUMENT (Department) JOHN PAINE (Department Head)

Sponsored by: WILLIAM S. STIMPSON (Name) MAYOR (Title)

Reviewed by: _____ (Executive Director)

Routing Authorized: _____ (Mayor's Office) _____ (Date)

A brief synopsis and explanation of the following:

PROJECT NAME: RIGHT OF WAY MOWING OF DAUPHIN STREET

PURPOSE & SCOPE OF PROJECT:
RIGHT OF WAY MOWING OF DAUPHIN STREET FROM MOBILE STREET TO MCGREGOR AVENUE AT $1015.00 PER MOWING

RESOLUTION ☒ ORDINANCE ☐ OTHER ☐

AMOUNT OF CONTRACT: $11,165.00

FUNDING SOURCE:

Budget Item: 1004.2070.42070 Discretionary Funds: N/A

Budget amendment: REDUCE ☐ INCREASED ☐

Grant funds: N/A Matching funds: N/A

Associated Costs:

Current year (itemize)
Type: N/A Amount: N/A

Future years
Year: N/A Amount: N/A

**If Cost will continue, write "indefinite" and list project annual cost.*

Effective date of contract: UPON APPROVAL BY COUNCIL

Renewal date of contract (if applicable): JANUARY 2021

If not bid, state reason: _____

How many bidders received bid packages (if applicable): 20

How many bidders submitted bids (if applicable): 4

If this is not the lowest bid, explain why not:

RESOLUTION

Sponsored by: Mayor Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Mayor and City Clerk be, and they hereby are, authorized to execute and attest, respectively, for and on behalf of the City of Mobile, a contract, by and between the City of Mobile and Green Magic Landscape LLC, for mowing of Dauphin Street from Mobile Street to McGregor Avenue for the current mowing season and extendable for two (2) additional mowing seasons with the mutual approval of the City of Mobile and the provider as outlined in the contract attached hereto and made a part hereof as though set forth in full. A copy of said contract is on file in the Office of the City Clerk.

BE IT FURTHER RESOLVED that the City Council of the City of Mobile, Alabama, finds that this resolution is either necessary to respond to COVID-19 or necessary to perform essential minimum functions of the Council.

Adopted:

_____

City Clerk

Service Contracts over $15,000, subject to Ala. §41-16-50 *et seq*. (1975)

City of Mobile

Project:

AGREEMENT

THIS AGREEMENT made and entered into this ____day of _____, 20__, by and between THE CITY OF MOBILE, by its Mayor, (hereinafter "City") and Green Magic Landscape, LLC, (hereinafter "Provider"), a for profit company organized under the laws of the State of Alabama and qualified to do business in Alabama.

WITNESSETH, that this Provider and the City, for the considerations stated herein, agree as follows:

ARTICLE 1. Scope of the Work. The mowing of the streets below, term, location, frequency and lump sum cost or unit price of the work are as set out in Exhibit A, the bid proposal, which is attached to this Agreement and incorporated by reference herein.. Term of this agreement shall be from the date of Council approval to October 31, 2020, extendable for two (2) additional mowing seasons with the mutual approval of the City of Mobile and the provider.

Dauphin Street from Mobile Street to McGregor Avenue

ARTICLE 2. Insurance: For the term of this Agreement, Provider shall acquire and maintain, in full force and effect, the following liability and comprehensive insurance issued by a company licensed and qualified to do business in the State of Alabama, ***which such insurance shall name the City of Mobile as an additional insured,*** and shall attach to this Agreement, as proof thereof and as Exhibit B, a certificate of insurance(s) issued by an agent licensed and qualified to do business in the State of Alabama:

a. General Liability insurance – public liability including premises, products and complete operations.

(1) Bodily injury liability:
$250,000 each person
$500,000 each occurrence
(2) Property damage liability - $100,000 each occurrence.
Or, (in lieu of (1) and (2) above
(3) Bodily injury and property damage combined – $500,000 per occurrence

b. Comprehensive – Automobile Liability Insurance including owned, non-owned, and hired vehicles.

(1) Bodily injury liability:
$250,000 each person
$500,000 each occurrence
(2) Property damage liability - $100,000 each occurrence.
(3) Or, (in lieu of (1) and (2) above)
Bodily injury and property damage combined – $500,000 per occurrence

If the certificate of insurance referenced in this Agreement does not evidence insurance of owned vehicles, said certificate and this sentence shall evidence the Provider's covenant that it does not own any vehicles and that it will not purchase or obtain any vehicles during the term of this Agreement. Said certificate shall require that said insurance coverage will not be altered or terminated unless the City shall have been given written notice of such alteration or termination delivered to the City not less than thirty (30) days before the effective date of such alteration or termination.

c. Professional liability insurance

Provider shall provide a certificate of professional liability insurance coverage naming the City of Mobile as an additional insured. Coverage shall be, at a minimum, $1,000,000.00 per event.

ARTICLE 3. Breach of Contract: In the event of any breach or apparent breach by Provider of any of its obligations under the terms of this Agreement, the City has the right to terminate the Agreement and pay ionly for work successfully performed. In the further event that City shall engage

the services of any attorney to protect or to enforce its rights with respect to said breach or apparent breach, then and in those events, Provider agrees to pay and to reimburse any and all reasonable attorneys' fees and expenses which City may incur with respect to City's enforcement of this Agreement; regardless of whether said attorneys' fees and costs shall be incurred in connection with any litigation or in connection merely with advice and representation provided without litigation.

ARTICLE 4. Indemnification: Provider agrees to indemnify and hold the City, its elected officials, officers, agents, and employees, whole and harmless from all costs, liabilities and claims for damages of any kind (including interest and attorneys' fees) arising in any way out of the performance of this Agreement and/or the activities of Provider, its principals, directors, agents, servants and employees in the performance of this Agreement, for which the City is alleged to be liable. In the event that the City, through no fault of its own, is made a party to any lawsuit or legal proceeding arising in any way from this Agreement or any activities conducted pursuant thereto, Provider hereby agrees to pay all of City's costs of defense, including but not limited to all attorneys' fees, court costs, expert witness fees and other expenses, through trial and, if necessary, appeal. This section is not, as to third parties or to anyone, a waiver of any defense or immunity or statutory damages cap otherwise available to Provider or City, and these defenses and matters may be raised in the City's behalf in any action or proceeding arising under this Agreement.

ARTICLE 5. Entire Agreement: This Agreement is the final expression of the agreement between the parties, and the complete and exclusive statement of the terms agreed upon, and shall supersede all prior negotiations, understandings or agreements. There are no representations, warranties, or stipulations, either oral or written, not contained herein.

ARTICLE 6. Governing Law and Venue: This Agreement shall be governed by the laws of the State of Alabama, and the venue for any actions arising out of this Agreement shall be a court of proper jurisdiction in Mobile, Alabama.

ARTICLE 7. Licenses, permits, etc.: Provider shall obtain, at its own expense, all necessary professional licenses, permits, insurance, authorization and assurances necessary in order to abide by the terms of this Agreement. See Exhibit C which is attached hereto and incorporated by reference herein.

ARTICLE 8. **No Agency Relationship Created**: Provider, in the performance of its operations and obligations hereunder, shall not be deemed to be an agent of the City but shall be deemed to be an independent contractor in every respect and shall take all steps at its own expense, as City may from time to time request, to indicate that it is an independent contractor. City does not and will not assume any responsibility for the means by which or the manner in which the services by Provider provided for herein are performed, but on the contrary, Provider shall be wholly responsible therefore.

ARTICLE 9. **Nondiscrimination**: Provider shall comply with all Federal, State and local laws concerning nondiscrimination, including but not limited to City of Mobile Ordinance No. 14-034 which requires, *inter alia*, that all providers performing work for the City of Mobile not discriminate on the basis of race, creed, color, national origin or disability, require that all subcontractors they engage do the same, and make every reasonable effort to assure that fifteen percent of the work performed under contract be awarded to socially and economically disadvantaged individuals and business entities.

ARTICLE 10. **Method of Payment**: Provider shall provide two copies of any invoice, upon satisfactory completion of service, as verified by written statement of the department(s) to which service was provided, to the Accounting Department, City of Mobile, 205 Government Plaza, Mobile, AL 36602, or P. O. Box 389, Mobile, AL. 36601

ARTICLE 11. **Termination of Contract**: The City or Provider may terminate the Agreement upon thirty (30) days' written notice. Notice from the City shall be mailed to the address provided by the Provider on this form. Notice to the City shall be addressed to ATTN: Purchasing Agent, City of Mobile Purchasing Department, South Tower – Room 408S, 205 Government Street, Mobile, AL 36602, or P. O. Box 1948, Mobile, AL 36633. The City shall not be liable for payment to the Provider for lost profit or damages, as the result of its termination of the Agreement.

ARTICLE 12. **Assertion of Rights**: Failure by the City to assert a right or remedy shall not be construed as a waiver of that right or remedy.

ARTICLE 13. **Notices:** Notice for the City shall be mailed to:

Purchasing Agent
City of Mobile
4th Floor, South Tower
205 Government Street
Mobile, AL 36602
OR
P. O. Box 1948
Mobile, AL 36633

Notices to Provider shall be mailed to:

3223 Springhill Ave
Mobile, AL 36607

ARTICLE 14. Compliance with Alabama Immigration Law

By signing this contract, the contracting parties affirm, for the duration of the 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, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Verification of Provider's enrollment in the E-Verify program is attached to this Agreement as Exhibit D and incorporated by reference herein.

ARTICLE 15. Boycott

By signing this contract, Provider represents and agrees that it is not currently engaged in, nor will it engage in, any boycott of a person or entity based in or doing business with a jurisdiction with which the State of Alabama can enjoy open trade.

ARTICLE 16. Signatures:

IN WITNESS WHEREOF, the parties to this Agreement have hereunto set their hand and seal; the Mayor of the City of Mobile, acting under and by

virtue of such office and with full authority, and the Provider by such duly authorized officers or individuals as may be required by law.

PROVIDER,

Larry Koen Jr., Its CEO (title)
On behalf of Provider GREEN MAGIC LANDSCAPE LLC
7/2/20 Date

State of Alabama

Mobile County

I, Karen Love Hansberry, a Notary public in and for said County and State, hereby certify that Harry Koen Jr., whose name is known to me, acknowledged before me on this the ~~July~~ day of ~~the~~ July 2, 20~~20~~, that, being informed of the contents of the foregoing, executed the same voluntarily on the day the same bears date.

Karen Love Hansberry
Notary Public
My Commission expires on: 02-24-21

KAREN LOVE HANSBERRY
MY COMMISSION EXPIRES
FEBRUARY 24, 2021
NOTARY PUBLIC
STATE OF ALABAMA

CITY,

_____
Its Mayor

_____ Date

ATTEST:

_____
City Clerk

_____ Date

EXHIBIT A

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

/ped by: tajb Buyer: 002

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
05/22/2020	5426	PARKS	As Directed

This bid must be received and stamped by the Purchasing office not later than: 12:01 PM, Friday, June 05, 2020

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	RIGHT-OF-WAY AND DITCH MOWING SERVICES The City of Mobile is seeking bids on mowing of City of Mobile Right-of- Ways and Ditch Mowing Services as per the following and attached specifications. Dauphin Street Right of Way between Mobile Street and McGregor Avenue. Trinity Garden Area will be for Ditch mowing as per maps. Vendors shall provide the full cost of the complete cycle of a single mowing to include trimming, edging, removal of trash/litter, and blowing of specific streets as specified. The City defines a mowing cycle (cycle) as having a street mowed, trimmed, edged, trash/litter removed, and blown once as a complete cycle, unless the City notifies the contractor otherwise. The City has the right to tell Vendors when to change the mowing cycles based upon weather conditions. The City's desire is to have all Right of Way mowed approximately 18 times between Award of Bid, and October 31, 2020 at the direction of the City of Mobile. If the City and the Contractor (s) extend the award for two (2) full mowing seasons. The mowing cycles will have all areas mowed on a 14-day cycle between award of bid and during the month of October, changing to a 7-day cycle at the instruction of the City until the end of the mowing season.					
			TOTAL			

ETURN ONE SIGNED COPY OF THIS BID
ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name Greeny Magic Landscape LLC

Typed Signature Larry E. Koen Jr.

By Larry E. Koen Jr.

e will allow a discount _____ % 20 days from date of receipt of goods
d correct invoice of completed order.

BID CONTINUATION SHEET

JANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

City desires the Ditches in Trinity Gardens area on an 8 week cycles until the end of the mowing season, or as directed by the City of Mobile.

If the award of the Trinity Gardens area is made for two (2) additional mowing seasons, there will be approximately four (4) mowings.

There is no guarantee on the number of cycles to be completed.

Because our rights-of-way are predominantly Bahia grass, 7-day cycles are the proper intervals for most of the contract period. Only at the beginning and end of the contract period will a 14-day cycle be used.

Since weather has a significant impact on grass growth, optimum cycle times will be determined by the City of Mobile.

The City's desire is to have all areas mowed (1 mowing cycle) once every seven (7) days unless the City notifies the contractor otherwise. Cycle times may be adjusted if weather results in slower growth of the grass.

In the event that weather, rain, etc., disrupts the schedule, weather records should be noted on the contractor's submitted schedule of completed mowing cycles to explain any variances in mowing cycle times; payment shall not be made for a missed operation.

Unless explained by the aforementioned weather records, if the cycle time exceeds the specified number of days, the contractor may be penalized 2% of the total cost of that cycle per day that the cycle time is exceeded.

If a contractor is unable to fulfill obligations of the contract on any of their awarded streets, all of the streets awarded to them will be terminated, unless a mutually agreed upon reduction in the number of streets awarded to them is negotiated. The City is the sole determiner of whether the vendor is operating at the capacity required.

Pricing is non-negotiable.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Green Magic Landscape LLC

By Jay C. Lucas Jr.

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

BID CONTINUATION SHEET

JANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

This bid will be awarded on a street by street basis or group basis as defined on sheet called, "Main Thoroughfare Mowing Contract Streets".

At the option of the City of Mobile and the successful Vendor(s), the award of this bid may be extended for two (2) additional mowing seasons. If extended, the terms, conditions and pricing shall not change. The City reserves the right to extend some, all, or none of the mowing awards for a second or third year.

The City is interested in starting the mowing as soon as possible, therefore Vendors must be properly qualified to do business with the City of Mobile. Vendors shall provide with this bid the following:

-Their registration number with the Alabama Secretary of State's Office or evidence from the Secretary of State that they do not need to register.

-Their City of Mobile Business License Number.

-Their registration with the E-Verify Program, Federal and State.

-Documentation from their insurance carrier that a Certificate of Insurance can be provided within 2 days of notification.

The following is required and must be filled in:

Registration Number with Secretary of State Office_____

City of Mobile Business License Number _____

E-Verify Enrollment Number _____

Insurance Carrier can provide Certificate of Insurance for City Requirements within two(2) days of notification: YES_____ NO_____

Contractors who bid on more than three streets must show in writing how they will accomplish their proposed bid. This will include a description of equipment and personnel on hand as well as what resources will be added prior to the work beginning.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Green Magic Landscape LLC

By Larry L. Kaen Jr.

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

BID CONTINUATION SHEET

JANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

City of Mobile reserves the right to inspect a Vendor's equipment prior to award for compliance with equipment specifications and conformance to safety equipment.

Vendors will be required to sign a service contract once a Vendor has been determined to be low and meet specifications provided they have the above required items. A blank copy of a typical City of Mobile sample Service Contract is included in this bid package.

Vendors will be required to perform as per the attached specifications for cutting, edging, trash/litter removal, and blowing on each cycle.

If a contractor fails to meet performance requirements after award of bid, the City could/may have the vendor's entire award and contract cancelled.

The City has the right to tell the contractor when to begin a mowing cycle. The City has the right to tell a Vendor when not to execute a mowing mowing cycle due to dry weather/drought, slowing of the growing season or funding.

City of Mobile provides with this bid maps and photos of the mowing areas of each of the streets involved.

City will make payment after a cycle has been completed and job location inspected. City will not begin payment process until complete mowing cycle is completed and inspected.

When a Vendor submits their bill for a completed mowing cycle(s), Vendor shall also include the following:

The Daily Pesticide/Herbicide Application sheet for each of the streets in the bill being submitted. (see attached)

The Vendor shall provide documentation of the Litter and Trash/ Litter Removed from the mowing areas. Vendor shall state the size of the bags and number of bags of Trash/Litter Removed from the street mowed.

At the end of the contract, the Vendor shall provide a recap of all Trash/Litter Removed from their contracted streets.

A bid bond is not required.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Green Magic Landscape LLC

By Larry S. Nash Jr.

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

BID CONTINUATION SHEET

JANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

All bids must be submitted in a sealed envelope to the Purchasing Department, Room 408, South Tower, 205 Government Street. All bids must be received and date stamped prior to **12:01 P.M., Friday, June 5, 2020.**

Any bids delivered after **12:01 P.M., Friday, June 5, 2020** will be returned unopened.

It is the responsibility of the Vendor to have their bid package delivered to the Purchasing Department office and date stamped prior to the **12:01 P.M., Friday, June 5, 2020** date for the bid.

Be aware that there is limited parking around 205 Government Street and that you may have to park some distance away.

Pricing for this bid to be good for the current mowing season to **October 31, 2020.**

For questions about this bid submit your questions by E-mail to purchasing@cityofmobile.org.

Under Alabama law current City of Mobile employees and former employees having left the City of Mobile service for less than two (2) years, can not bid, hold City contract, or provide goods and services to the City of Mobile.

Bidders should pay attention and look for Addendum(s) or updates at the City of Mobile bid site: cityofmobile.org/bid. Look under **Bid #5426**.

It is the bidder's responsibility to check for updates and addendums to this bid. The City of Mobile is not responsible if a bidder does not look for or include an Addendum or changes in the bid specifications

This is a sealed bid; your response must be in a sealed envelope that has the **Bid #5426** on the outside and/or with the date and time of the bid opening **12:01 P.M., Friday, June 05, 2020.**

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Green Magic Landscape LLC

By Lacy C. Green Jr.

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

Bids delivered in unmarked or mismarked envelopes or packages and are opened in error prior to the bid date will be unacceptable and void to the City of Mobile.

The City reserves the right to award some, all, or none of the bids received on this bid.

This bid is being awarded for the remaining of the current mowing season to October 2020. At the option of the City of Mobile and the successful Vendor(s), the City may extend the award of this bid for two (2) additional mowing seasons. If extended, the terms, conditions, streets and pricing shall not change, and shall be as the Contract ended the previous season. The City reserves the right to extend some, all, or none of the mowing awards for a second or third mowing season.

TO BE AWARDED ON A STREET BY STREET BASIS.

			TOTAL		

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Greeny Magic Landscape LLC

By Larry E. Green Jr.

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

MAIN THOROUGHFARE MOWING CONTRACT STREETS:

STREET	FROM	TO
Dauphin Street	Mobile Street	McGregor Avenue

Price for one (1) mowing, trimming and edging $ 1015

Trinity Gardens Ditches	See Maps for Ditch Locations

Price for one (1) mowing, trimming and edging $_____

Online Link to Maps of the Above Areas

https://maps.cityofmobile.org/bids/May2020/index.html

EXHIBIT B

GREEN-6 OP ID: DW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/21/2020

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

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

PRODUCER The Paul Carter Agency, Inc. 5809 Grelot Road Mobile, AL 36609 The Paul Carter Agency, Inc. 251-461-0777	CONTACT NAME: The Paul Carter Agency, Inc. PHONE (A/C, No, Ext): 251-461-0777 FAX (A/C, No): 251-461-0796 E-MAIL ADDRESS:
INSURED Green Magic Landscape LLC 5319 Hwy 90 W S#102 PMB244 Mobile, AL 36619	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Scottsdale Insurance Company — 41297 INSURER B : RLI SURETY — 13056 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE [X] OCCUR	X		CPS3949631	07/20/2020	07/20/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	City of Mobile Bon			LSM1220713	12/06/2019	12/06/2020	Limit	10,000

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

City of Mobile is additional insured.

CERTIFICATE HOLDER

City of Mobile
205 Government St, Rm 408S
Mobile, AL 36644

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jiffany McDonald

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/8/2020

PRODUCER

Acceptance Insurance
3990 F Government Blvd
Mobile, AL 36609

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Larry Koen dba
Green Magic Landscape LLC
2419 Oakleigh Dr
Mobile, AL 36617

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National General	29742
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY ☐ COMMERICAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURENCE	$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
						MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
						PRODUCTS - COMP/OP AGG	$
							$
X	☒	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐	2009839774	07/08/20	07/08/21	COMBINED SINGLE LIMIT (Each Occurrence)	$1,000,000
						BODILY INJURY (Per person)	$250,000
						BODILY INJURY (Per accident)	$500,000
						PROPERTY DAMAGE (Per accident)	$100,000
	☐	GARAGE LIABILITY ☐ ANY AUTO ☐				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
	☐	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				☐ WC STATUTORY LIMITS ☐ OTHER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	
	☐	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Mobile
PO Box 389
Mobile, AL 36601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/16/2020

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

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

PRODUCER

Infinite Insurance Solutions, LLC
6389 Three Notch Road #D
Mobile AL 36619

CONTACT NAME: Y. Mechelle Davis
PHONE (A/C, No, Ext): 251-662-9812
FAX (A/C, No): 251-662-9832
E-MAIL ADDRESS: insurance@mechelledavisagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Wellfleet New York Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Green Magic Landscapes LLC
2419 Oakleigh Drive
Mobile AL 36617

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N	N / A	☐	ARX10274100			E.L. EACH ACCIDENT	$ 500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 100,000
		☐	☐					

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

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

EXHIBIT C

CITY OF MOBILE
BUSINESS LICENSE
Mobile, Alabama

POST IN A CONSPICUOUS PLACE - LICENSE IS NOT TRANSFERABLE

Issued to:

GREEN MAGIC LANDSCAPE LLC T1
2419 OAKLEIGH DR
MOBILE, AL 36617

YEAR	LICENSE NO
2020	111116

ISSUED	EXPIRES
02/07/2020	12/31/2020

561730 **LAWN AND GARDEN SERVICE(S)**

Gwendolyn P. Hall

Gwendolyn P. Hall, Revenue Director
City of Mobile Revenue Department

www.cityofmobile.org/revenue

GREEN MAGIC LANDSCAPE LLC T1
5319 HIGHWAY 90 W PMB #244 STE 102
MOBILE AL 36619

Alabama Secretary of State

Green Magic Landscape LLC	
Entity ID Number	362 - 817
Entity Type	Domestic Limited Liability Company
Principal Address	Not Provided
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Mobile County
Formation Date	4-22-2016
Registered Agent Name	KOEN, LARRY
Registered Office Street Address	5121 SAVAGE LOOP EAST THEODORE, AL 36582
Registered Office Mailing Address	5121 SAVAGE LOOP EAST THEODORE, AL 36582
Nature of Business	
Organizers	
Organizer Name	KOEN, LARRY E.
Organizer Street Address	5121 SAVAGE LOOP EAST THEODORE, AL 36582
Organizer Mailing Address	5121 SAVAGE LOOP EAST THEODORE, AL 36582
Transactions	
Transaction Date	5-20-2016
Miscellaneous Filing Entry	New Entity Effective 04-22-2016 16:15
Scanned Documents	
Purchase Document Copies	
Document Date / Type / Pages	5-20-2016 Certificate of Formation 3 pgs.

Browse Results New Search

EXHIBIT D

E-Verify

Company ID Number: 1391056

Approved by: 1391056

Employer	
Green Magic Landscape LLC	
Name (Please Type or Print) Larry E. Koen Jr.	Title Owner
Signature Larry E Koen Jr	Date 3/22/19
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Signature	Date

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
John Paine, Purchasing Agent

Sponsored by:
Mayor William S. Stimpson

Purpose and Scope of Project:
To approve contract award to Complete Management Group LLC for right of way mowing services in the downtown Loop.

General Fund.

Amount of Contract:
$34,000 first year, $91,000 years 2 & 3

Funding Source
Project # **Discretionary Funds**
Project String 1004-2070-42070 **Contract Number:**
Budget Amendment **REDUCE** **INCREASE**
Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date
2020 Mowing Downtown	Cover Memo	7/23/2020

REVIEWERS:

Department	Reviewer	Action	Date
Budget	Wesch, Paul	Approved	7/23/2020 - 2:36 PM
Legal	Kern, Chris	Approved	7/23/2020 - 2:45 PM
Legal	Kern, Chris	Approved	7/23/2020 - 2:45 PM
Mayors			7/23/2020 - 2:55

Office	Wesch, Paul	Approved	PM

AGENDA ITEM SUMMARY SHEET

Agenda of: _____ (Date) Item No. _____

Submitted by: PROCUREMENT (Department) JOHN PAINE (Department Head)

Sponsored by: WILLIAM S. STIMPSON (Name) MAYOR (Title)

Reviewed by: _____ (Executive Director)

Routing Authorized: _____ (Mayor's Office) _____ (Date)

A brief synopsis and explanation of the following:

PROJECT NAME: MOWING OF DOWNTOWN STREETS

PURPOSE & SCOPE OF PROJECT:
TO MOW THE DOWNTOWN LOOP TO INCLUDE PARTS OF NORTH LAWRENCE, SOUTH CLAIBORNE, SOUTH CONCEPTION, SOUTH JOACHIM, SOUTH JACKSON AND ADDITIONAL AREAS AS PER MAPS.

RESOLUTION ☒ ORDINANCE ☐ OTHER ☐

AMOUNT OF CONTRACT: $34,000.00 FY 2020, $91,000 FY2021 &2

FUNDING SOURCE:

Budget Item: 1004-2070-42070 Discretionary Funds: N/A

Budget amendment: REDUCE ☐ INCREASED ☐

Grant funds: N/A Matching funds: N/A

Associated Costs:

Current year (itemize)
Type: N/A Amount: N/A

Future years
Year: N/A Amount: N/A

**If Cost will continue, write "indefinite" and list project annual cost.*

Effective date of contract: UPON COUNCIL APPROVAL

Renewal date of contract (if applicable): JANUARY 2021

If not bid, state reason: N/A

How many bidders received bid packages (if applicable): 15

How many bidders submitted bids (if applicable): 4

If this is not the lowest bid, explain why not:

_____

_____

RESOLUTION

Sponsored by: Mayor Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Mayor and City Clerk be, and they hereby are, authorized to execute and attest, respectively, for and on behalf of the City of Mobile, a contract, by and between the City of Mobile and Complete Management Group, LLC, for Right of Way mowing and edging of Downtown streets for the current mowing season and extendable for two (2) additional mowing seasons with the mutual approval of the City of Mobile and the provider as outlined in the contract attached hereto and made a part hereof as though set forth in full. A copy of said contract is on file in the Office of the City Clerk.

Adopted:

_____

City Clerk

Service Contracts over $15,000, subject to Ala. §41-16-50 *et seq.* (1975)

City of Mobile

Project:

AGREEMENT

THIS AGREEMENT made and entered into this ____ day of _____, 20__, by and between THE CITY OF MOBILE, by its Mayor, (hereinafter "City") and Complete Management Group, LLC, (hereinafter "Provider"), a for profit company organized under the laws of the State of Alabama and qualified to do business in Alabama.

WITNESSETH, that this Provider and the City, for the considerations stated herein, agree as follows:

ARTICLE 1. **Scope of the Work.** To provide right of way mowing and edging of Downtown streets, frequency and lump sum cost or unit price of the work are as set out in Exhibit A, the bid proposal, which is attached to this Agreement and incorporated by reference herein.

ARTICLE 2. **Insurance**: For the term of this Agreement, Provider shall acquire and maintain, in full force and effect, the following liability and comprehensive insurance issued by a company licensed and qualified to do business in the State of Alabama, ***which such insurance shall name the City of Mobile as an additional insured,*** and shall attach to this Agreement, as proof thereof and as Exhibit B, a certificate of insurance(s) issued by an agent licensed and qualified to do business in the State of Alabama:

a. General Liability insurance – public liability including premises, products and complete operations.

(1) Bodily injury liability:
$250,000 each person
$500,000 each occurrence
(2) Property damage liability - $100,000 each occurrence.
Or, (in lieu of (1) and (2) above
(3) Bodily injury and property damage combined – $500,000 per occurrence

b. Comprehensive – Automobile Liability Insurance including owned, non-owned, and hired vehicles.

(1) Bodily injury liability:
$250,000 each person
$500,000 each occurrence
(2) Property damage liability - $100,000 each occurrence.
(3) Or, (in lieu of (1) and (2) above)
Bodily injury and property damage combined – $500,000 per occurrence

If the certificate of insurance referenced in this Agreement does not evidence insurance of owned vehicles, said certificate and this sentence shall evidence the Provider's covenant that it does not own any vehicles and that it will not purchase or obtain any vehicles during the term of this Agreement. Said certificate shall require that said insurance coverage will not be altered or terminated unless the City shall have been given written notice of such alteration or termination delivered to the City not less than thirty (30) days before the effective date of such alteration or termination.

c. Professional liability insurance

Provider shall provide a certificate of professional liability insurance coverage naming the City of Mobile as an additional insured. Coverage shall be, at a minimum, $1,000,000.00 per event.

ARTICLE 3. Breach of Contract: In the event of any breach or apparent breach by Provider of any of its obligations under the terms of this Agreement, the City has the right to terminate the Agreement and pay ionly for work successfully performed. In the further event that City shall engage

the services of any attorney to protect or to enforce its rights with respect to said breach or apparent breach, then and in those events, Provider agrees to pay and to reimburse any and all reasonable attorneys' fees and expenses which City may incur with respect to City's enforcement of this Agreement; regardless of whether said attorneys' fees and costs shall be incurred in connection with any litigation or in connection merely with advice and representation provided without litigation.

ARTICLE 4. Indemnification: Provider agrees to indemnify and hold the City, its elected officials, officers, agents, and employees, whole and harmless from all costs, liabilities and claims for damages of any kind (including interest and attorneys' fees) arising in any way out of the performance of this Agreement and/or the activities of Provider, its principals, directors, agents, servants and employees in the performance of this Agreement, for which the City is alleged to be liable. In the event that the City, through no fault of its own, is made a party to any lawsuit or legal proceeding arising in any way from this Agreement or any activities conducted pursuant thereto, Provider hereby agrees to pay all of City's costs of defense, including but not limited to all attorneys' fees, court costs, expert witness fees and other expenses, through trial and, if necessary, appeal. This section is not, as to third parties or to anyone, a waiver of any defense or immunity or statutory damages cap otherwise available to Provider or City, and these defenses and matters may be raised in the City's behalf in any action or proceeding arising under this Agreement.

ARTICLE 5. Entire Agreement: This Agreement is the final expression of the agreement between the parties, and the complete and exclusive statement of the terms agreed upon, and shall supersede all prior negotiations, understandings or agreements. There are no representations, warranties, or stipulations, either oral or written, not contained herein.

ARTICLE 6. Governing Law and Venue: This Agreement shall be governed by the laws of the State of Alabama, and the venue for any actions arising out of this Agreement shall be a court of proper jurisdiction in Mobile, Alabama.

ARTICLE 7. Licenses, permits, etc.: Provider shall obtain, at its own expense, all necessary professional licenses, permits, insurance, authorization and assurances necessary in order to abide by the terms of this Agreement. See Exhibit C which is attached hereto and incorporated by reference herein.

ARTICLE 8. No Agency Relationship Created: Provider, in the performance of its operations and obligations hereunder, shall not be deemed to be an agent of the City but shall be deemed to be an independent contractor in every respect and shall take all steps at its own expense, as City may from time to time request, to indicate that it is an independent contractor. City does not and will not assume any responsibility for the means by which or the manner in which the services by Provider provided for herein are performed, but on the contrary, Provider shall be wholly responsible therefore.

ARTICLE 9. Nondiscrimination: Providers shall abide by provisions of the Mobile City Code which prohibits discrimination in employment by Providers and subcontractors performing work for the City.

ARTICLE 10. Method of Payment: Provider shall provide two copies of any invoice, upon satisfactory completion of service, as verified by written statement of the department(s) to which service was provided, to the Accounting Department, City of Mobile, 205 Government Plaza, Mobile, AL 36602, or P. O. Box 389, Mobile, AL. 36601

ARTICLE 11. Termination of Contract: The City or Provider may terminate the Agreement upon thirty (30) days' written notice. Notice from the City shall be mailed to the address provided by the Provider on this form. Notice to the City shall be addressed to ATTN: Purchasing Agent, City of Mobile Purchasing Department, South Tower – Room 408S, 205 Government Street, Mobile, AL 36602, or P. O. Box 1948, Mobile, AL 36633. The City shall not be liable for payment to the Provider for lost profit or damages, as the result of its termination of the Agreement.

ARTICLE 12. Assertion of Rights: Failure by the City to assert a right or remedy shall not be construed as a waiver of that right or remedy.

ARTICLE 13. Notices: Notice for the City shall be mailed to:

Purchasing Agent
City of Mobile
4th Floor, South Tower
205 Government Street
Mobile, AL 36602

OR
P. O. Box 1948
Mobile, AL 36633

Notices to Provider shall be mailed to:

Complete Management Group, LLC
2808 Gaslight Lane E
Mobile, AL 36695

ARTICLE 14. Compliance with Alabama Immigration Law

By signing this contract, the contracting parties affirm, for the duration of the 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, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Verification of Provider's enrollment in the E-Verify program is attached to this Agreement as Exhibit D and incorporated by reference herein.

ARTICLE 15. Boycott

By signing this contract, Provider represents and agrees that it is not currently engaged in, nor will it engage in, any boycott of a person or entity based in or doing business with a jurisdiction with which the State of Alabama can enjoy open trade.

ARTICLE 16. Signatures:

IN WITNESS WHEREOF, the parties to this Agreement have hereunto set their hand and seal; the Mayor of the City of Mobile, acting under and by virtue of such office and with full authority, and the Provider by such duly authorized officers or individuals as may be required by law.

PROVIDER,

Rebecca Rowell, Its Manager (title)
On behalf of Provider, Complete Management Group, LLC
7/23/2020 Date

State of Alabama

Mobile County

I, Maria Mason, a Notary public in and for said County and State, hereby certify that Rebecca Rowell, whose name is known to me, acknowledged before me on this the 23rd day of July, 2020, that, being informed of the contents of the foregoing, executed the same voluntarily on the day the same bears date.

Maria Theresa Mason
Notary Public
My Commission expires on: June 2, 2021

CITY,

_____
Its Mayor

_____ Date

ATTEST:

_____
City Clerk

_____ Date

EXHIBIT A

EXHIBIT A

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 002

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
07/13/2020	5449	PARKS	As Directed

This bid must be received and stamped by the Purchasing office not later than: 12:01 PM, Thursday, July 23, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.					

RIGHT-OF-WAY MOWING SERVICES

The City of Mobile is seeking bids on mowing of City of Mobile Right-of-Way Mowing Services as per the following and attached specifications.

Downtown streets as follows:

- Water Street
- Canal Street

Portions of:

- North Lawrence
- South Claiborne
- South Conception
- South Joachim
- South Jackson

and additional areas as per maps.

Vendors shall provide the full cost of the complete cycle of a single mowing to include trimming, edging, removal of trash/litter, and blowing of specific streets as specified.

The City defines a mowing cycle (cycle) as having a street mowed, trimmed, edged, trash/litter removed, and blown once as a complete cycle, unless the City notifies the contractor otherwise. The City has the right to tell Vendors when to change the mowing cycles based upon weather conditions.

The City's desire is to have all Right of Way mowed approximately 10 times between Award of Bid, and October 31, 2020 at the direction of the City of Mobile. If the City and the Contractor (s) extend the award for two

TOTAL

ETURN ONE SIGNED COPY OF THIS BID ENCLOSED ENVELOPE

State delivery time within 30 days of receipt of P.O.

Firm Name Complete Management Group

Typed Signature Rebecca Rowell

By Rebecca Rowell

will allow a discount _____ % 20 days from date of receipt of goods d correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
    Each Bid Shall be Accompanied By A Cashier's Check, Certified Check, Bank Draft Or Bid Bond For the Sum Of Five (5) Percent Of The Amount Bid. Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of $50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx . Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

UANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

(2) full mowing seasons. The mowing cycles will have all areas mowed on a 14-day cycle between award of bid and during the month of October, changing to a 7-day cycle at the instruction of the City until the end of the mowing season.

There is no guarantee on the number of cycles to be completed.

Because our rights-of-way are predominantly Bahia grass, 7-day cycles are the proper intervals for most of the contract period. Only at the beginning and end of the contract period will a 14-day cycle be used.

Since weather has a significant impact on grass growth, optimum cycle times will be determined by the City of Mobile.

The City's desire is to have all areas mowed (1 mowing cycle) once every seven (7) days unless the City notifies the contractor otherwise. Cycle times may be adjusted if weather results in slower growth of the grass.

In the event that weather, rain, etc., disrupts the schedule, weather records should be noted on the contractor's submitted schedule of completed mowing cycles to explain any variances in mowing cycle times; payment shall not be made for a missed operation.

Unless explained by the aforementioned weather records, if the cycle time exceeds the specified number of days, the contractor may be penalized 2% of the total cost of that cycle per day that the cycle time is exceeded.

If a contractor is unable to fulfill obligations of the contract on any of their awarded streets, all of the streets awarded to them will be terminated, unless a mutually agreed upon reduction in the number of streets awarded to them is negotiated. The City is the sole determiner of whether the vendor is operating at the capacity required.

Pricing is non-negotiable.

This bid will be awarded on a street by street basis or group basis as defined on sheet called, "Main Thoroughfare Mowing Contract Streets".

At the option of the City of Mobile and the successful Vendor(s), the award of this bid may be extended for two (2) additional mowing seasons. If extended, the terms, conditions and pricing shall not change. The City reserves the right to extend some, all, or none of the mowing awards for a second or third year.

TOTAL

ETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Complete Management Comp

By Kelly Rowell

Ve will allow a discount _____ % 20 days from date of receipt of goods
nd correct invoice of completed order.

BID CONTINUATION SHEET

JANTITY	ARTICLES	Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

The City is interested in starting the mowing as soon as possible, therefore Vendors must be properly qualified to do business with the City of Mobile. Vendors shall provide with this bid the following:

-Their registration number with the Alabama Secretary of State's Office or evidence from the Secretary of State that they do not need to register.

-Their City of Mobile Business License Number.

-Their registration with the E-Verify Program, Federal and State.

-Documentation from their insurance carrier that a Certificate of Insurance can be provided within 2 days of notification.

The following is required and must be filled in:

Registration Number with Secretary of State Office 484-299

City of Mobile Business License Number 88343

E-Verify Enrollment Number 2050837144

Insurance Carrier can provide Certificate of Insurance for City Requirements within two(2) days of notification: YES X NO____

Contractors who bid on more than three streets must show in writing how they will accomplish their proposed bid. This will include a description of equipment and personnel on hand as well as what resources will be added prior to the work beginning.

City of Mobile reserves the right to inspect a Vendor's equipment prior to award for compliance with equipment specifications and conformance to safety equipment.

Vendors will be required to sign a service contract once a Vendor has been determined to be low and meet specifications provided they have the above required items. A blank copy of a typical City of Mobile sample Service Contract is included in this bid package.

Vendors will be required to perform as per the attached specifications for cutting, edging, trash/litter removal, and blowing on each cycle.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Complete Management Corp

By Kelli Powell

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

BID CONTINUATION SHEET

JANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

If a contractor fails to meet performance requirements after award of bid, the City could/may have the vendor's entire award and contract cancelled.

The City has the right to tell the contractor when to begin a mowing cycle. The City has the right to tell a Vendor when not to execute a mowing mowing cycle due to dry weather/drought, slowing of the growing season or funding.

City of Mobile provides with this bid maps and photos of the mowing areas of each of the streets involved.

City will make payment after a cycle has been completed and job location inspected. City will not begin payment process until complete mowing cycle is completed and inspected.

When a Vendor submits their bill for a completed mowing cycle(s), Vendor shall also include the following:

The Daily Pesticide/Herbicide Application sheet for each of the streets in the bill being submitted. (see attached)

The Vendor shall provide documentation of the Litter and Trash/ Litter Removed from the mowing areas. Vendor shall state the size of the bags and number of bags of Trash/Litter Removed from the street mowed.

At the end of the contract, the Vendor shall provide a recap of all Trash/Litter Removed from their contracted streets.

A bid bond is not required.

All bids must be submitted in a sealed envelope to the Purchasing Department, Room 408, South Tower, 205 Government Street. All bids must be received and date stamped prior to **12:01 P.M., Thursday, July 23, 2020.**

Any bids delivered after **12:01 P.M., Thursday, July 23, 2020** will be returned unopened.

It is the responsibility of the Vendor to have their bid package delivered to the Purchasing Department office and date stamped prior to the **12:01 P.M., Thursday, July 23, 2020** date for the bid.

Be aware that there is limited parking around 205 Government Street and that you may have to park some distance away.

TOTAL

IETURN ONE SIGNED COPY OF THIS QUOTATION
N ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Complete Management Group

By Robert Robert

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

BID CONTINUATION SHEET

JANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

Pricing for this bid to be good for the current mowing season to **October 31, 2020.**

For questions about this bid submit your questions by E-mail to purchasing@cityofmobile.org.

Under Alabama law current City of Mobile employees and former employees having left the City of Mobile service for less than two (2) years, can not bid, hold City contract, or provide goods and services to the City of Mobile.

Bidders should pay attention and look for Addendum(s) or updates at the City of Mobile bid site: cityofmobile.org/bid. Look under **Bid #5449**.

It is the bidder's responsibility to check for updates and addendums to this bid. The City of Mobile is not responsible if a bidder does not look for or include an Addendum or changes in the bid specifications

This is a sealed bid; your response must be in a sealed envelope that has the **Bid #5449** on the outside and/or with the date and time of the bid opening **12:01 P.M., Thursday, July 23, 2020.**

Bids delivered in unmarked or mismarked envelopes or packages and are opened in error prior to the bid date will be unacceptable and void to the City of Mobile.

The City reserves the right to award some, all, or none of the bids received on this bid.

This bid is being awarded for the remaining of the current mowing season to October 2020. At the option of the City of Mobile and the successful Vendor(s), the City may extend the award of this bid for two (2) additional mowing seasons. If extended, the terms, conditions, streets and pricing shall not change, and shall be as the Contract ended the previous season. The City reserves the right to extend some, all, or none of the mowing awards for a second or third mowing season.

TO BE AWARDED ON A STREET BY STREET BASIS.

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION
ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name Complete Management Group

By Robert Robles

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

MAIN THOROUGHFARE MOWING CONTRACT STREETS:

Downtown streets as follows:

- Water Street
- Canal Street

Portions of:

- North Lawrence
- South Claiborne
- South Conception
- South Joachim
- South Jackson

and additional areas as per maps.

Price per package $ 3,400.00

Online Link to Maps of the Above Areas

https://maps.cityofmobile.org/bids/5449/HenryAaronLoop.pdf

EXHIBIT B

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2020

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

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

PRODUCER	CONTACT NAME: Garry Bulman	
Southern Shield Group, Inc. 21180 State Highway 181 Suite 2 Fairhope AL 36532	PHONE (A/C, No, Ext): (251) 725-9172	FAX (A/C, No): (251) 725-9173
	E-MAIL ADDRESS: garry@southernshieldinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
COMPLETE MANAGEMENT GROUP, LLC 2808 GASLIGHT LN E MOBILE AL 36695	INSURER A : NAUTILUS INS CO	17370
	INSURER B : INTEGON NATL INS CO	29742
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			NN1077750	01/10/2020	01/10/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ Included
								$
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [X] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			2007285786	01/08/2020	01/08/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

CITY OF MOBILE
P.O. BOX 1827
MOBILE AL 36633-1827

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2020

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

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

PRODUCER Rushing Insurance LLC dba Harper & Associates Insurance P.O. Box 161426 Mobile AL 36616	CONTACT NAME: Tonya Taylor PHONE (A/C, No, Ext): (251) 471-4100 FAX (A/C, No): (251) 471-5585 E-MAIL ADDRESS: ttaylor@teambeck.com
INSURED Complete Management Group LLC 937-B Buller Drive Mobile AL 36609	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: AlaCOMP — 22667 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL204105447 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC-100-15469211-2020A	01/01/2020	01/01/2021	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

City of Mobile
PO Box 1827
Mobile AL 36633-1827

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

EXHIBIT C

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Complete Management Group, LLC was formed in Mobile County, Alabama on September 20, 2006. The Alabama Entity Identification number for this entity is 484-299. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

2/27/2015

Date

J. H. Merrill

John H. Merrill **Secretary of State**

20150227000008686

CITY OF MOBILE
BUSINESS LICENSE
Mobile, Alabama

POST IN A CONSPICUOUS PLACE - LICENSE IS NOT TRANSFERABLE

Issued to:

COMPLETE MANAGEMENT GROUP LLC T6
937 BUTLER DR
MOBILE, AL 36693

YEAR	LICENSE NO
2020	88343

ISSUED	EXPIRES
04/24/2020	12/31/2020

561730 LAWN AND GARDEN SERVICE(S)

Gwendolyn P. Hall

Gwendolyn P. Hall, Revenue Director
City of Mobile Revenue Department

www.cityofmobile.org/revenue

COMPLETE MANAGEMENT GROUP LLC T6
2813 GASLIGHT LN W
MOBILE AL 36693

Business License & Taxes
Bill Detail

View Bill

Bill Year	2020
Bill Number	789010
Owner Name	COMPLETE MANAGEMENT GROUP LLC

View payments/adjustments

Charge Code	Description	Amount
BLP001	BUSINESS LICENSE PENALTY CITY	$89.02
BLF001	ISSUANCE FEE	$10.00
BL1270	561730 LAWN AND GARDEN SERVICE(S) CITY	$296.72
SUBTOTAL		$395.74
Previous Interest Charged		$5.93
Payments/Adjustments		$395.74
Total Unpaid Balance		$0.00
TOTAL DUE		$0.00

Vendor has paid for License but Revenue has not printed + sent to Vendor on this Date.
This is Receipt of Payment 4/1/2020 DO

Business License & Taxes
Payments/Adjustments

As of 4/1/2020 Return to View Bill

Bill Year 2020

Bill Number 789010

Activity	Posted	Entered	Reference #	Paid By/Reference	Amount
Billing Adjustment	3/26/2020	3/26/2020	529101		$89.02
Billing Adjustment	3/26/2020	3/26/2020	529100		$296.72
Payment	3/26/2020	3/27/2020	797777	James Butler	$401.67

CITY OF MOBILE

BUSINESS LICENSE

Mobile, Alabama

POST IN A CONSPICUOUS PLACE - LICENSE IS NOT TRANSFERABLE

Issued to:

COMPLETE MANAGEMENT GROUP LLC T6
937 BUTLER DRIVE
MOBILE AL 36693

YEAR	LICENSE NO.
2019	88343
ISSUED	EXPIRES
02/08/2019	12/31/2019

561730 LAWN AND GARDEN SERVICE(S)

Gwendolyn P Hall

Gwendolyn P. Hall, Revenue Director
City of Mobile Revenue Department

www.cityofmobile.org/revenue

007181

COMPLETE MANAGEMENT GROUP LLC T6 3821
2813 GASLIGHT LN W
MOBILE AL 36695-3130

EXHIBIT D

E-Verify
Employment Eligibility Verification

Welcome Jo Jones | User ID JJON1607 | Last Login 02:30 PM - 07/23/2014 | Log Out

Click any ? for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Clients
- Add New Client
- View Existing Clients
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

Company Information

Client Company Name: Complete Management — View / Edit

Client ID Number: 798914
Doing Business As (DBA) Name:
DUNS Number:

Physical Location:		Mailing Address:
Address 1:	937 B Butler Drive	Address 1:
Address 2:		Address 2:
City:	Mobile	City:
State:	AL	State:
Zip Code:	36609	Zip Code:
County:	MOBILE	

Additional Information:

Employer Identification Number: 205083744
Total Number of Employees: 5 to 9
Parent Organization:
Administrator:

Organization Designation:

Client Company Category: None of these categories apply

NAICS Code: 811 - REPAIR AND MAINTENANCE (811) — View / Edit

Total Hiring Sites: 1 — View / Edit

Total Points of Contact: 1 — View / Edit

View MOU Signature Page

Return to Company List | View MOU

U.S. Department of Homeland Security - www.dhs.gov U.S. Citizenship and Immigration Services - www.uscis.gov

Accessibility Download Viewers

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
Accounting Gauthier, Lana	Approved	7/29/2020 - 8:48 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 8:52 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Sponsored by:

Councilmembers Manzie and Gregory

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 2:08 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Sponsored by:

Councilmember Richardson

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/30/2020 - 9:04 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
Mayor Stimpson

Sponsored by:
Mayor Stimpson

Purpose and Scope of Project:
To reappointment Jamie Ison to the Mobile Airport Authority for an additional 6 year term.

Amount of Contract:
0

Funding Source

Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Legal	Kern, Chris	Approved	7/30/2020 - 1:38 PM
Mayors Office	Wesch, Paul	Approved	7/30/2020 - 2:20 PM
Legal	Kern, Chris	Approved	7/30/2020 - 1:39 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:
Mayor Stimpson

Sponsored by:
Mayor Stimpson

Purpose and Scope of Project:
To reappoint Walter Bell to an additional 6 year term on the Mobile Airport Authority

Amount of Contract:
0

Funding Source

Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Legal	Kern, Chris	Approved	7/30/2020 - 1:36 PM
Mayors Office	Wesch, Paul	Approved	7/30/2020 - 2:20 PM
Legal	Kern, Chris	Approved	7/30/2020 - 1:39 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Lisa C. Lambert, City Clerk

Sponsored by:

Councilmember Rich

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department Reviewer	Action	Date
City Clerk Gauthier, Lana	Approved	7/29/2020 - 9:05 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Funding Source

Project #	**Discretionary Funds**
Project String	**Contract Number:**
Budget Amendment	**REDUCE** **INCREASE**
Grant Funds	**Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
City Clerk	Merchant, Mary Ann	Approved	8/3/2020 - 1:28 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Ward International Trucks LLC for two International dump trucks.

General Fund.

Amount of Contract:

$251,834.00

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
20200729 Ward Agenda Package POs	Cover Memo	7/29/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/30/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
12315	2020	(F7000) MOTOR POOL	TWO INTERNATIONAL HV607 DUMP TRUCKS (SEALED BID 5441)	$251,834.00	(232872) WARD INTERNATIONAL TRUCKS LLC

Adopted:

_____
City Clerk

Bill To	Requisition 00012315-00 FY 2020
ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Acct No: 4050.70.00.0000.0000.0000.0000.0000.47120. Review: Buyer: Status: Released Page 1

Vendor	Ship To
WARD INTERNATIONAL TRUCKS LLC P O BOX 5375 MOBILE, AL 36605 Tel#251-433-5616 Fax 251-433-5617	MOTOR POOL 745 BROAD STREET MOBILE, AL 36604 CARTERD@CITYOFMOBILE.ORG Delivery Reference DIANE CARTER-MCCARTY Deliver To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/02/20	232872	06/03/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
001	TANDEM AXLE 16 CUBIC YARD DUMP TRUCK AS SPECIFIED: Additional Description Notes --- 2020 TANDEM AXLE 16 CUBIC YARD DUMP TRUCK. VENDOR TO PROVIDE 2020 OR NEWER INTERNATIONAL HV607 WITH WARREN F-16 DUMP BODY AS PER THE MINIMUM SPECIFICATION ON CITY OF MOBILE BID # 5441. AS PER MY BID # 5441 AND YOUR QUOTE	2.00 EACH	125917.00000	251834.00
1	4050.70.00.0000.0000.0000.0000.0000.47120. E C0446 .VEHICLEEXP. .			251834.00

Ship To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604
Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604

Requisition Link

Requisition Total 251834.00

***** Project Ledger Summary Section *****

Bill To	Requisition 00012315-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No:
	4050.70.00.0000.0000.0000.0000.0000.47120.
MOBILE, AL	Review:
36601	Buyer:
vendorinvoices@cityofmobile.org	Status: Released Page 2

Vendor	Ship To
WARD INTERNATIONAL TRUCKS LLC	MOTOR POOL
P O BOX 5375	745 BROAD STREET
	MOBILE, AL 36604
MOBILE, AL 36605	CARTERD@CITYOFMOBILE.ORG
Tel#251-433-5616	Delivery Reference
Fax 251-433-5617	DIANE CARTER-MCCARTY
	Deliver To
	MOTOR POOL
	745 BROAD STREET
	MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/02/20	232872	06/03/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price / Amount	Net Price / Remaining Budget
	Account			
	E C0446 .VEHICLEEXP. .		251834.00	653586.47

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
4050.70.00.0000.0000.0000.0000.0000.47120.	251834.00	

STORM WATER EXP VEHICLE ACQ (GREATER $5000)

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
CCancelled	07/29/20	JOHN PAINE	GL Allocation changed
Approved	06/03/20	NICHOLAS AMBERGER	
Approved	06/03/20	TIFFANY HOLLINS	
Approved	06/03/20	MARILYN MCMILLAN	Auto approved by: 910514227
Approved	06/03/20	RELYA MALLORY	Auto approved by: 910514227
Queued	07/29/20	NICHOLAS AMBERGER	Auto approved by: 910514227
Pending		TIFFANY HOLLINS	Auto approved by: 910514227
Pending		MARILYN MCMILLAN	Auto approved by: 910514227
Pending		RELYA MALLORY	Auto approved by: 910514227
Pending		DONNA MICHELE STANLEY	Auto approved by: 910514227
Pending		DONALD ROSE	Auto approved by: 910514227
Pending		JOHN PAINE	Auto approved by: 910514227

Authorized By: _____ Date: _____
Signature

BID TABULATION FOR BID #5441

	WARD INTERNATIONAL TRUCKS	**CAPITAL VOLVO TRUCK & TRAILER**	**RUSH TRUCK CENTER**	**RUSH TRUCK CENTER**	**TRUCKWORX KENWORTH**	**EMPIRE TRUCK SALES LLC**	**COWIN EQUIPMENT CO INC**	**SANSOM EQUIPMENT CO INC**
TANDEM AXLE 16 CUBIC YARD DUMP TRUCK	$125,917.00	$138,812.98	$141,283.50 – NO PINTLE HITCH	$141,683.50 – WITH PINTLE HITCH	$127,767.72	$141,959.00	NB	NB
MAKE/ MODEL	INTERNATIONAL HV607	VOLVO VHD64B300	PETERBILT 348	PETERBILT 348	KENWORTH T370	FREIGHTLINER M2		

ADDENDUM #4

July 8, 2020

RE: City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck

Please consider the following to be Addendum #4 to City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck.

DELETE:

WET LINE HYDRAULIC KIT

Thank you for your consideration in this matter.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

ADDENDUM #3

July 6, 2020

RE: City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck

Please consider the following to be Addendum #3 to City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck.

DELETE:

ADDENDUM #2

CHANGE BID OPENING:

FROM: 11:15 AM, Friday, July 10, 2020

TO: 11:15, Friday, July 17, 2020

Thank you for your consideration in this matter.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

ADDENDUM #2

July 2, 2020

RE: City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck

Please consider the following to be Addendum #2 to City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck.

ADD/INCLUDE THE FOLLOWING:

Tow package shall include hydraulic plumbing and connections for a wetline kit to allow the dumping of City of Mobile trash trailers.

Thank you for your consideration in this matter.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

TOW PACKAGE:	Pintle Plate: ¾"	YES or NO
	Pintle Hitch: 45 ton	YES or NO
	2 inch Receiver Hitch	YES or NO
	Air Brake Glad Hands	YES or NO
	Safety Chains D Rings	YES or NO
	Tow Hooks	YES or NO
	Electric plug: 7 way	YES or NO
	Electric plug: 6 way	YES or NO

ADDENDUM

July 1, 2020

RE: City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck

Please consider the following to be Addendum to City of Mobile Bid #5441 for Tandem Axle 16 Cubic Yard Dump Truck.

ADD/INCLUDE THE FOLLOWING:

TOW PACKAGE:	Pintle Plate: ¾"
	Pintle Hitch: 45 ton
	2 inch Receiver Hitch
	Air Brake Glad Hands
	Safety Chains D Rings
	Tow Hooks
	Electric plug: 7 way
	Electric plug: 6 way

Thank you for your consideration in this matter.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: **en** Buyer: **002**

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
06/22/2020	**5441**	**Garage**	**To Be Specified**

This bid must be received and stamped by the Purchasing office not later than: 11:15 AM, Friday, July 10, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.					
QTY 2 to 4	**TANDEM AXLE 16 CUBIC YARD DUMP TRUCK** Tandem Axle 16 Cubic Yard Dump Truck as per the following and attached specifications: Make _____ Model _____ Literature and specifications on product to be provided. City of Mobile desires delivery within 120 days of issuance of Purchase Order. Vendor shall state time to deliver after receipt of Purchase Order for vehicle. Vehicles to be provided with 5-year Service Plan. Vehicles to be provided with extended warranties on all components for 5 Years. Provide documentation of extended warranty. All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**. If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order. **Page 1 of 4**					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required.
See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx.

Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.

Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).

Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order.

State of Alabama Local Vendor Preference Law 41-16-50 (a) and (d) will apply to this purchase.

Questions pertaining to this bid may be emailed to: purchasing@cityofmobile.org .

Pricing to be firm for one (1) year period following the award of the bid.

TO BE AWARDED ON A PER ITEM BASIS

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name_____

By_____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents

Page 3 of 4

Delivery and availability for trucks in stock or due shortly.

1.) Truck MFR _____ Model _____

Engine _____ Transmission _____

Dump Body MFR _____ Size _____

Single Frame Rail

With Vertical Exhaust Stack _____

With underbody Turned Down Exhaust _____

Available after issuance of purchase order _____

2.) Truck MFR _____ Model _____

Engine _____ Transmission _____

Dump Body MFR _____ Size _____

Single Frame Rail

With Vertical Exhaust Stack _____

With underbody Turned Down Exhaust _____

Available after issuance of purchase order _____

3.) Truck MFR _____ Model _____

Engine _____ Transmission _____

Dump Body MFR _____ Size _____

Single Frame Rail

With Vertical Exhaust Stack _____

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
	Page 4 of 4					
	With underbody Turned Down Exhaust _____					
	Available after issuance of purchase order _____					
	4.) Truck MFR _____ Model _____					
	Engine _____ Transmission _____					
	Dump Body MFR _____ Size _____					
	Double Frame Rail					
	With Vertical Exhaust Stack _____					
	With underbody Turned Down Exhaust _____					
	Single Frame Rail					
	With Vertical Exhaust Stack _____					
	With underbody Turned Down Exhaust _____					
	Available after issuance of purchase order _____					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

DUMP BODY SPECIFICATIONS

WARREN F-16 FRAME TYPE DUMP BODY OR EQUAL

Dump body – frame type – 16'		Yes or No
Cubic yardage - 16		Yes or No
Tailgate height 50"		Yes or No
High Lift tailgate		Yes or No
Tarp tie rail both sides		Yes or No
Dump body access steps both sides		Yes or No
Tailgate	Air operated	Yes or No
Dump body	Cab Shield: Full Width – ½ (24")	Yes or No
	Asphalt Apron, 8" push type	Yes or No
	Bolt On Center Board Pockets	Yes or No
	Lights: LED Standard	Yes or No
	Oval S/T/T	Yes or No
Console:	Clutch Shift Air	Yes or No
Conspicuity tape:	Side & Tailgate	Yes or No
Mudflaps and brackets:		Yes or No
Pto:	for Allison Automatic Transmission	Yes or No
	PTO Muncie CS Series (Auto)	Yes or No
Tarp system:	TARP System – Installed	Yes or No
	Installation: Installed	Yes or No
	Brand: Donovan	Yes or No
	Manual/Electric: Electric	Yes or No
	Type: Arm	Yes or No
	Aluminum/Steel: Aluminum	Yes or No
	Tarp Size: 90"x20'	Yes or No
	Tarp Type: Asphalt	Yes or No

CHASSIS SPECIFICATIONS

AXLE CONFIG:	6X4	Yes or No
MISSION:	GVWR 56000. Calc. GVWR: 56000	Yes or No
DIMENSION:	201.00, CA: 133.90, Axle to Frame: 63.00	Yes or No
ENGINE, DIESEL:	{Cummins L9 350} EPA 2017, 350 HP @ 2000 RPM, 1150 lb.-ft Torque @ 1400 RPM, 2200 RPM Governed speed, 350 Peak HP (Max)	Yes or No

There shall be an engine exhaust brake installed with variable vane turbo charger or equal feature. Yes or No

Hand throttle shall be installed. Yes or No

FRAME RAILS	Chassis shall have single frame rails.	Yes or No
TRANSMISSION/AUTOMATIC:	{Allision 3000 RDS} 5th Generation with 80,000-lb GVW and GCW Max On/Off Highway	Yes or No
AXLE, FRONT NON-DRIVING:	16,000-lb Capacity	Yes or No
AXLE, REAR TANDEM:	{Meritor MT-40-14X-4DCR} 40,000-lb Capacity	Yes or No

Truck shall have driver controlled locking differential for both rear axles. Control(s) shall be dash mounted. Yes or No

Rear wheel ratio of 4.88 or appropriate for rear end Yes or No

CAB:	Conventional, Day Cab	Yes or No
TIRE, FRONT:	(2) 385/65R22.5 Load Range L, 68 MPH, All-Position	Yes or No
TIRE, REAR:	(8) 11R22.5 Load Range G, 75 MPH, Drive	Yes or No
SUSPENSION, REAR, TANDEM:	{Hendrickson HMX-400-54} Walking Beam, 40,000-lb Capacity, Rubber Springs	Yes or No
TOW, HOOK FRONT:		Yes or No
BUMPER, FRONT:	Swept Back, Steel, Heavy Duty	Yes or No
BRAKE SYSTEM, AIR:	Dual System for Straight Truck Applications	Yes or No
TRAILER CONNECTIONS:	Four-Wheel, with Hand Control Valve and Tractor Protection Valve, for Straight Truck	Yes or No
DRAIN VALVE:	{Bendix DV-2} Automatic	Yes or No

AIR BRAKE ABS		Yes or No
AIR COMPRESSOR	Minimum CFM of 18.0 CFM.	Yes or No
AIR SYSTEM	shall have air dryer.	Yes or No
AIR DRYER	{Bendix AD-9} with Heater	Yes or No
EXHAUST HEIGHT	10' if Vertical	Yes or No
MUFFLER/TAIL PIPE GUARD	(1) Aluminum	Yes or No
ELECTRICAL SYSTEM	12 Volt	Yes or No
BACK-UP ALARM	Electric, 102 dBA	Yes or No

TRAILER CONNECTION SOCKET 7-Way, Mounted at Rear of Frame, Wired for Turn Signals Combined with Stop, Compatible with Trailers That Use Combined Stop, Tail, Turn Lamps Yes or No

RUNNING LIGHT	(2) Daytime	Yes or No

TRANSMISSION, AUTOMATIC
{Allison 3000 RDS} Close Ratio, 6-Speed with Double Overdrive, with PTO Provision, Less Retarder, Includes Oil Level Sensor, with 80,000-lb GVW and GCW Max, On/Off Highway Yes or No

TRANSMISSION SHIFT CONTROL	for Column Mounted Stalk Shifter	Yes or No
TRANSMISSION OIL	Synthetic	Yes or No
PTO LOCATION	Dual, Customer intends to Install PTO at Left and/or Right Side of Transmission	Yes or No
CAB	Conventional, Day Cab	Yes or No
AIR CONDITIONER	with Integral Heater and Defroster	Yes or No

SEAT, DRIVER: {National 2000} Air Suspension, High Back with Integral Headrest, Cloth, Isolator, 1 Chamber Lumbar, 2 Position Front Cushion Adjust, -3 to +14 Degree Back Angle Adjust Yes or No

MIRROR, CONVEX, HOOD MOUNTED		Yes or No
GRAB HANDLE	Chrome	Yes or No
SEAT, PASSENGER	{National} Non-Suspension, High Back, Fixed Back, Integral Headrest, Cloth	Yes or No

CONSOLE, OVERHEAD Molded Plastic with Dual Storage Pockets, Retainer Nets and CB Radio Pocket; Located Above Driver and Passenger Yes or No

SUN VISOR	(2) Padded Vinyl; 2 Moveable (Front-to-Side) Primary Visors, Driver Side with Toll Ticket Strap	Yes or No
ARM REST, RIGHT, DRIVER SEAT		Yes or No
CAB SOUND INSULATION		Yes or No
WINDOW, POWER	(2) and Power Door Locks, Left and Right Doors, Includes Express Down Feature	Yes or No
STEERING COLUMN	Shall have tilt feature	Yes or No
HAND THROTTLE	shall be installed	Yes or No
FUEL TANK	No less than 65 Gallons	Yes or No
DEF TANK	No less than 6.7 gallons	Yes or No

CHASSIS SERVICE PLAN

Chassis Service Plan 4 Times per year for 5 years. 20 total PM Service.

Quarterly Services:

- Oil change
- Oil filter
- Fuel filters
- Check all fluid levels
- Grease chassis
- 10,000 miles or 3 months, whichever is first.

Annual Services:

- crankcase service
- Crankcase filter
- Valve adjustment
- Air filter
- DPF remove and reinstall
- DPF cleaning
- DPF gasket replacement
- Update/reset ECM
- Transmission to be serviced as per manufacturer's recommendations for service.

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Dixie Trucks Inc for two Pac-Mac Knuckleboom loaders on Hino chasis.

General Fund.

Amount of Contract:

$321,198.00

Funding Source			
Project #		**Discretionary Funds**	
Project String		**Contract Number:**	
Budget Amendment	**REDUCE**	**INCREASE**	
Grant Funds		**Matching Funds**	

ATTACHMENTS:

Description	Type	Upload Date
20200729 Dixie Agenda Package POs	Cover Memo	7/29/2020

REVIEWERS:

Department	Reviewer	Action	Date
Mayors Office	Wesch, Paul	Approved	7/30/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

R E S O L U T I O N

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
12773	2020	(F7000) MOTOR POOL	TWO 2021 PAC-MAC KNUCKLEBOOM LOADERS WITH HINO L7 CHASSIS (SEALED BID 5442)	$321,198.00	(272818) DIXIE TRUCKS INC.

Adopted:

_____

City Clerk

Bill To	Requisition 00012773-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120.
MOBILE, AL 36601	Review:
vendorinvoices@cityofmobile.org	Buyer:
	Status: Approved Page 1

Vendor	Ship To
DIXIE TRUCKS INC	MOTOR POOL
521 BEAUREGARD ST	745 BROAD STREET
	MOBILE, AL 36604
MOBILE, AL 36603	CARTERD@CITYOFMOBILE.ORG
Tel#251-432-4621	Delivery Reference
Fax 251-438-4839	DIANE CARTER-MCCARTY
	Deliver To
	MOTOR POOL
	745 BROAD STREET
	MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/10/20	272818	06/10/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
001	CAB AND CHASSIS WITH KNUCKLEBOOM AS SPECIFIED: Additional Description Notes --- 2020 CAB AND CHASSIS WITH KNUCKLEBOOM LOADER VENDOR TO PROVIDE 2021 HINO L7 SERIES CHASSIS WITH PAC-MAC SKG-20 SERIES KNUCKLE BOOM LOADER AS PER MY BID #5442 AND YOUR QUOTE.	2.00 EACH	160599.00000	321198.00
	1 7000.40.20.0000.0000.2070.0000.0000.47120. E MP02070 .VEHICLEEXP. .			321198.00

Ship To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604
Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604

Requisition Link

Requisition Total 321198.00

***** Project Ledger Summary Section *****

Bill To	Requisition 00012773-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120.
MOBILE, AL	Review:
36601	Buyer:
vendorinvoices@cityofmobile.org	Status: Approved Page 2

Vendor	Ship To
DIXIE TRUCKS INC	MOTOR POOL
521 BEAUREGARD ST	745 BROAD STREET
	MOBILE, AL 36604
MOBILE, AL 36603	CARTERD@CITYOFMOBILE.ORG
Tel#251-432-4621	Delivery Reference
Fax 251-438-4839	DIANE CARTER-MCCARTY
	Deliver To
	MOTOR POOL
	745 BROAD STREET
	MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/10/20	272818	06/10/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price / Amount	Net Price / Remaining Budget
	Account			
	E MP02070 .VEHICLEEXP. .		321198.00	24190.24

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
7000.40.20.0000.0000.2070.0000.0000.47120.	321198.00	

MOTOR POOL EXP VEHICLE ACQ (GREATER $5000)

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Rejected	06/10/20	DIANE MCCARTY	WRONG DESCRIPTION
Approved	06/10/20	DIANE MCCARTY	
Approved	07/01/20	DONNA MICHELE STANLEY	Auto approved by: 9105paij
Approved	07/01/20	DONALD ROSE	Auto approved by: 9105paij
Approved	07/01/20	JOHN PAINE	

Authorized By: _____ Date: _____
Signature

BID TABULATION FOR BID #5442

	WARD INTERNATIONAL TRUCKS	WARD INTERNATIONAL TRUCKS	SANSOM EQUIPMENT	TRUCKWORX KENWORTH	TRUCKWORX KENWORTH	EMPIRE TRUCK SALES LLC	DIXIE TRUCKS	COWIN EQUIPMENT CO
CAB AND CHASSIS KNUCKLE BOOM TRASH LOADER	$171,319.00	$161,547.00	$177,372.00	$174,782.34	$162,809.34	$175,743.00	$160,599.00	NB
CHASSIS MAKE	2020 INTERNATIONAL MV607	2020 INTERNATIONAL MV607	2021 HINO XL7	2021 KENWORTH T370	2021 KENWORTH T370	2021 FREIGHTLINER MZ	2021 HINO L7	
LOADER MAKE	RAMER 4500	PAC-MAC SKBR-18H-HD-CN-HJ	RAMER 4500	RAMER	PAC-MAC SKBR-18H	PAC MAC	PAC-MAC	

CITY OF MOBILE

BID SHEET

This is Not an Order

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

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

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

Typed by: en Buyer: 002

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

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
06/23/2020	5442	Motor Pool	As Specified

This bid must be received and stamped by the Purchasing office not later than: 11:30 AM, Friday, July 10, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE Dollars	UNIT PRICE Cents	EXTENSION Dollars	EXTENSION Cents
Appx 1-10	**CAB AND CHASSIS KNUCKLE BOOM TRASH LOADER, HYDRAULIC WET LINE KIT AND TRAILER PACKAGE** Current model Cab and Chassis to be provided with Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Towing package to include five (5) year service plan as per the following and attached specifications. Chassis Year _____ Make _____ Model _____ Engine _____ Loader Knuckle Boom Loader _____ Hydraulic Kit _____ Trailer Package _____ Provide literature and specifications on products bid. Upon award, the City will purchase a minimum of two (2) Cab and Chassis with Knuckle Boom Loader, Hydraulic Wet Line Kits and Trailer Towing Packages. Include cost of delivery and title in the price of the vehicle. Pricing to be FOB Mobile.					
			TOTAL			

Bid on this form ONLY. Make no changes on this form. Attach any additional information required to this form.

RETURN ONE SIGNED COPY OF THIS BID IN ENCLOSED ENVELOPE

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

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

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
    Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft** Or **Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of $50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx . Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

QUANTITY	ARTICLES — Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents

City of Mobile Business License will be required.

All vendors will be required to provide verification of Enrollment in the E-Verify program. Additional information may be found at **http://immigration.alabama.gov/**

If the successful vendor's principal place of business is out-of-state, Vendor may be required to have a Certificate of Authority to do Business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.

Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.

Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).

Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to the award of this bid.

State of Alabama Local Vendor Preference Law 41-16-50 (a) and (d) will apply to this purchase.

Any manufacturer name given is to set a level of quality of specification of what the City wants.

Only one (1) item is no substitute in this bid.

Pricing to be firm for a one (1) year period following the award of this bid. At the option of the City of Mobile, the award of this bid may be extended for two (2) additional one (1) year periods.

If you have any questions, please feel free to contact the Purchasing Department at 251-208-7434 or purchasing@cityofmobile.org.

TO BE AWARDED ALL OR NONE

TOTAL

RETURN ONE SIGNED COPY OF THIS QUOTATION IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

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

SPECIFICATIONS

MINIMUM specifications for 1 to 5 of the latest model **Hino 338 Cab and Chassis at 102 CA or equivalent.** All equipment furnished under this contract shall be new and unused, and the same as the manufacturers current production model. Accessories not specifically mentioned, but necessary to furnish a complete assembled, painted, and ready for operation. The equipment furnished shall conform to all applicable FMVSS requirements as set forth by the NHTSA.

	Yes	No
GENERAL		
1. The chassis shall have a factory certified GVWR of 33,000 lbs.	____	____
2. Wheelbase to meet body manufacturer's requirements.	____	____
FRAME		
1. Heat treated alloy steel. 120,000 PSI yield Steel crossmembers.	____	____
2. Front tow hook mounted on curbside rail.	____	____
3. Straight C channel frame (tapered frames not allowed).	____	____
ENGINE		
1. Diesel-Minimum 260 HP with 50 State Emission	____	____
2. 585ft.-lb. torque at 1500 RPM	____	____
3. Electronic engine integral shutdown protection system.	____	____
4. Engine to comply with current Federal emissions.	____	____
5. Drive Trane Warranty Power Trane 5 year 250,000 miles zero deductions warranty is to cover drive shaft, transmission, axles, injectors, and water pump.	____	____
TRANSMISSION		
1. Allison Automatic 3000-RDS with PTO provisions.	____	____
2. Shift Control - electric shift.	____	____
3. 5 speed with overdrive.	____	____
4. Transmission Cooler.	____	____
5. Synthetic Transmission Fluid.	____	____
FRONT AXLE/SUSPENSION/WHEELS/TIRES		
1. Meritor Axle: I-Beam type with 12,000 - lbs. capacity.	____	____
2. Suspension: 12,000 - lbs. with soft ride characteristics.	____	____
3. Shock absorbers.	____	____
4. Factory front end alignment.	____	____
5. Integral power steering with 51 degree wheel cut.	____	____
6. Stemco oil lubricated wheel bearing.	____	____
7. Outboard mounted brake drum.	____	____
8. Front cam brakes Q-plus 15" x 4.0" w/MGM chambers.	____	____
9. Two (2) 22.5 x 8.25 10-hub piloted steel wheels.	____	____
10. Two (2) 11R22.5 14ply radial tires.	____	____

	Yes	No
REAR AXLE/SUSPENSION/WHEELS/TIRES		
1. Axle: Meritor RS21-145	____	____
2. Suspension: Spring rated at 21,000 - lbs.	____	____
3. 5.57 rear axle ratio.	____	____
4. Brake cam and chambers on forward side of drive axle.	____	____
5. Rear cam brake Q-plus 16.5 x 7.0 w/MGM chambers.	____	____
6. Four (4) 22.5 x 8.25 10-hub piloted steel wheels.	____	____
7. Four (4) 11R22.5 14ply lug radial tires.	____	____
BRAKE SYSTEM/AIR SYSTEM		
1. Full air with anti-lock brake system.	____	____
2. Brake Spiders - Cast ONLY front & rear.	____	____
3. Auto slack adjusters front and rear.	____	____
4. Non-Asbestos brake lining - Front and Rear.	____	____
5. Compressor - 10.1 CFM at 1800 RPM.	____	____
6. Bendix AD-IP air dryer with heater.	____	____
7. D-2 governor located at the air dryer for easy maintenance.	____	____
8. Aluminum air tanks.	____	____
9. Low pressure warning light and buzzer.	____	____
10. Air brake parking valve handle, located convenient to operator.	____	____
11. Air brake system must have air line with glad hands for trailer towing.	____	____
AIR FILTERATION		
1. Donaldson air intake with firewall mounted air cleaner.	____	____
2. Dash mounted air restriction indicator.	____	____
EXHAUST SYSTEM		
1. Single underbody exhaust.	____	____
2. Stainless steel flex tubing.	____	____
3. Heat shield on turbocharger and muffler.	____	____
Exhaust shall be underbody and mounted to direct exhaust fumes and odors away from the driver and the knuckle boom operator locations. Exhaust should be on driver's side as Right exhaust side affects the boom operator	____	____
FUEL SYSTEM		
1. Aluminum 52 gallon capacity mounted curbside under cab.	____	____
2. Steel braided fuel line. Fire resistant hose.	____	____
3. Davco 230 heated fuel water separator.	____	____
COOLING SYSTEM		
1. Coolant protection to -34 degrees Fahrenheit.	____	____
2. Lower radiant guard.	____	____
3. Rubber coolant hoses with constant torque clamps.	____	____
CAB		

1. Flat roof conventional cab. ____ ____
2. Vinyl high back air suspension driver's seat with fore and aft adjustment, integral headrest. Seat belt ____ ____
3. Vinyl two man passenger seat with integral headrests, fixed back, and seat belts. ____ ____
4. Air horn. ____ ____
5. Combination heater/air conditioner unit. ____ ____
6. Steel front bumper. ____ ____
7. Each side to have West Coast Style mirrors; electric adjust with convex mirror and two (2) hood mounted mirrors. ____ ____
8. Electric powered windows. ____ ____
9. AM/FM Radio. ____ ____
10. 5-lb fire extinguisher and tri-angle kit. ____ ____
11. Ignition and door keyed alike. ____ ____
12. 20 in step height each side. ____ ____
13. Windshield wipers w/intermittent feature. ____ ____
14. Insulated headliner, lighter, interior light, vinyl floor covering. ____ ____
15. Storage overhead with doors that latch - driver and passenger. ____ ____
16. All window to have safety tinted glass. ____ ____
17. All glass must be roped in not bonded for ease of replacement. ____ ____
18. Cab must have cup holders convenient to operator. ____ ____
19. Full set of gauges. ____ ____
20. Electronic display DPR Monitor. ____ ____
21. Electronic display engine / vehicle diagnostics. ____ ____

ELECTRICAL

1. 105 amp alternator. ____ ____
2. 12 volt system with solid-state circuit protection. ____ ____
3. 1200 CCA maintenance free batteries. ____ ____
4. Body builder wiring harness. ____ ____
5. 12v power supply in dash. ____ ____
6. Engine shutdown for low oil pressure, high coolant temperature, low coolant level. ____ ____
7. Horizontal mounted insulated wiring harnesses to protect against standing moisture at connection point. ____ ____
8. Headlights turn signals and LED marker lights. ____ ____

COLOR

1. Cab exterior: Manufacturers' standard WHITE. ____ ____
2. Cab interior: black - grey. ____ ____

WARRANTY & SERVICE PLAN

1. 5 Year250,0,000 Mile Engine & Aftertreatment. ____ ____
2. 5 Year Service Agreement on Chassis. See Attached ____ ____

SPECIFICATIONS

These **MINIMUM** specifications are intended to describe a truck mounted, hydraulic operated knuckle boom trash loader. To be used in collection and loading of bulk trash, limbs, leaves, building materials of like nature. These specifications are describing and stating the minimum requirements of a truck mounted trash loader to perform this function.

	Yes	No
A-Frame. To be constructed of twenty-one (21) inch wide I-beams at 50 pounds per foot. Top of frame to be constructed of 1¾" steel plate, surfaced and drilled to accommodate slewing ring bearing. Bottom of frame to be constructed of 1" plate steel drilled to accommodate (8) 1" tie bolts. A-frame to be enclosed with two removable steel cover plates which will shield hydraulic valve and other hydraulic components from operator. A-frame will incorporate manual stops to prevent continuous pedestal rotation. Stops to allow 280° rotation minimum.	____	____
Pedestal Top. To be constructed of a 1¾" bottom plate surfaced and drilled to accommodate slewing ring bearing. Side uprights constructed of ¾" plate with bushings to accommodate main boom and main boom lift cylinder connections. Pedestal top to incorporate manual stops to prevent continuous boom rotation. Stops to allow 280° rotation minimum. Pedestal top to incorporate a metal enclosure to cover slewing ring and 8" OD retaining tube.	____	____
Boom Rotation. Rotation to be accomplished utilizing a slewing ring bearing 3½" thick and 25-5/8" in diameter. Slewing bearing to have (32) ¾" grade 8 top bolts and (36) ¾" grade 8 bottom bolts properly torqued. Bearing grease fitting marked and easily accessible. A piston motor/planetary gearbox will drive a pinion gear that will engage the outside diameter of the slewing ring producing boom swing. Planetary gearbox pinion gear will attach to a 2¼" hardened tapered shaft minimum.	____	____
Main Boom. To be constructed of (2) 4 x 8 x 3/8 wall tubes. Main boom to be of twin design and will incorporate a manual stop for tip boom to prevent tip cylinder from bottoming out in the extended position. Boom will have bushings to utilize a hardened 2" main boom hinge pin, cylinder connection pins and a 2¼" hardened tip boom hinge pin. All through boom, hydraulic tubes will be installed between and below the top surface of main boom tubes. Boom will have a boom up alarm.	____	____

Tip Boom. Yes No

To be constructed of a 5 x 7 x 3/8 wall tube. Tip boom will utilize a 2¼" hardened hinge pin and replaceable hardened bushings. Tip boom cylinder connection will have bushings to utilize a 2" hardened pin. Tip boom will have provision for connection of trash grapple with bushings to utilize a 1½" hardened connecting bolt. ____ ____

Boom Length.

Total length of boom to be 18 feet. ____ ____

Lifting Capacity.

At sixteen feet (16') loader must lift 4,500 pounds "pay load" in addition to weight of grapple. Main boom must have two (2) cylinders with a minimum of 4½" ID, 3/8" thick wall tube, self aligning cylinders with a minimum of 4½" ID, 3/8" thick wall tube, self aligning hose failure. Loader must be capable of lifting the 4,500 pound payload with a maximum hydraulic pressure reading of 2,100 psi. ____ ____

Loader Stabilizers.

Loader must be equipped with hydraulic operated stabilizers. Stabilizers to be positioned for maximum stability when lifting a 4,500 pound load at 16 feet. Stabilizers to be equipped with street pads and shall not be placed in such a manner to cause blocking of traffic, or create hazards in the street when in down position. Stabilizer cross tube to be mounted underneath truck frame and will be 8" x 8" x 3/8" thick. Outside stabilizer tube will be 8" x 8" x 3/8" thick. Inside slide will be 6" x 6" x 3/8" thick. Slide tube will utilize 4 replaceable nylatron slide pads. Stabilizer cylinders will be mounted inside inner tubing and easily removed from the top of stabilizers. Cylinders will not be exposed. Stabilizers will have a maximum of 11 feet spread in the down position. City of Mobile prefers to have retractable stabilizers rather than out and down style stabilizers. ____ ____

Power Source.

Unit to be mounted on any acceptable truck chassis utilizing a heavy duty hotshift PTO and direct mount single pump. Pump to produce a minimum of 24 gpm at 1500 rpm for smooth and efficient operation of loader. PTO controls will be integrated with truck chassis and will not engage unless truck chassis is in neutral. An interruption of either of these conditions will terminate PTO operation. ____ ____

Control Valve.

Unit to be equipped with a 7-section valve assembly. Valve assembly to be proportional type with hydraulically actuated spools. Control valve to be equipped with main pressure reducer and adequate port pressure reducers. Valve to be capable of hydraulic flows of up to 30 gpm and a main pressure setting of 2100 psi. Control valve to be mounted inside of pedestal base. ____ ____

Control Valve Controls. Yes No

Unit to be equipped with hydraulic piloted joystick and foot controls for ease of operation and less operator fatigue. Joysticks and foot control will operate every loader function and will be located at operator' station in easy access of operator. Stabilizer controls can be level operated, but must be conveniently located for operators ease of use. The City of Mobile will want to review placement of controls and adjust for operators' ease of use and convenience prior to construction. ____ ____

Operators Station.

Unit to be equipped with an open operator's platform mounted to the pedestal top curbside. Platform to incorporate an operator's seat with seat belt, joystick and foot pedal controls, float controls, throttle control switch and hand/safety rails. ____ ____

Hydraulic Oil System and Oil Tank Filters.

Hydraulic system must be equipped with a 80 gallon oil tank with a hydraulic Oil ball valve cut off valve at the bottom of the tank on driver's side of truck, oil level and temperature gauge utilizing a 50 gallon per minute externally mounted return oil filter with a replaceable 10 micron absolute filter element. There shall also be a 50 or more gallon per minute oil filter between the hydraulic oil tank and the hydraulic pump. Filter elements must be easily accessible. Unit to be equipped with a 40 gpm pressure filter with a replaceable 10 micron absolute filter element. Pressure filter to be installed in hydraulic system after pump and prior to any other hydraulic components. Pressure filter to be equipped with a condition sensor and dash mounted light. Light will remain on when filter element needs servicing. ____ ____

Throttle Control.

Unit to have a throttle control integrated with truck chassis to maintain proper engine speed while loader is in operation. Engine speed will not increase unless truck chassis is in neutral, parking brake is set and PTO is engaged. Engine speed will return to idle when any of these conditions are terminated. Throttle control parameters will be set in such a way as to prevent engine speeds being increased above 1500 rpm while PTO is engaged. An engine throttle control switch to be mounted at operators platform for operator convenience. ____ ____

Trash Grapple.

Loader to be equipped with a continuous rotating bucket by means of hydraulic operated rotator with no mechanical stops. Continuous rotator shaft must be 3" in diameter. Rotator to utilize a 3" top and bottom roller bearing. Rotator to have three easily replaceable seals. Trash grapple to have a closing pressure of 4,000 pounds. Grapple to be opened and closed by means of two (2) hydraulic cylinders a minimum of 3½" in diameter with a heavy duty clevis on rod end.

Bucket cylinders and hoses to be enclosed in a removable steel cover to prevent limbs and other debris from damaging cylinders and hoses. Grapple is to be 4 feet long and open to 60 inches, lip to lip. Center of bucket to be 18 inches from ground minimum at fully opened position. Bucket to be equipped with replaceable grader edges at biting point. ____ ____

Float Control. Yes No
Loader must have float controls to allow boom/bucket to free-turn and float up/down with trailer while unit is in transit and boom is resting in trailer. Float controls to be located at operator's platform. ____ ____

Cylinders.
All cylinders to be of high quality utilizing chrome rods and replaceable bushings/bearings. Loader to be equipped with (2) main boom cylinders to be 4½" bore x 28" stroke with 2¼" rods with integrated locking valves,
(1) tip boom cylinder to be 4½" bore x 32" stroke with 2½" rod with
(2) integrated locking valve, (2) bucket cylinders to be 3½" bore x 8"
(3) stroke with 1¾" rods and (2) outrigger cylinders to be 3" x 20" stroke with nylon wear pads in outriggers.
(4) with 1¾" rods with integrated locking valves. ____ ____

Selector.
To have a selector valve to divert hydraulic oil from loader controls to dump trailer controls and quick couplers at trailer connection point. Quick couplers to be compatible with equipment in current use by the municipality. ____ ____

Electrical.
To be equipped with high quality electricals located in truck cab.
A 6 pin trailer electrical connector located at trailer connection point. ____ ____

Lighting
All vehicle lighting shall conform to current Federal standards.
All lighting shall be LED ____ ____

Hardware.
To be equipped with fenders over rear wheels and mud flaps .
To have a steel rack between truck cab and loader pedestal for storage of bucket when not resting in trailer. Must have full-length sub-frame running from behind cab to the end of the truck frame. Sub-frame to be 3 x 4 x 3/8 tube minimum. Must be equipped with a cab protector and attached tool rack.
To have adequate ladder/steps to access operators platform from ground level. Tie bolts must incorporate frame spacers to prevent frame collapse when tightening. ____ ____

Towing.
To be equipped with a pintle hook rated at a minimum of 90,000 pounds and (2) D-ring style safety chain hooks.
Pintle hitch shall be a SAF-Holland model PH-210RN11, No Substitute.
Mounted 27" from ground to center of hitch ____ ____

Trailer Connections
there shall be connections for air brakes, hydraulic for dumping of trailer and landing gear ____ ____

Paint.
All metal to be properly cleaned, primed and painted white with white cylinders, grapple, and O/R. ____ ____

Warranty
5 Year body warranty ____ ____
5 Year Service Agreement – Body See Attached. ____ ____

CHASSIS SERVICE PLAN

Chassis Service Plan 4 Times per year for 5 years. 20 total PM Service.

Quarterly Services:	Oil change
	Oil filter
	Fuel filters
	Check all fluid levels
	Grease chassis
	10,000 miles or 3 months, whichever is first.
Twice a Year:	Change hydraulic oil
	Hydraulic filters replaced
	Turntable bolts to be torqued and inspected twice a year
	Check all great fitting and replace as needed
	Grease throughout
Annual Services:	Crankcase service
	Crankcase filter
	Valve adjustment
	Air filter
	DPF remove and reinstall
	DPF cleaning
	DPF gasket replacement
	Update/reset ECM
	Transmission to be serviced as per manufacturer's recommendations for service.

MOBILE
ALABAMA

PROCUREMENT 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 any and all ADDENDUMS 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 before 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)

ADDENDUM #2

July 6, 2020

RE: City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package

Please consider the following to be Addendum #2 to City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package.

CHANGE BID OPENING

FROM: 11:30 AM, Friday, July 10, 2020

TO: 11:15 AM, Friday, July 17, 2020

EXHAUST

DELETE: Exhaust should be on driver's side as right exhaust side affects the boom operator.

ADD: Vertical exhaust is not acceptable.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

ADDENDUM #3

July 13, 2020

RE: City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package

Please consider the following to be Addendum #3 to City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package.

ADD

Air tanks may be either aluminum or steel.

ADD

Fuel tank shall not exceed 52 gallons.

ADD

External hydraulic oil cooler for loader

There shall be an external fan forced air hydraulic oil cooler of loader's hydraulic oil. Fan shall be thermostatically controlled.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

ADDENDUM

July 1, 2020

RE: City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package

Please consider the following to be Addendum to City of Mobile Bid #5442 for Cab and Chassis Knuckle Boom Trash Loader, Hydraulic Wet Line Kit and Trailer Package.

DELETE:

Chassis Service Plan

REPLACE WITH:

Chassis and Body Service Plan

Thank you for your consideration in this matter.

Sincerely,

John Paine
Purchasing Agent
City of Mobile
JP/en

CHASSIS & BODY SERVICE PLAN

Chassis Service Plan 4 Times per year for 5 years. 20 total PM Service.

Quarterly Services:

- Oil change
- Oil filter
- Fuel filters
- Check all fluid levels
- Grease chassis
- 10,000 miles or 3 months, whichever is first.

Annual Services:

- Crankcase service
- Crankcase filter
- Valve adjustment
- Air filter
- DPF remove and reinstall
- DPF cleaning
- DPF gasket replacement
- Update/reset ECM
- Transmission to be serviced as per manufacturer's recommendations for service.

Body Service Plan:

- Twice a Year
- Change hydraulic oil
- Hydraulic filters replaced
- Turntable bolts to be torqued and inspected twice a year
- Check all great fitting and replace as needed
- Grease complete loader
- Check hydraulic controls for proper operation.
- Check operator's seating for safety.

AGENDA ITEM SUMMARY SHEET

Agenda of:8/4/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Manzie and Mayor Stimpson

Purpose and Scope of Project:

Replacement of the first floor Fire Sprinkler System on first floor of the Cruise Terminal

Amount of Contract:

83,690.00

Funding Source

Project # City of Mobile, Alabama Cruise Terminal-First Floor Fire Sprinkler System Replacement, CT-021-20 **Discretionary Funds**

Project String 20002000-48010 **Contract Number:**2858

Budget Amendment **REDUCE** **INCREASE**

Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date

REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	7/29/2020 - 4:36 PM
Capital	Hollins, Tiffany	Approved	7/29/2020 - 4:57 PM
Legal	Kern, Chris	Approved	7/30/2020 - 10:43 AM
Mayors Office	Wesch, Paul	Approved	7/30/2020 - 12:40 PM