



Washoe County School District
Request for Quote (RFQ) – PRODUCTS
Purchasing Department
14101 Old Virginia Road, Room 0
Reno, Nevada 89521
Phone (775) 850-8025
Email: solicitations@washoeschools.net
Facilitating Buyer: Jenny Perry

Quote Title: Health Services Supplies

Quote #: JP-1111-19

Washoe County School District (WCSD) is soliciting for formal quotes for certain PRODUCTS identified on the QUOTE PRICE SCHEDULE/SPECIFICATION SHEET included in accordance with all defined terms and conditions in this document. RFQ submittals must be submitted on this form only and received in a sealed envelope or emailed directly to: solicitations@washoeschools.net for award consideration. RFQs that are received via facsimile, any other email other than that listed above, or outside of a sealed envelope will NOT be accepted.

Posting Date: Tuesday, March 12, 2019

Due Date: Friday, March 29, 2019 at 10:00 A.M. (local time)

RFQ TERMS, CONDITIONS AND SPECIFICATIONS

- 1. FORMS:** Vendor must submit quote on this form only.
- 2. LATE QUOTES:** Quotes received after the due date and time will not be accepted. The WCSD reserves the right to reject any quote not in compliance with all prescribed public procedures and requirements and to reject for good cause any or all quotes upon finding that it is in the WCSD's best interest to do so.
- 3. FIRM PRICING:** Vendor shall hold prices firm for the initial contract term of **two (2) years** from date of award. After the initial contract term, a price adjustment may be reviewed/authorized. WCSD may grant a price adjustment in a situation where (all) manufacturers/distributors of the products to be procured, as a result of award of this RFQ, adjust the prices of their products to all dealers or distributors. In this case, a permissible increase may be authorized and may be equal to only that increase by the manufacturers or distributors of that market. Prior to permitting any increase, evidence of such an increase, in the form of a letter on the manufacturer's/distributor's letterhead shall be provided to buyer no later than thirty (30) days prior to the proposed price increase. Letter shall include name of manufacturer/distributor, series or product numbers of the Quote Line item being increased, the amount and effective date of any and all increases to all dealers and distributors. In any case the price increase may not be greater than five percent (5%).
- 4. CONTRACT:** Vendor will receive a WCSD Purchase Order (PO); the General Terms and Conditions of this RFQ are hereby incorporated by reference. Acceptance of WCSD's PO includes all terms, prices, delivery, specifications and conditions stated herein. The initial contract term is for **two (2) years** with three (3) additional one (1) year renewals, providing the terms and conditions remain unchanged. WCSD reserves the right to terminate this agreement in whole or in part upon providing Vendor thirty (30) days written notice.
- 5. QUANTITY:** The WCSD intends to purchase the quantities listed on the QUOTE PRICE SCHEDULE/SPECIFICATION SHEET; however, the WCSD's requirements may change prior to issuing a PO and the WCSD reserves the right to increase or decrease quantities at its discretion.
- 6. INVOICING AND PAYMENT:** Vendor must issue a separate invoice for each shipment. Invoice is to be issued upon delivery only, not before. Payment terms are Net 30 upon receipt of a proper invoice. The WCSD is tax exempt and does not pay state/local taxes or interest or late fees.
- 7. ITEM SPECIFICATIONS:** If applicable, specifications contained herein may reflect items of known quality and are acceptable to the WCSD. If the item specifications indicate "equal" or "substitute," Vendor may offer other than the specified item if the

item offered is equivalent in general style, type, quality, workmanship, economy of operation, performance, characteristics and suitability for the purpose intended. Vendor must identify the name brand offered, provide descriptive literature and be prepared to provide samples if requested for evaluation purposes. Failure to provide adequate descriptive literature may be cause to declare the quote non-responsive and reject the quote. If there is any doubt as to the suitability of a product offered on a "substitute" basis, the product will be rejected in favor of an offer to provide the product specified.

8. SHIPPING INSTRUCTIONS: The price quoted for each RFQ Line Item shall include all shipping and handling charges to the F.O.B. destination listed on the PO. The PO number must appear on all invoices, packing lists, packages, shipping notices and correspondence. All shipments of hazardous material must be accompanied by Safety Data Sheets (SDS). POs issued are for "prompt or immediate shipment" of the goods contained thereon. Unless otherwise specified, delivery will be made not later than thirty (30) calendar days after receipt of order (ARO), including, but not limited to the receipt of a PO. WCSD reserves the right to cancel any order if not filled within the required time without fees or legal ramifications. Failure for awarded Vendor(s) to deliver within the time specified may be grounds for considering the Vendor(s) as "non-responsive" and/or "non-responsible." In addition, WCSD reserves the right to terminate contract with any awarded Vendor(s) and reject future RFQ submissions for a period of up to twelve (12) months on the basis that the Vendor(s) is found/deemed to be non-responsive/non-responsible. Deliveries are to be shipped to:

Washoe County School District
Purchasing Warehouse
425 E. Ninth Street
Reno, NV 89512-0106

9. INSTALLATION: If applicable, services and/or products that require installation, Vendor shall perform the installation in accordance with manufacturer specifications in a professional manner. Vendor shall leave work area clean and free of all packaging and any debris created by the work.

10. AWARD: WCSD reserves the right to award this RFQ in whole or in part, by item, group of items, or by section where such action would serve WCSD's best interest. RFQ award identified on the basis of "All or Nothing" will be excluded from this provision. In the event of a tie, low quote shall be determined by extending prices out to the third decimal. If a tie still exists, award shall be determined by lottery.

11. BASIS OF AWARD: RFQ to be awarded on an "item by item" basis unless otherwise noted.

12. CERTIFICATES OF LIABILITY: The awarded Vendor(s) shall not render any services or provide goods/products requested under this RFQ until satisfactory proof of all insurance certificates and supporting documentation has been approved by the WCSD Purchasing Department (refer to Section 13). All documentation must be submitted to:

Washoe County School District
The Brown Center – Purchasing Department
14101 Old Virginia Road, Room 0
Reno, Nevada 89521

13. REQUIRED INSURANCE COVERAGE & VERIFICATION: The awarded Vendor shall, at the awarded Vendor's sole expense, procure, maintain and keep in force for the duration of the contract insurance conforming to the minimum limits as specified in this RFQ. The awarded Vendor(s) shall furnish WCSD with a Certificate of Insurance (COI) form with Additional Insured Endorsement(s) effecting coverage required. The authorized Insurer(s) of the awarded Vendor and/or subsequent insurance company(s) issuing the policy(s) shall have no recourse against the WCSD for payment of any premiums, costs or assessments under any form of policy. The awarded Vendor's authorized Insurer(s) shall have no right of recovery or subrogation against WCSD. The required insurance shall be in effect prior to any services rendered and/or products procured from the awarded Vendor by WCSD and shall continue in force as appropriate until the completion of the contract term. The "ACCORD 25 Certificate of Insurance Form" or a form substantially similar must be submitted by the awarded Vendor to WCSD to evidence the insurance policies and coverages required.

The COI must be signed by a person authorized to bind coverage on the behalf of the awarded Bidder. The COI must name WCSD as the "Certificate Holder" as follows:

Washoe County School District
425 E. Ninth Street
Reno, Nevada 89512

For the purpose of substantiating the requirement of the WCSD to be named as an "Additional Insured," the COI's "Description of Operations/Locations/Vehicles" section shall state the following:

The WCSD, its officers, employees and volunteers are to be named as an "Additional Insured" on the awarded Proposer's general liability. The coverages shall contain no special limitations on the scope of protection afforded to the WCSD, its officers, employees, agents or volunteers.

The COI shall state that any of the described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Furthermore, each insurance policy shall not be suspended, voided, canceled or non-renewed by either the awarded Proposer or the authorized Insurer without a replacement COI being provided to WCSD during the life of the contract. Upon renewal of the policies listed, awarded Vendor or authorized Insurer(s) shall furnish the WCSD with replacement certificates. The awarded Vendor shall furnish WCSD with COI with Additional Insured Endorsement(s) effecting coverage required. All COIs and relative endorsements are to be received upon written request by WCSD to the awarded Vendor and must be reviewed and approved by the WCSD's Purchasing Department prior to any services being rendered and/or products procured. Although not a standard practice of WCSD, WCSD reserves the right to require of the awarded Vendor to make available to WCSD for review complete, "certified" copies of all required insurance policies at any time. The awarded Vendor's insurance coverage shall be the primary insurance. Any insurance or self-insurance maintained by the WCSD, its officers, employees, agents or volunteers shall be in excess of the awarded Proposer's insurance and shall not contribute with it in any way. Any failure of the awarded Vendor to comply with the reporting provisions of the policies shall not affect coverage provided to the WCSD, its officers, employees, agents, or volunteers.

14. INSURANCE LIMITS:

GENERAL LIABILITY INSURANCE

During the term of this contract, the awarded Vendor providing service to WCSD shall maintain comprehensive General Liability Insurance with the following coverages through an insurance carrier(s) licensed to do business in the State of Nevada and having a current A.M. Best rating of A-:VII or better and approved by the WCSD: (A) Premises-Operations; (B) Independent Contractor's Protection; (C) Products and Completed Operations; (D) Broad Form Property Damage; (E) Personal Injury (with Employee Exclusion deleted); (F) Blanket Contractual Liability; and (G) Property Damage Liability. Limits shall not be less than one million dollars (\$1,000,000) per occurrence combined single limits with no less than two million dollars (\$2,000,000) aggregate.

AUTOMOBILE LIABILITY INSURANCE

If applicable, during term of this contract, the awarded Vendor shall maintain comprehensive Automobile Liability Insurance to include all owned autos, non-owned autos, and hired autos coverage through an insurance carrier(s) licensed to do business in the State of Nevada and having current A.M. Best rating of A-:VII or better and approved by the WCSD. Limits shall not be less than one million dollars (\$1,000,000) per occurrence.

WORKERS' COMPENSATION INSURANCE

If applicable, during the term of this contract, the awarded Vendor shall have Workers' Compensation coverage as required by law for the duration of the contract to include Employer's Liability Coverage (noted at Statutory Limits) with minimum limit of one million dollars (\$1,000,000).

PROFESSIONAL LIABILITY INSURANCE

If applicable, during the term of this contract, the awarded Vendor shall maintain Professional Liability Insurance (Errors & Omissions) with minimum limits of at least one million dollars (\$1,000,000) per occurrence. The insurance required above may be proved under primary policies or by a combination of primary and excess policies. Professional Liability is not covered under additional Umbrella Liability coverage.

15. SUBMISSION REQUIREMENTS: Even if item being quoted on is "as specified," vendor must identify brand/manufacturer specified and (if applicable) model number. Failure to do so may result in rendering that particular quoted item as "not specified." All quotes submitted must have complete specifications and current catalog if quoting other than brand/manufacturer specified. Failure to submit complete specifications may be cause for rejection of quote.

16. SAMPLES: Samples are to be received prior to quote due date and time. If Samples are received after the quote due date and time, then quoted item may be rejected.

Samples are to be sent to:

Washoe County School District
Attn: Leslie Allfree
RE: Samples for RFQ #JP-1111-19
Student Health Services
1210 I Street
Sparks, NV 89431

17. PUBLIC DISCLOSURE FORM (REQUIRED WITH RFQ SUBMISSION):

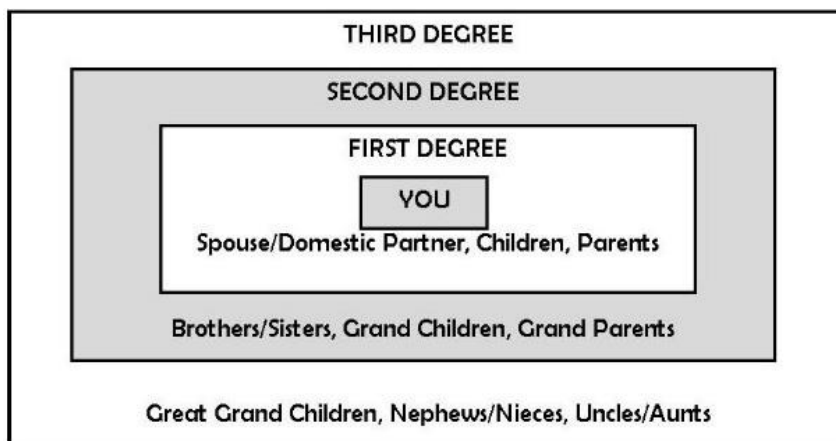
Firm/Agency Name: _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people; and a public officer or employee must commit himself or herself to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves.

Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure or grant unwarranted privileges, preferences, exemptions or advantages for the public officer or employee with any business entity.

I certify and acknowledge by signature below that I am a duly authorized agent of the submitting firm/agency named above and that failure to disclose all facts relative to a conflict or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the firm/agency is submitting to WCSD may result in a rejection of said solicitation submission or termination of any resulting contract/agreement should the above-named firm be awarded.

- A. I certify that I and my firm/agency and/or principals of my firm/agency have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
- B. To the third degree of consanguinity (refer to chart below), I have listed all of my and firm/agency principals and firm/agency key personnel's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employee of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Please complete form below. Additional sheets may be attached if necessary. Write in N/A if non-applicable.

Submitting Firm Employee Name (First, Last)	Title / Position	Relations / Association to WCSD Personnel	Name of WCSD Personnel	Pecuniary Interest (Y or N)

Signature: _____

Print Name: _____

Title: _____

Date: _____

***** **END OF RFQ TERMS, CONDITIONS, AND SPECIFICATIONS*******

Quote Title: Health Services Supplies

Quote #: JP-1111-19

QUOTE PRICE SCHEDULE / SPECIFICATION SHEET

****ALL PRODUCTS ARE TO BE LATEX-FREE****

<u>ITEM</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
1.	140 EA.	Alcohol, Isopropyl, 70%, 16 oz. Swan, Cumberland or Equal. (WCSD #431/1000) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
2.	250 BX.	Antiseptic Towelettes, Benzalkonium Chloride, Individually Wrapped, 100/Box. PDI #D35100, Triad, or Equal. (WCSD #431/1005) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
3.	1500 PKG.	Bags, Ice, 4" X 2" X 12", Polyethylene, .00125 Gauge, 100/Package. Bay Pac or Equal. (WCSD #431/1030) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____

Vendor Signature:

ITEM	QTY.	DESCRIPTION
4.	3000 BX.	Band-aids, Adhesive, 1" x 3", Flexible/Fabric, Sheer or Plastic/Vinyl, Latex-Free. 100/Box. J & J Bandaid, White Cross, Curad, ASO, HSI, Nutramax/ DermaScience 85949 or Equal. (WCSD #431/1060) SAMPLE REQUIRED SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
5.	240 BX.	Band-aids, Adhesive, Kids Size, 3/8" x 1-1/2", Flexible/Fabric, Sheer or Plastic/Vinyl, Latex-Free. 100/Box. J & J Bandaid, White Cross, Curad, Dynarex, School Health, Kendal or Equal. (WCSD #431/1070) SAMPLE REQUIRED SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
6.	640 BX.	Band-aids, Adhesive, Large, 2" x 4-1/4", Flexible/Fabric, Sheer or Plastic/Vinyl, Latex-Free. 50/Box. J & J Bandaid, White Cross, Curad, Moore Medical or Equal. (WCSD #431/1080) SAMPLE REQUIRED SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
7.	300 BX.	Band-aids, Fabric, Fingertip, 2" x 1-1/2", Latex-Free. 100/Box. J & J Bandaid, White Cross, Curad, ASO, Medco, DermaScience or Equal. (WCSD #431/1100) SAMPLE REQUIRED SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____

Vendor Signature:

ITEM	QTY.	DESCRIPTION
8.	325 BX.	Band-aids, Fabric, Knuckle, 1-1/2" x 3, Latex-Free. 100/Box. J & J Bandaid, White Cross, Curad, Nutra Max, Moore, DermaScience or Equal. (WCSD #431/1110) SAMPLE REQUIRED
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
9.	200 BX.	Band-aids, Round, 7/8", Flexible/fabric, Sheer or Plastic/Vinyl, Latex-Free. 100/Box. J & J Bandaid, White Cross, Curad, ASO, HIS, Moore Medical or Equal. (WCSD #431/1115) SAMPLE REQUIRED
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
10.	100 EA.	Emergency Mylar/Foil Blanket, Disposable, Minimum 52" x 80", Individually wrapped. Dynarex, Curaplex, First Aid Only or Equal. (WCSD #431/1120)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
11.	250 EA.	Biohazard Bags, Red, Minimum 23" x 23", with twist tie closure. McKesson Medical #03-4550 or Equal. (WCSD #431/1140)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____

Vendor Signature:

ITEM	QTY.	DESCRIPTION
12.	50 PKG.	Cotton Balls, Non-Sterile. 500/Package. (WCSD #431/1160) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
13.	12 EA.	CPR Pocket Mask, One-way valve, Adult or Adult/Child, Latex-Free, Hard or Soft Case. Ambu, Laedral, WNL or Equal. (WCSD #431/1185) SAMPLE REQUIRED SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
14.	50 CS.	Cups, Plastic, 3.5 Oz. 25 Bags/Case (100 Cups/Bag). Sweetheart #CDE35 or Equal. (WCSD #431/1190) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____
15.	30 CS.	Examination Table Paper, 18" x 125', Crepe or Smooth. 12 Rolls/Case. Graham #002, Tidi, Avalon 77095 or Equal. (WCSD #431/1230) SPECIFIED BRAND (DETAILS) _____ UNIT PRICE \$ _____ EQUAL BRAND (DETAILS) _____ UNIT PRICE \$ _____

Vendor Signature:

ITEM	QTY.	DESCRIPTION
16.	125 EA.	Face Mask With Face Guard, Pleated Wrap Around Face Mask With Connecting Plastic Eye Shield. Crosstex, Medicom or Equal. (WCSD #431/1240)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
17.	90 PKG.	Gauze Bandage, Elastic, Rolled, Minimum 2" x 3½ Yards, Non-Sterile. 12/Package. DE Healthcare, Conco, Dukal, HIS 104-8825 or Equal. (WCSD #431/1260) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
18.	225 PKG.	Gauze Pads, 3" x 3", Non Sterile. 200/Package. DE Healthcare, Moore #12771, McKesson 446030 or Equal. (WCSD #431/1270) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
19.	275 BX.	Gloves, Synthetic (Latex-Free), Non Sterile, Powder-Free, Exam, 100/Box, Size Small . School Health #21324. NO SUBSTITUTES. (WCSD #431/1810) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____

Vendor Signature:

<u>ITEM</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
20.	1375 BX.	Gloves, Synthetic (Latex-Free), Non Sterile, Powder-Free, Exam, 100/Box, Size Medium . School Health #21325. NO SUBSTITUTES. (WCSD #431/1820) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
21.	925 BX.	Gloves, Synthetic (Latex-Free), Non Sterile, Powder-Free, Exam, 100/Box, Size Large . School Health #21327. NO SUBSTITUTES. (WCSD #431/1830) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
22.	220 EA.	Lysol Disinfectant Foam Surface Cleaner. 24 oz. Lysol, Lagase REC95524 or Equal. (WCSD #431/1310)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
23.	2400 EA.	Pillow Covers, Poly, Disposable, 21 x 30, TIDI, Graham, Banta, McKesson 145373 or Equal. (WCSD #431/1320)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____

Vendor Signature:

ITEM	QTY.	DESCRIPTION
24.	12 EA.	Scissors, Lister Bandage, 4-1/2", Stainless Steel. Zulco or Equal. (WCSD #431/1340)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
25.	125 PKG.	Sponge, Nu Gauze, 2" x 2", 4-Ply Absorbency, Non Sterile, General Use. 200/Pack. Johnson & Johnson #3-7632, Dukal, Moore #44122 Kimcon 41200 or Equal. (WCSD #431/1420) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
26.	96 EA.	Tape, Micropore Surgical, 1/2" x 10 Yards, Latex-Free. Dynarex, 3M, Curity, Nexcare or Equal. (WCSD #431/1430) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
27.	150 EA.	Tape, Micropore Surgical, 1" x 10 Yards, Latex-Free. Dynarex, 3M, Curity, Nexcare or Equal. (WCSD #431/1440) SAMPLE REQUIRED.
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____

Vendor Signature:

<u>ITEM</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
28.	50 BX.	Tongue Depressors, Non Sterile, Senior, Solon, Hermitage, Moore or Equal. 500/Box. (WCSD #431/1470)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
29.	550 PKG.	Wash Cloths, Hygienic, 12.5 x 14.4, 1-Ply, ¼ Fold, Kimberly Clark "WYPALL X70" #41200 or Equal. (WCSD #431/1490) SAMPLE REQUIRED
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____
30.	300 EA.	Wipes, Hydrogen Peroxide Disinfectant, Clorox Healthcare 30824. NO SUBSTITUTES. (WCSD #431/1495)
		SPECIFIED BRAND (DETAILS) _____
		UNIT PRICE \$ _____
		EQUAL BRAND (DETAILS) _____
		UNIT PRICE \$ _____

Vendor Signature:

Quote Title: Health Services Supplies

Quote #: JP-1111-19

EXCEPTIONS TO RFQ TERMS, CONDITIONS AND SPECIFICATIONS:

Exceptions to the Terms, Conditions and Specifications of this RFQ must be noted in the space provided. Failure to note said exceptions shall be interpreted to convey that Vendor shall propose to perform in the manner described and/or specified. If more space is required, please attach additional sheet(s) referencing RFQ Title and Number.

RFQ SIGNATURE & DELIVERY:

In compliance with this RFQ and subject to all the terms and conditions thereof, the undersigned authorized agent offers and agrees, if this quote is accepted to furnish any or all of the items herein at the prices, terms and delivery stated. **This form must be signed and returned with RFQ submissions.**

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Company E-Mail Address: _____

Delivery will be completed within: _____ Payment Terms _____

Authorized Agent Name (Printed)

Title

Direct Email

Date

Authorized Agent Signature