

CITY OF LAREDO

X SERIES ADVANCED CARDIAC MONITOR SUPPLIES AND ACCESSORIES

RFP NO. FY24-044 DUE – FEBRUARY 15, 2024, 5:00PM CST



February 15, 2024

City of Laredo Fire Department Purchasing 616 E. Del Mar Blvd Laredo, TX 78040

Dear Jusus E. Lopex:

Bound Tree Medical is pleased to offer the attached proposal for the City of Laredo for X Series Advanced Cardiac Monitor Supplies and Accessories. Please review the following proposal for Bound Tree's competitive bid pricing. We want to emphasize our continued commitment to you to provide the most complete offering of products and services.

The proposal includes the following:

Bid Proposal

- Bid General Provisions & Specifications
- Requested Content and Form of Proposal
- Signed Affidavit of Accuracy and Signature Page
- Proposal Information & Pricing
- Bound Tree Medical Item Numbers & Descriptions
- Inventory Management Solution

About Bound Tree Medical

- Customer References
- Bound Tree Distribution Network
- Customer Service Information
- Return & Warranty Information
- Online Ordering Capabilities
- BTM Price Increase Information
- Bound Tree Certificates of Insurance
- Bound Tree W-9

Solutions and Services

- BTM Pharmaceutical Advantage & VAWD Certification
- Curaplex and Kitting
- Inventory Management
- EMS Advocacy
- Disaster Program Information
- Access to Continuing Education

We thank you again for the opportunity to provide all your EMS equipment and information needs. If you require additional information, our contact information is below.

David Longoria
Account Manager
210.380.2077
david.longoria@boundtree.com

Heather Legg
Pricing Analyst, Bids & Contracts
614.760.5179
heather.legg@boundtree.com

Online Questions & Answers

Event Information

Number: FY24-044

Title: X Series Advanced Cardiac Monitor Supplies and Accessories

Type: Request For Bid

Issue Date: 1/25/2024

Question Deadline: 2/1/2024 12:00 PM (CT) Response Deadline: 2/15/2024 05:00 PM (CT)

Notes: Bidders are strongly encouraged to submit their proposals electronically through use

of Cit-E-Bid or in person - hand delivery. Mailed Bids (i.e. USPS, FedEx, UPS),

telegraphic, emails or facsimile bids will not be considered.

The City of Laredo has established a local vendor preference ordinance 2018-O-175. All informal and formal Requests for bids for contracts will be evaluated with a

5% preference for local vendors.

Published Questions

Question: Does the City consider electronic signatures to be valid "original" signatures (i.e.: DocuSign)?

Answer: Yes

Asked: 2/1/2024 06:57 AM (CT)

Question: Specifically, if there are insurance requirements that Vendor may not be able to agree to will the

City consider exceptions to insurance terms and conditions?

Answer: Insurance is only required when doing a service to the City.

No insurance is required for these contract since its only for supplies and accessories.

It is state on the bid because it is part of our general terms and conditions.

Asked: 2/1/2024 06:57 AM (CT)

Question: Upon review, if there are bid terms and conditions Vendor may not be able to agree to, will the City

allow Vendor to include clarifications or exceptions as part of its bid submission?

Answer: No

Asked: 2/1/2024 06:56 AM (CT)

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Published Questions

Question: We are trying to input pricing for our submission on the IonWave Portal however the portal does not

allow us to No-Bid specific line items. Is this a technical issue on the website or was this bid

actually an All-Or-None Bid?

Answer: It is not a technical issue, the bid was set up to bid on all items.

You can bid an alternative item but the items will need to be approved by the Fire Department and

be compatible with the monitors /equipment.

Asked: 2/7/2024 02:38 PM (CT)

Question: Does the City consider electronic signatures to be valid "original" signatures (i.e.: DocuSign)?

Answer: Yes

Asked: 2/1/2024 06:57 AM (CT)

Question: Will the resulting contract from this solicitation be federally funded? If yes, will it be funded in whole

or in part?

Answer: No

Asked: 2/1/2024 06:57 AM (CT)

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City of Laredo Purchasing

Contact Information

Contact: Jesus E. Lopez

Address: Laredo Fire Department

616 E. Del Mar Blvd

Laredo, TX 78040

Phone: (956) 718-6096

Email: jelopez@ci.laredo.tx.us

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Ship To Information

Contact: Jose A. Valdez, Jr. Address: City Secretary

City Hall

1110 Houston St

3rd floor

Laredo, TX 78043 Phone: (956) 791-7312

Billing Information

Contact: Jorge Jolly

Address: Accounts Payable

City Hall 2nd

PO Box 210

Laredo, TX 78042

Phone: (956) 791-7326 Email: jjolly@ci.laredo.tx.us

Bid Attachments

Conflict of Interest Questionnaire-Revised 1-1-2021.pdf

Conflict of Interest Questionnaire (CIQ)

Non-Collusive Affidavit Form.pdf

Non-Collusive Affidavit Form

Form 1295- Certificate of Interested Parties.pdf

Form 1295

Download

Download

Download

Bid Attributes

1 Award by Total

This contract will be awarded by total to up to two (2) lowest responsive responsible bidder, in accordance to the provisions of Chapters 252 and 271 of the State of Texas – Local Government Code

X Yes

(Required: Check if applicable)

2 Terms and Conditions for Request for Bids

TERMS AND CONDITIONS OF INVITATIONS FOR BIDS GENERAL CONDITIONS Bidders are required to submit bids upon the following expressed conditions:

(a) Bidders shall thoroughly examine the specifications, schedule instructions and other contract documents. Once the award has been made, failure to read all specifications, instructions, and the contract documents, of the City

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- shall not be cause to alter the original contract or for a vendor to requests additional compensation.
- (b) Bidders shall make all investigations necessary to thoroughly inform themselves regarding facilities and locations for delivery of materials and equipment as required by the bid conditions. No pleas of ignorance by the bidder of conditions that exist or that may hereafter exist as a result of failure or omission on the part of the bidder to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents, will be accepted as a basis for varying the requirements of the City or the compensation to the vendor.
- (c) Bidders are advised that City contracts are subject to the all legal requirements provided for in the City Charter and/or applicable City Ordinances, State and Federal Statutes.
- 1.0 PREPARATION OF BIDS Bids will be prepared in accordance with the following:
- (a) All information required by the bid form shall be furnished. For hand delivered submittals only, the vendor shall print or type the business name and manually sign the schedule. For electronic submittals, this information shall be submitted electronically on Cit-E-Bid system. If vendor submits both manual and electronic bids, the electronic bid will replace the manual bid and shall be considered the only valid bid.
- (b) Unit prices shall be shown and where there is an error in extension of price, the unit price shall govern.
- (c) Alternate bids will not be considered unless authorized by the invitation for bids or any applicable addendum
- (d) Proposed delivery time must be shown and shall include Sundays and holidays
- (e) Bidders will not include Federal taxes or State of Texas limited sales tax in bid prices since the City of Laredo is exempt from payment of such taxes. An exemption certificate will be furnished upon request.
- (f) The City shall pay no costs or other amounts incurred by any entity in responding to this RFB, or as a result of issuance of this RFB.
- **2.0 DESCRIPTION OF SUPPLIES** Any catalog or manufacturer's reference used in describing an item is merely descriptive, and not restrictive, unless otherwise noted, and is used only to indicate type and quality of material. Bidder is required to state exactly what they intend to furnish; otherwise bidder shall be required to furnish the items as specified.

3.0 SUBMISSION OF BIDS

- (a) Bids and changes thereto shall be enclosed in sealed envelopes, properly addressed and to include the date and hour of the bid opening and the material or services bid on shall be typed or written on the face of the envelope. If submitted electronically, this information shall be submitted electronically on Cit-E-Bid system by going to the following link: https://cityoflaredo.ionwave.net/Login.aspx
- (b) Unless otherwise noted on the Notice to Bidders cover sheet, all hand delivered bids must be submitted to the Office of the City Secretary, City Hall, 1110 Houston Street.
- (c) Bids forms can be downloaded and printed through Cit-E-Bid. Mailed Bids (i.e. USPS, FedEx, UPS), telegraphic, email or facsimile bids will not be considered.
- (d) Samples, when required, must be submitted within the time specified, at no expense to the City of Laredo. If not destroyed or used up during testing, samples will be returned upon request at the bidder's expense.
- (e) Bids must be valid for a minimum period of sixty (60) days. An extension to hold bid pricing for actual quantity bids may be requested by the City.

4.0 REJECTION OF BIDS The City may reject a bid if:

- (a) Bidder misstates or conceals any material fact in the bid.
- (b) Bid does not strictly conform to the law or the requirements of the bid.
- (c) Bidder is in arrears on existing contracts or taxes with the City of Laredo.
- (d) If bids are conditional. Bidder may qualify their bid for acceptance by the City on an "ALL OR NONE" basis. An "ALL OR NONE" basis bid must include all items in the specifications.
- (e) In the event that a bidder is delinquent in the payment of City taxes on the day the bids are opened, including state and local taxes, such fact shall constitute grounds for rejection of the bid or cancellation of the contract. A bidder is considered delinquent, regardless of any contract or agreed judgments to pay such delinquent taxes.
- (f) No bid submitted herein shall be considered unless the bidder warrants that, upon execution of a contract with the City of Laredo, bidder will not engage in employment practices such as discriminating against employees because of race, color, sex, creed, or national origin. Bidder will submit such reports as the City may therefore require assuring compliance with said practices.
- (g) The City may reject all bids or any part of a bid whenever it is deemed necessary.
- (h) The City may waive any minor informalities or irregularities in any bid.
- **5.0 WITHDRAWAL OF BIDS** Bids may not be withdrawn after they have been publicly opened, unless approved by the City Council.
- **6.0 LATE BIDS OR MODIFICATIONS** Bids and modifications received after the time set for the bid deadline will not be considered. Late bids will be returned to the bidder unopened.
- **7.0 CLARIFICATION OR OBJECTION TO BID SPECIFICATIONS** If any person contemplating submitting a bid for this contract is in doubt as to the true meaning of the specifications, or other bid documents or any part thereof, they may submit to the City Purchasing Agent on or before seven (7) calendar days prior to the scheduled bid deadline a request for clarification which must be submitted in writing through email seven (7) days prior to the

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scheduled date for opening to: CITY OF LAREDO PURCHASING AGENT Miguel A. Pescador 5512 Thomas Ave, Laredo, TX 78041 mpescador@ci.laredo.tx.us or Questions & Responses section on Cit-E-Bid system. Any vendor submitting questions shall make reference to a specific bid number, section, page and item of this solicitation. In case there are changes, additions, and/or edits to the original scope of work, and addendum will be issued by the purchasing agent to all vendors through Cit-E-Bid system under Questions and Responses section to clarify any inquiries. The City will not be responsible for any other explanations or interpretations of the proposed bid made or given prior to the bid opening or award of contract.

- (a) Protest Procedures: The purpose of this procedure is to establish procedures whereby a vendor may protest specific procurement actions by the City of Laredo. The following sequence of activities must take place in filing a protest:
- (b) To be performed by protesting vendor: Within ten (10) days prior to the time that the City Council considers the recommendation of the City's Purchasing Officer, the protesting vendor must provide written protest to the City Purchasing Officer. Such protest must include specific reasons for the protest.
- (c) To be performed by City's Purchasing Officer: Shall review the records of procurement and determine legitimacy and procedural correctness. With five (5) working days, the City Purchasing Officer shall provide written response to the protesting vendor of the decision.
- (d) If the protesting vendor is not satisfied with the decision of the City Purchasing Officer, such protesting vendor may appeal to the City Manager of the City of Laredo. If the protesting vendor cannot resolve the issue with the City Manager, he shall be entitled to address his concerns when the City Council of the City of Laredo considers the awarding of the contract. Such appeal may be made only after exhausting all administrative procedures through the City Manager. All protests must be duly submitted via Certified Mail to: City of Laredo Purchasing Agent 5512 Thomas Ave. Laredo, Texas 78041.

8.0 BIDDER DISCOUNTS

- (a) Percent discounts within a certain period of time will be accepted but cannot be used in the bid evaluation. The period of the discount offered should be sufficient to permit payments within such period in the regular course of business by the City of Laredo.
- (b) In connection with any discounts offered, time will be computed from the date of receipt of supplies or service or from the date a correct invoice is received, whichever is the later date. Payment is deemed to be made on the date the check is mailed.

9.0 INTENT OF CONTRACT

a) ANNUAL SUPPLY/SERVICE CONTRACTS: This contract does not commit the City to purchase the quantities indicated. The quantities are estimates and are based on the best available information. The purpose of this contract is to establish prices for the commodities or services needed, should the City need to purchase these commodities or services. Since the quantities are estimates, the City may purchase more than the estimated quantities, less than the estimated quantities, or not purchase any quantities at all. The needs of the City shall govern the amount that is purchased. All annual contracts shall bound by the terms of the bid documents. In the event a new contract cannot be executed on the anniversary date of the original term or renewal term, the contract may be renewed month to month until a new contract is executed. The City's obligation for performance of an annual supply contract beyond the current fiscal year is contingent upon the availability of appropriated funds from which payments for the contract purchases can be made. If no funds are appropriated and budgeted during the next fiscal year, this contract becomes null and void.

10.0 AWARD OF CONTRACT

(a) This contract will be awarded to the **(lowest responsive responsible bidder)**, in accordance to the provisions of Chapters 252 and 271 of the State of Texas – Local Government Code.

Definition of lowest responsive and responsible bidder as per the Institute for Public Procurement is:

- "Lowest Responsive and Responsible Bidder: The bidder who fully complied with all of the bid requirements and whose past performance, reputation, and financial capability is deemed acceptable, and who has offered the most advantageous pricing or cost benefit, based on the criteria stipulated in the bid documents."
- (b) The City reserves the right to accept any item or group of items in the bid specifications, unless the bidder qualifies it's bid by specific limitation. Proof: The bidder shall bear the burden of proof of compliance with the City of Laredo specifications.
- (c) A written award of acceptance (a duly approved purchase order or Letter of Award) furnished by the City to the successful bidder results in a binding contract without further action by either party. These Terms and Conditions shall be the basis and governing document of the binding contract.
- (d) A duly authorize purchase order number shall reference item/services description, item number, quantity and price. Invoices shall reference the assign purchase order number to avoid any duplication (2 CFR 200.318 (d)).
- (e) Prices must be quoted F.O.B. Destination, Laredo, Texas, unless otherwise specified in the invitation to bid. The place of delivery shall be that set forth in the bid specifications and/or purchase order.
- (f) Title & Risk of Loss: The title and risk of loss of goods shall not pass to the City of Laredo until the City actually receives and takes possession of the goods at the point or points of delivery. The terms of this agreement is "no

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arrival, no sale".

- (g) Delivery time and prompt payment discounts will be considered in breaking ties. In the event of a tie bid, the successful bidder will be determined by choosing lots at the City Council meeting chambers.
- (h) The City of Laredo shall give written notice to the contractor (supplier) if any of the following conditions exist:
- 1. Contractor does not provide materials in compliance with specifications and/or within the time schedule specified in bid.
- 2. Contractor neglects or refuses to remove materials or equipment which have been rejected by the City of Laredo if found not to comply with the specifications.
- 3. The contractor makes an unauthorized assignment for the benefit of any contractor.

Upon receiving written notification from the City that one of the above conditions has occurred, the contractor must remedy the problem within ten (10) calendar days, to the complete satisfaction of the City, or the contract will be immediately canceled.

4. Contract terms are the responsibility of the awarded vendor(s) and the respective City user department(s).

11.0 ENTIRE AGREEMENT

(a)All covenants, conditions and agreement contained in the solicitation, are hereby made part of the Agreement to the same extent and with the force as is fully set forth herein. If and to the extent of this Agreement and the terms of this solicitation and supplier response conflict Terms & Conditions of this solicitation shall control.

12.0 PAYMENT & INVOICING

- (a) All invoices to the City of Laredo have a 30 day term from receipt of supplies or completion of services.
- (b) Discount terms will be computed from the date of receipt and acceptance of supplies or services. Payment shall be deemed to be made from that date.
- (c) All invoices must show the purchase order number and invoices shall be legible. Items billed on invoices should be specific as to applicable stock, manufacturer catalog or part number. All items must show unit prices. If prices are based on discounts from list, then list prices must appear on bid schedule. All invoices shall be mailed to the Accounts Payable Office, City Hall, and PO. Box 210, Laredo, Texas 78042.
- (d) The City of Laredo offers electronic funds transfer (ETF) payments in lieu of check payment when a vendor has filled out an Electronic Funds Transfer Authorization Form issued by the City of Laredo or upon request from the vendor. This ensures prompt payment directly deposited to a bank account. The estimated payment time is up fifteen (15) days from the date payment is processed. (e) For any inquires on payment status or general billing questions please contact: Jorge J. Jolly, Accounts Payable Manager 956-791-7328 jjolly@ci.laredo.tx.us 1110 Houston St. Laredo, TX 78040.

13.0 In accordance to State of Texas, the City of Laredo follows State practices when awarding any and all competitive solicitations:

TEXAS ENGINEERING AND LAND SURVEYING PRACTICE ACTS AND RULES CONCERNING PRACTICE AND LICENSURE

OCCUPATIONS CODE TITLE 6. REGULATION OF ENGINEERING, ARCHITECTURE, LAND SURVEYING, AND RELATED PRACTICES SUBTITLE A. REGULATION OF ENGINEERING AND RELATED PRACTICES CHAPTER 1001. TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS

CHAPTER 137: COMPLIANCE AND PROFESSIONALISM

SUBCHAPTER C: PROFESSIONAL CONDUCT AND ETHICS

§137.53 ENGINEER STANDARDS OF COMPLIANCE WITH PROFESSIONAL SERVICES PROCUREMENT ACT (a) A licensed engineer shall not submit or request, orally or in writing, a competitive bid to perform professional engineering services for a governmental entity unless specifically authorized by state law and shall report to the board any requests from governmental entities and/or their representatives that request a bid or cost and/or pricing information or any other information from which pricing or cost can be derived prior to selection based on demonstrated competence and qualifications to perform the services. (b) For the purposes of this section, competitive bidding to perform engineering services includes, but is not limited to, the submission of any monetary cost information in the initial step of selecting qualified engineers. Cost information or other information from which cost can be derived must not be submitted until the second step of negotiating a contract at a fair and reasonable cost. (c) This section does not prohibit competitive bidding in the private sector. Source Note: The provisions of this §137.53 adopted to be effective May 20, 2004, 29 TexReg 4878; amended to be effective June 4, 2007, 32 TexReg 2996.

I Agree to the Terms and Conditions

(Required: Check if applicable)

3 Insurance Terms and Conditions

INSURANCE REQUIREMENTS If and when applicable or required by the contract, the successful bidder(s) shall furnish the City with original copies of valid insurance policies herein required upon execution of the contract and shall maintain said policies in full force and effect at all times throughout the term of this contract.

- (a) Commercial General Liability insurance at minimum combined single limits of \$1,000,000 per-occurrence and \$2,000,000 general aggregate for bodily injury and property damage, which coverage shall include products/completed operations (\$1,000,000 products/completed operations aggregate) and XCU (Explosion, Collapse, Underground) hazards. Coverage must be written on an occurrence form. Contractual Liability must be maintained covering the Contractors obligations contained in the contract. The general aggregate limit must be at least two (2) times the each occurrence limit.
- (b) Workers Compensation insurance at statutory limits, including Employers Liability coverage a minimum limits of \$1,000,000 each-occurrence each accident/\$1,000,000 by disease each-occurrence/\$1,000,000 by disease aggregate.
- (c) Commercial Automobile Liability insurance at minimum combined single limits of \$1,000,000 per-occurrence for bodily injury and property damage, including owned, non-owned, and hired car coverage.
- (d) Professional Liability, Errors & Omissions coverage, with minimum limits of \$1,000,000 per claim/ \$2,000,000 annual aggregate. This coverage must be maintained for at least two years after the project is completed. If coverage is written on a claims-made basis, a policy retroactive date equivalent to the inception date of the contract (or earlier) must be maintained during the full term of the contract.
- (e) Any Subcontractor(s) hired by the Contractor shall maintain insurance coverage equal to that required of the Contractor. It is the responsibility of the Contractor to assure compliance with this provision. The City of Laredo accepts no responsibility arising from the conduct, or lack of conduct, of the Subcontractor.
- (f) A Comprehensive General Liability insurance form may be used in lieu of a Commercial General Liability insurance form. In this event, coverage must be written on an occurrence basis, at limits of \$1,000,000 each-occurrence, combined single limit, and coverage must include a broad form Comprehensive General Liability Endorsement, products/completed operations, XCU hazards, and contractual liability.
- (g) With reference to the foregoing insurance requirement, Contractor shall specifically endorse applicable insurance policies as follows:
- 1. The City of Laredo shall be named as an additional insured with respect to General Liability and Automobile Liability.
- 2. All liability policies shall contain no cross liability exclusions or insured versus insured restrictions.
- 3. A waiver of subrogation in favor of the City of Laredo shall be contained in the Workers compensation, and all liability policies.
- 4. All insurance policies shall be endorsed to require the insurer to immediately notify The City of Laredo of any material change in the insurance coverage.
- 5. All insurance policies shall be endorsed to the effect that The City of Laredo will receive at least sixty- (60) days' notice prior to cancellation or non-renewal of the insurance.
- 6. All insurance policies, which name The City of Laredo as an additional insured, must be endorsed to read as primary coverage regardless of the application of other insurance.
- 7. Required limits may be satisfied by any combination of primary and umbrella liability insurances.
- 8. Contractor may maintain reasonable and customary deductibles, subject to approval by The City of Laredo.
- 9. Insurance must be purchased from insurers that are financially acceptable to the City of Laredo. Insurer must be rated A- or greater by AM Best Rating with an admitted carrier licensed by the Texas Department of Insurance.
- (h) All insurance must be written on forms filed with and approved by the Texas Department of Insurance. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent and shall contain provisions representing and warranting the following:
- 1. Sets forth all endorsements and insurance coverage's according to requirements and instructions contained herein.
- 2. Shall specifically set forth the notice-of-cancellation or termination provisions to The City of Laredo.
- (i) Upon request, Contractor shall furnish The City of Laredo with certified copies of all insurance policies.
- (j) Certificates of insurance are always subject to review and approval from the City of Laredo Risk Management.
- (k) Specialty certificates and licenses must be inspected and verified for accuracy and validity before award of contract.
- (I) Awarded vendor is required to maintain current and active all: certifications, licenses, permits and/or insurance coverages, required to perform work, throughout the duration of this project/contract.
- X I agree my insurance meets minumum requirements (Required: Check if applicable)

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4 Disqualification & Debarment Certification

DISQUALIFICATION & DEBARMENT CERTIFICATION By submitting this request for bids, proposal or statement of qualifications, the firm certifies that it is not currently debarred or eligible for debarment from the City of Laredo pursuant to **Ordinance No. 2017-O-098**, and that it is not an agent of a person or entity that is currently debarred from receiving contracts from any political subdivision or agency of the State of Texas. The City will further verify debarment status through use of the federal website SAM.gov. The contract parties are further prohibited from making any award at any tier to any party that is debarred or suspended or otherwise excluded from or ineligible for participation in Federal Assistance Programs under Executive Order 12549, "Debarment and Suspension."

By executing this agreement, the Engineer certifies that it is not currently debarred, suspended, or otherwise excluded from or ineligible for participation in Federal Assistance Programs under Executive Order 12549. The parties to this contract shall require any party to a subcontract or purchase order awarded under this contract to certify it eligibility to receive Federal funds and, when requested by the City, to furnish a copy of the certification. Additionally, in accordance with Chapter 2270, Texas Government Code, a governmental entity may not enter into a contract with a company for goods or services unless the contract contains a written verification from the company that it: (1) does not boycott Israel; and (2) will not boycott Israel during the term of the contract.

The signatory executing this contract on behalf of company verifies that the company does not boycott Israel and will not boycott Israel during the term of this contract. S.B. 252 (V. Taylor/S. Davis) is a bill relating to government contracts with terrorists. The bill provides that: (1) a governmental entity, including a city, may not enter into a governmental contract with a company that is identified on a list prepared and maintained by the comptroller and that does business with Iran, Sudan, or a foreign terrorist organization; and (2) a company that the United States government affirmatively declares to be excluded from its federal sanctions regime relating to Sudan, its federal sanctions regime relating to Iran, or any federal sanctions regime relating to a foreign terrorist organization is not subject to the contract prohibition under the bill.

I certify to the terms and conditions (Required: Check if applicable)

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5 Contract Requirements

- **1.CODE OF ETHICS ORDINANCE** Vendors doing business with the City of Laredo shall comply with all provisions of the City of Laredo's Code of Ethics (Ordinance, as amended). Vendors may be required to participate in Code of Ethics trainings.
- 1.2 PROHIBITED CONTACTS DURING CONTRACT SOLICITATION PERIOD A person or entity who seeks or applies for a city contract or any other person acting on behalf of such person or entity, is prohibited from contacting city officials and employees regarding such a contract after a Formal Bid, Request for Proposal (RFP), Request for Qualification (RFQ) or other solicitation has been released. This no-contact provision shall conclude when the contract is awarded. The City of Laredo reserves the right to contact respondents and may require such contact as part of the evaluation process (for presentation, clarification) of bids and/or negotiation of RFP submittal(s) prior to the award of contract. If contact is required, such contact will be done in accordance with provisions of Chapter 252 and 271 of the Texas Local Government Code and procedures incorporated into the solicitation document. Violation of this provision by respondents or their agents may lead to disqualification of their offer from consideration.
- 1.3 NON-COLLUSIVE AFFIDAVIT (Form can be downloaded and submitted through Cit-E-Bid system) The City may require that vendors submit a Non-Collusive Affidavit. The vendor will be required to state that the party submitting a proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any Bidder or Person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price or affiant or of any other Bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the City of Laredo or any person interested in the proposed contract; and that all statements in said proposal or bid are true.
- 1.4 CONTRACT DISCLOSURE FORMS (This is submitted through Cit-E-Bid system) The City of Laredo requires the following forms to be completed as a part of this bid for consideration; 1. Company Information Questionnaire, 2. Signed Price Schedule, 3. Conflict of Interest Questionnaire, 4. Non-Collusive Affidavit 5. Discretionary Contracts Disclosure 6. Certificate of Interested Parties (Form 1295) **Upon Award of RFP Only** 1.5 CONFLICT OF INTEREST FORMS (This is submitted through Cit-E-Bid system) Conflict of Interest Disclosure: A form disclosing potential conflicts of interest involving counties, cities, and other local government entities may be required to be filed after January 1, 2006, by vendors or potential vendors to local government entities. The new requirements are set forth in Chapter 176 of the Texas Local Government Code added by H.B. No. 914 of the last Texas Legislature.
- 1.6 TEXAS ETHICS COMMISSION (Form 1295, Form can be downloaded and submitted through Cit-E-Bid system) Certificate of Interested Parties (Form 1295) Implementation of House Bill 1295: In an effort to comply with state law the certificate of interested parties must be filled out once a vendor has been granted a contract. All of this information can be found on the state of Texas website, please use this link provided, https://www.ethics.state.tx.us/tec/1295-Info.htm In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. In order to comply with state law the Certificate of Interested Parties (Form 1295) must be submitted to the Texas Ethics Commission within 10 days upon receiving notice of award of contract. This form must be submitted within the allotted time otherwise this may result in the cancellation of the contract.

Changes to Form 1295:

Changes to the law requiring certain businesses to file a Form 1295 are in effect for contracts entered into or amended on or after January 1, 2018. The changes exempt businesses from filing a Form 1295 for certain types of contracts and replace the need for a completed Form 1295 to be notarized. Instead, the person filing a 1295 needs to complete an "unsworn declaration."

I have read and understand this section (Required: Check if applicable)

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6 Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)

Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)

Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

I have read and understand this section (Required: Check if applicable)

7 Questionnaire Description

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this request. By submitting this bid the vendor agrees to the City of Laredo specifications and all terms and conditions stipulated in the proposed document. That I, individually and on behalf of the business named in this Business Questionnaire, do by my signature below, certify that the information provided in the questionnaire is true and correct ".

8 Name of Offeror (Business) and Name & Phone Number of Authorized Person to sign bid			
	Bound Tree Medical, LLC		
	(Required: Maximum 1000 characters allowed)		
9	State how long under has the business been in its present business name		
	1978		
	1970		
	(Required: Maximum 1000 characters allowed)		
1	If applicable, list all other names under which the Business identified above operated in the last five years		

State if the Company is a certified minority business enterprise

The below information is requested for statistical and tracking purposes only and will not influence the amount of expenditure the City will make with any given company.

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1 2	Questions Part 1 1) Is any litigation pending against the Business? 2) Has the Business ever been declared "not responsive" for the purpose of any governmental agency contract award? 3) Has the Business been debarred, suspended, proposed for debarment, suspended, proposed for debarment, suspended, proposing or contracting? 4) Are there any proceedings, pending relating to the Business responsibility, debarment, suspension, voluntary exclusion, or qualification to receive a public contract? 5) Has the government or other public entity requested or required enforcement of any of its rights under a surety agreement on the basis of default or in lieu of declaring the Business at default? The answer is "No" to all of the above questions. (Required: Maximum 4000 characters allowed)
1 3	Questions Part 2 1) Is the Business in arrears in any contract or debt? 2) Has the Business been a defaulter, as a principal, surety, or otherwise? 3) Have liquidated damages or penalty provisions been assessed against the Business for failure to complete work on time or any other reason? The answer is "No" to all of the above questions. (Required: Maximum 4000 characters allowed)
1 4	State if the Company is a certified minority business enterprise Historically Underutilized Business (HUB) Small Disadvantaged Business Enterprise (SCBC) Disadvantaged Business Enterprise (DBE) Other This company is not a certified minority business (Required: Check only one)

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Conflict of Interest Disclosure

A form disclosing potential conflicts of interest involving counties, cities, and other local government entities may be required to be filed after January 1, 2006, by vendors or potential vendors to local government entities. The new requirements are set forth in Chapter 176 of the Texas Local Government Code added by H.B. No. 914 of the last Texas Legislature. Companies and individuals who contract, or seek to contract, with the City of Laredo and its agents may be required to file with the City Secretary's Office, 1110 Houston Street, Laredo, Texas 78040, a Conflict of Interest Questionnaire that describes affiliations or business relationships with the City of Laredo officers, or certain family members or business relationships of the City of Laredo officer, with which such persons do business, or any gifts in an amount of \$250.00 or more to the listed City of Laredo officer (s) or certain family members. The new requirements are in addition to any other disclosures required by law. The dates for filing disclosure statements begin on January 1, 2006. A violation of the filing requirements is a Class C misdemeanor. The Conflict of Interest Questionnaire (Form CIQ) may be downloaded from http://www.ethics.state.tx.us/whatsnew/conflict forms.htm. The City of Laredo officials who come within Chapter 176 of the Local Government Code relating to filing of Conflicts of Interest Questionnaire (Form CIQ) include: 1. Mayor 2. Council Members 3. City Manager 4. Members of the Fire Fighters and Police Officers Civil Service Commission. 5. Members of the Planning and Zoning Commission. 6. Members of the Board of Adjustments 7. Members of the Building Standards Board 8. Parks & Leisure Advisory Committee Member, 9. Historic District Land Board Member, 10. Ethics Commission Board Member, 11. The Board of Commissioners of the Laredo Housing Authority 12. The Executive Director of the Laredo Housing Authority 13. Any other City of Laredo decision making board member If additional information is needed please contact Miguel A. Pescador, Purchasing Agent at 956-794-1731.

1 Conflict of Interest Questionnaire Form CIQ

For vendor or other person doing business with local governmental entity. This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a). By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

	Local Government Code. An offense under this section is a Class C misdemeanor.			
1 7	Conflict of Interest Questionnaire Vendor is required to submit Conflict of Interest Form for bid to be considered complete. Have you submitted your completed Conflict of Interest Form with your response? Yes No (Required: Check only one)			
18	Disclosure Form For details on use of this form, see Section 4.01 of the City's Ethics Code.			
19	This is a New Submission Correction Update to previous submission (Required: Check only one)			
2 0	Question 1. Name of person submitting this disclosure form Please include First Name, Middle Initial, Last Name and Suffix (if applicable) (Required: Maximum 1000 characters allowed)			

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2	Question 2. Contract Information				
1	Please include the following: a)Contract or Project Name b)Originating Department				
	RFB FY24-044 X Series Advanced Cardiac Monitor Supplies and Accessories				
	(Required: Maximum 4000 characters allowed)				
2	Question 2. Name of individual(s) or entity(ics) seeking a contract with the city (i.e. parties to the				
2	Question 3. Name of individual(s) or entity(ies) seeking a contract with the city (i.e. parties to the contract)				
	Bound Tree Medical, LLC				
	(Required: Maximum 4000 characters allowed)				
	Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3.				
2					
2 3					
2 3 2 4	individual or entity listed in Question 3. ☑ Not Applicable ☐ It applies to my business				
2	individual or entity listed in Question 3. ☑ Not Applicable ☐ It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the				
2	individual or entity listed in Question 3. Not Applicable ☐ It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner,				
2	individual or entity listed in Question 3. Not Applicable ☐ It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner,				
2	individual or entity listed in Question 3. Not Applicable ☐ It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner,				
2	individual or entity listed in Question 3. Not Applicable ☐ It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner,				
2	individual or entity listed in Question 3. Not Applicable It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner, parent, or subsidiary business entity(ies) in this section.				
2 4	individual or entity listed in Question 3. Not Applicable It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner, parent, or subsidiary business entity(ies) in this section. (Optional: Maximum 4000 characters allowed)				
2	individual or entity listed in Question 3. Not Applicable It applies to my business (Required: Check only one) Question 4. List any business entity(ies) that is a partner, parent, subsidiary business entity(ies) of the individual or entity listed in Question 3 If you selected Not Applicable on Question 4, skip this section. If it applies to you, please list the name of partner, parent, or subsidiary business entity(ies) in this section.				

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26	Question 5. List any individuals or entities that will be subcontractors on this contract If you selected Not Applicable on Question 5, please skip this section. If it applies to you, please list subcontractors in this section. (Optional: Maximum 4000 characters allowed)
2 7	Question 6. List any attorneys, lobbyists, or consultants that have been retained to assist in seeking this contract
	Not Applicable ☐ It applies to my business (Required: Check only one)
2 8	Question 6. List any attorneys, lobbyists, or consultants that have been retained to assist in seeking this contract If selected Not Applicable on question 6, please skip this section. If it applies to you, please list attorneys, lobbyists, or consultants that have been retained to assist in seeking this contract.
	(Optional: Maximum 4000 characters allowed)
29	Question 7. Disclosure of political contributions List any campaign or officeholder contributions made by the following individuals in the past 24 months totaling more than \$100 to any current member of City Council, former member of City Council, any candidate for City Council, or to any political action committee that contributes to City Council elections. a) Any individual seeking contract with the city (Question 3) b) Any owner of officer of entity seeking contract with the city (Question 3) c) Any individual or owner or officer of any entity listed above as partner, parent, or subsidiary business (Question 4) d) Any subcontractor or owner/office of subcontracting entity for the contract (Question 5) e) The spouse of any individual listed in response to (a) through (d) above f) Any attorney, lobbyist, or consultant retained to assist in seeking contract (Question 6) Not Applicable It applies to my business (Required: Check only one)
3 0	Question 7. Disclosure of political contributions If you selected Not Applicable on question 7, please skip this section. If it applies to you, please list all contributors in this section.

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	submission of this form, up through the time City Council takes action on the contracts identified in response to Question 2 and continuing for 30 calendar days after the contract has been awarded.		
3 2	Question 8. Disclosure of Conflict of Interest Are you aware of any fact(s) with regard to this contract that would raise a "conflict of interest" issue under Section 2.01 of the Ethics Code for any City Council member or board/commission member that has not or will not be raised by these city officials? □ I am aware of conflict of interest		
3 3	8. Disclosure of Conflict of Interest If you selected I am aware of conflict of interest is question 8, please list them in this section. (Optional: Maximum 4000 characters allowed)		

Information regarding contributions must be updated by submission of a revised form from the date of the

Question 9. Updates Required

Updates on contributions required

I understand that this form must be updated by submission of a revised form if there is any change in the information before the discretionary contract is the subject of action by the City Council, and no later than five (5) business days after any changes has occurred, whichever comes first. This include information about political contributions made after the initial submission and up until thirty (30) calendar days after the contract has been awarded.

X I have read and understand this section (Required: Check if applicable)

2 Question 10. No Contact with City Officials or Staff during Contract Evaluation

I understand that a person or entity who seeks or applies for city contract or any other person acting on behalf of that person or entity is prohibited from contacting city officials and employees regarding the contract after a Request for Proposal (RFP), Request for Qualifications (RFQ), or other solicitation has been released. This no-contact provision shall conclude when the contract is posted as a City of Laredo Council agenda item. If contact is required with city officials or employees, the contact shall take place in accordance with procedures incorporated into the solicitation documents. Violation of this prohibited contacts provision set out in Section 2.09 of the Ethics Code by respondents or their agents may lead to disqualification of their offer from consideration.

I have read and understand this section (Required: Check if applicable)

Question 11. Conflict of Interest Questionnaire (CIQ)

Chapter 176 of the Local Government Code requires contractor and vendors to submit a Conflict of Interest Form (CIQ) to the Office the of City Secretary.

X I have acknowledge that I have been advised (Required: Check if applicable)

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3 7	Question 11. Oath Please complete in this section the required information for your company: 1) Name 2) Title 3) Company or DBA 4) Date
	(Required: Maximum 4000 characters allowed)

3

Question 12. Oath

I swear or affirm that the statements contained in this Discretionary Contracts Disclosure Form, including any attachments, to the best of my knowledge and belief are true, correct, and complete.

X I swear or affirm information is correct

(Required: Check if applicable)

Bid Lines

1 Package Header

Scope of Work:

Notice is hereby given that the City of Laredo is now accepting sealed bids, subject to the Terms and Conditions of this Invitation for Bids and other contract provisions, for awarding an annual contract for supplies and accessories to cardiac monitors for the Laredo Fire Department.

The City of Laredo reserves the right to reject any and all bids, and to waive any minor irregularities.

Bidders are strongly encouraged to submit their bids electronically through use of Cit-E-Bid or in person - hand delivery.

Mailed (i.e. USPS, FedEx, UPS), telegraphic, emails or facsimile proposals will not be considered.

Hand delivered bids will be received at the City Secretary Office, 1110 Houston St., 3rd. floor, Laredo, Texas 78040 until 5:00 P.M. on February 15, 2024; and all bids received will be opened and read publicly at 10:00 A.M. at the Office of the City Secretary on February 16, 2024.

Hand delivered bids are to be submitted in a sealed envelope clearly marked: FY24-044 - X-Series Advanced Cardiac Monitor Supplies and Accessories - Laredo Fire Department

General Conditions:

- Bidders are required to submit their bids upon the following expressed conditions: Bidders shall thoroughly examine the specifications, schedule instructions and other contract documents. Bidders shall make all investigations necessary to thoroughly inform themselves regarding the requested specifications. No pleas of ignorance by the bidder of conditions that exist or that may hereafter exist as a result of failure of omission on the part of the bidder to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents, will be accepted as a basis for varying the requirements of the City or the compensation to the vendor.
- Bidders are advised that all City contracts are subject to all legal requirements provided for in the City Charter and/or applicable City Ordinances, State and Federal Statutes.
- The core objectives of this bid is for the Fire Department to purchase as needed cardiac monitor supplies
 and accessories for the X Series Advanced Monitors and AutoPulse machines. Products may include but
 not limited to adult padz, pediatric padz, cables, lifeband, shoulder restraints, thermal paper, etc.
- Shipping shall be: F.O.B., Destination, Prepaid. All pricing shall include shipping and handling. The

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awarded vendor(s) must hold prices firm for the initial term of the contract.

Annual Supply/Service Contract: This contract does not commit the City to purchase the quantities indicated. The quantities are estimates and are based on the best available information. The purpose of this contract is to establish prices for the commodities or services needed, should the City need to purchase these commodities or services. Since the quantities are estimates, the City may purchase more than the estimated quantities, less than the estimated quantities, or not purchase any quantities at all. The needs of the City shall govern the amount that is purchased and change orders shall not be applicable.

Term of Contract: The term of this contract shall be for a period of one (1) years beginning as of the date of its execution. The contract may be extended for three (3), additional one (1) year periods. Should the vendor desire to extend the contract for the additional one-year period, it must so notify the City in writing no later than sixty (60) days before the expiration of the prior term. Such notification shall be effective upon actual receipt by the City. Renewals shall be in writing and signed by the City's Purchasing Manager & City Manager or his designee, without further action by the Laredo City Council, subject to and contingent upon appropriation of funding therefore. All annual contracts shall bound by the terms of the bid documents. The City shall also have the right to extend this contract under the same terms and conditions beyond the original term or any renewal thereof, on a month to month basis, not to exceed 3 months. Said month to month extensions shall be in writing, signed by the City's Purchasing Manager & City Manager or his designee, and shall not require City Council approval, subject to and contingent upon appropriation of funding therefore. The City reserves the right to renew or rebid this contract, if the appropriated funds initially approved by City Council are exhausted before the contract expiration date.

This contract shall be the responsibility of and administered by the vendor and the City of Laredo Fire Department.

Price Adjustment

During the period of this contract, prices may be increased and decreased. The City of Laredo will allow unit price adjustments upwardly or downwardly when correlated with an industry wide adjustment. Any request for reasonable price adjustments will be considered. Justification for the requested adjustment on original fixed pricing must have mutual consent from both parties and be supported by appropriate documentation. The City will not take action to intentionally delay legitimate manufacturer unit price increases. The City of Laredo reserves the right to cancel the contract if the price increase is deemed excessive; a new contract vendor will be selected on the basis of competitive bids. Documentation may be emailed to ealdape@ci.laredo.tx.us.

Award of Contract:

Submission and award of contract shall be based on the "Terms and Conditions of the Invitation for Bids" which is attached and make part of these specifications. This contract will be awarded to up to two lowest responsible responsive bidder and who's proposed price and other factors have been considered in accordance to the provisions of Chapters 252 and 271 of the State of Texas - Local Government Code. The City of Laredo has established a local vendor preference ordinance 2018-O-175. All informal and formal Requests for bids for contracts will be evaluated with a 5% preference for local vendors.

There will be up to two primary vendor (s) for this contract.

Definition of lowest responsive and responsible bidder as per the Institute for Public Procurement is: "Lowest Responsive and Responsible Bidder: The bidder who fully complied with all of the bid requirements and whose past performance, reputation, and financial capability is deemed acceptable, and who has offered the most advantageous pricing or cost benefit, based on the criteria stipulated in the bid documents."

Termination of Contract

This contract shall be for an initial period of one year or twelve months from the commencement date. Either party will have the right to terminate the contract by giving written notice to the other party at least 3 months before the end of the initial period of the contract or at least 30 days at any point after the end of the initial period. Either party may terminate this contract by written notice to the other at any time if the other party: Commits a breach of this contract and, in the case of a breach capable of remedy, fails to remedy the breach within 10 days of being required to do so in writing; or becomes insolvent, or has a liquidator, receiver, manager or administrative receiver appointed.

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	Total: \$2	2,141,385.50
Supplier Notes:		Additional notes
		(Attach separate sheet)
Package Items		
1.1 8900-0400 CPR	STAT-PADZ ELECTRODE (P/N 8900-0402), 8 pack/CASE	
(Response required)		\$656.88/cs
Quantity: 200	UOM: cases	Total: \$131,376.00 67%
Manufacturer #:	8900-0400	No bid
Item Notes:	quantities are estimated	Additional notes
Supplier Notes:	BTM #2742-0400	(Attach separate sheet)
1.2 8300-000676 CA	ABLE ASSY, ONE STEP, X SERIES	
OneStep Cable (Response required)	for ZOLL X Series Monitor/Defibrillator.	0554.007
Quantity: 500	UOM: each	\$554.80/ea Total: \$272,400.00 %
Manufacturer #:	8300-000676	
Item Notes:	quantities are estimated	No bid Additional notes
Supplier Notes:	BTM #*8300-000676	(Attach separate sheet)
	CPR-D-Padz® Connector for R Series® OneStep™ Cable	
(Response required)		\$431.41/ea Total: \$215.705.00 50%
Quantity: 500	UOM: each	Total: \$\\\\\$215,705.00 50\%
Manufacturer #: Item Notes:	8009-0020	No bid
Supplier Notes:	quantities are estimated	Additional notes (Attach separate sheet)
oupplier Notes.	BTM #2746-80902	, , ,
1.4 8900-000220-01	ONESTEP PEDIATRIC CPR ELECTRODE (P/N 8900-000219-01), 8 pack/CASE
(Response required)		\$762.32/ea
Quantity: <u>500</u>	UOM: case	Total: \$381,160.00 68%
Manufacturer #:	8900-000220-01	No bid
Item Notes:	quantities are estimated	Additional notes
Supplier Notes:	BTM #2742-22001	(Attach separate sheet)
4. F 0000 004420 FL	OMELINE ACCUMENT DOV OF 40	
(Response required)	OWTUBE, ACCUVENT, BOX OF 10	\$698.38/bx
Quantity: 200	UOM: boxes	Total: \$139,664.00 47%
Manufacturer #:	8000-001128	No bid
Item Notes:	quantities are estimated	Additional notes
Supplier Notes:	BTM #2712-01128	(Attach separate sheet)

1.6	1.6 REUSE-09-2MQ CHILD CUFF,15-21CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR				
	(Response required)		\$21.42/ea		
	Quantity: 500	UOM: each	Total: 10,710.00 43%		
	Manufacturer #:		No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes:	BTM #2615-21309	(Attach separate sheet)		
1.7	8000-000151 R (Response required)	D RAINBOW SET MD20-04, EMS, PATIENT CABLE, 4 Ft. (REF: 47	(92) \$9.715/ea - \$194.30/b		
	Quantity: 500	UOM: each	Total: \$4,857.50 62%		
	Manufacturer #:	8000-000151	No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes:	BTM #2712-31816, item sold by box 20/bx \$194.30/bx	(Attach separate sheet)		
1.8	8000-000862 Lt (Response required)	NCS-II RAINBOW DCI 8¿ SPCO ADULT SENSOR, 3 FT, 1/BOX (RI	EF: 4067) 		
	Quantity: 500	UOM: each	Total: \$321,825.00 62%		
	Manufacturer #:	8000-000862	No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes:	BTM #2712-26963	(Attach separate sheet)		
1.9	8000-000875-0 ² (Response required)	I PAPER, THERMAL, 80MM ROLL, TSI, BPA-FREE (BOX OF 6)	\$26.64/bx		
	Quantity: 200	UOM: boxes	Total: \$5,328.00 44%		
	Manufacturer #:	8000-000875-01	No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes:	BTM #2745-87501	(Attach separate sheet)		
1.1	0 8000-000819 i (Response require	RD RAINBOW PEDIATRIC 8¿ SpCO ADHESIVE SENSOR, 10/BOX	X (REF: 4035) \$197.10/bx-\$19.71/ea		
	Quantity: 200	UOM: boxes	Total: \$39,420.00 70%		
	Manufacturer #	£: 8000-000819	No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes	BTM #2712-40171, item sold by each \$19.71/ea	(Attach separate sheet)		
1.1°	1 REUSE-07-2N (Response required	IQ INFANT CUFF,9-13CM,DOUBLE TUBE W/TWIST-LOCK CONN	ECTOR \$20.69/ea		
	Quantity: 500	UOM: each	Total: \$10,345.00 42%		
	Manufacturer #	DELIGE 07 0140	No bid		
	Item Notes:	quantities are estimated	Additional notes		
	Supplier Notes:	·	(Attach separate sheet)		

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1.12	1.12 8000-000863 LNCS-II RAINBOW DCIP 8; SPCO PEDIATRIC SENSOR, 3 FT, 1/BOX (REF: 4068) (Response required)		
		UOM: each	\$673.45/ea Total: \$336,725.00 65 %
	Manufacturer #:	8000-000863	
	Item Notes:	quantities are estimated	No bid
	Supplier Notes:	BTM #2712-26973	Additional notes (Attach separate sheet)
1.13	8000-0895 CUFI (Response required)	F KIT, PROPAQ MD	\$106.25 W.T.
		UOM: each	\$186.25/KT Total: \$93,125.00 %
	· 	8000-0895	10tan. (475)125100
	Manufacturer #: Item Notes:	quantities are estimated	No bid
	Supplier Notes:	BTM #*8000-0895	Additional notes (Attach separate sheet)
	Cuppilot Hotos.	D1W1# 0000-0073	
1.14	AutoPulse Acce	ssories	
	8700-0706-01 Li	feBand 3 Pack	
	(Response required)		\$186.72/ea
	Quantity: 500	UOM: each	Total: \$93,360.00 74%
	Manufacturer #:	8700-0706-01	No bid
	Item Notes:	quantities are estimated	Additional notes
	Supplier Notes:	BTM #2443-10112	(Attach separate sheet)
1.15	AutoPulse Acce 8700-0709-01 S	ssories houlder Restraints	
	(Response required)		\$89.31/ea
	Quantity: 500	UOM: each	Total: \$44,655.00 60%
	Manufacturer #:	8700-0709-01	No bid
	Item Notes:	quantities are estimated	Additional notes
	Supplier Notes:	BTM #3174-70901	(Attach separate sheet)

Page 19 of 21 pages Deadline: 2/15/2024 05:00 PM (CT) FY24-044

1.16 AutoPulse Acce	essories	
	lead Immobilizer 5 pack	
(Response required)		\$81.46/PK-5/PK
Quantity: 500	UOM: each	Total: \$40,730.00 %
Manufacturer #:	8700-0710-01	No bid
Item Notes:	quantities are estimated	Additional notes
Supplier Notes:	BTM #*8700-0710-01	(Attach separate sheet)
1.17 12-0822-000 Re (Response required)	esQPOD ITD 16 These are the ResQ PODs	
Quantity: 500	UOM: each	Total: NO BID %
Manufacturer #:	12-0822-000	No bid
Item Notes:	quantities are estimated	Additional notes
Supplier Notes:	NO BID **This is a sole source item you will need to go direct to order**	(Attach separate sheet)

 Page 20 of 21 pages
 Deadline: 2/15/2024 05:00 PM (CT)
 FY24-044

rmation
Bound Tree Medical, LLC
Rob Meriweather
5000 Tuttle Crossing Blvd
Dublin, OH 43016
800.533.0523
877.311.2437
submitbids@boundtree.com
es
response, you certify that you are authorized to represent and bind your company.
er
Signature
V

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Seaston. This questionnaire is bailing field in scord and with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity not later than the 7th business designation under Section 176.006(a). By law this questionnaire must be fissed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be field. See Section 176.006(a). Local Government Todos. A vendor commits an efense if the vendor knowingly violates Section 176.008, Local Government Code. An other commits an effense with the section is a middlemanario. If Name of vendor who has a business relationship with local governmental entity. Bound Tree Medical, LLC Check this box if you are filling an update to a previously filled questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filling authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.) N/A Name of focal government officer about whom the information is being disclosed. N/A Name of Officer Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 178.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from the vendor or a family member of	_									
inas a business realizations as delined by Section 176.00(1-4) with a local governmental entity and the ventor meets requirements under Section 176.00(1-4) with a local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filled. See Section 176.00(6-1), Local Government Code. A vandor committed an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor. In Name of vendor who has a business relationship with local governmental entity. Bound Tree Medical, LLC Check this box if you are filling an update to a previously filled questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filling authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incompleted or inaccurate.) Name of local government officer about whom the information is being disclosed. N/A Name of Officer Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each amployment or business relationship described. Attach additional pages to this Form CiO as necessary. A. is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer serves as an officer or director, or holds an ownership interest of one percent or more.	This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. OFFICEUSE ONLY									
than the An obtainess day after the date in vendor becomes aware of facts that require the statement to be find. See Section 176.005(-1), Local Government Code. Avandor commits an offense if the vendor isnowingly violates Socion 176.005, Local Government Code. An offense under this section is a misdemeanor. I Name of vendor who has a business relationship with local governmental entity. Bound Tree Medical, LLC Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally illed questionnaire was incomplete or inaccurate.) N/A Name of local government officer about whom the information is being disclosed. N/A Name of Officer I Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(e)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and 8 for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer or a family member of the officer or director, or holds an ownership interest of one percent or more.	j na	is a dusiness relationship as defined by Section 176,001(1-8) with a local governmental antity and the	Date Received							
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Check this box if you are filling an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filling authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.) Name of local government officer about whom the information is being disclosed. N/A Name of Officer Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 175.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.	1	Name of vendor who has a business relationship with local governmental entity.								
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Name of Officer Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or tikely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. Check this box life evendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).	3	Name of local government officer about whom the information is being disclosed.								
Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		N/A								
A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? A. Is the vendor receiving or likely to receive taxable income, other than investment income, from the vendor? B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. Check this box lift he vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a-1).		Name of Officer								
Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. Check this box lift he vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).	4)	officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the								
other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more. Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		Yes No								
Check this box lifthe vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1). Signature of vendor doing business with the square particularity. 02/15/2024	5	Other business entity with respect to which the local government officer serves as an of	aintains with a corporation or ficer or director, or holds an							
Signature of warder daing business with the savery world with	-03	Check this box if the vendor has given the local government officer or a family member of as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003	of the officer one or more gifts 03(a-1).							
DIGERATION OF MANAGE dated by the contract and a second section.		(And the state of								
		DICESTICS OF VENDOR dated business with the server model and the								

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

<u>Local Government Code § 176.001(1-a)</u>: "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:
 - (2) the vendor:
 - (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
 - (i) a contract between the local governmental entity and vendor has been executed; or
 - (ii) the local governmental entity is considering entering into a contract with the vendor;
 - (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
 - (i) a contract between the local governmental entity and vendor has been executed; or
 - (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:
 - (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
 - (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

 (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:
 - (1) the date that the vendor:
 - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
 - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
 - (2) the date the vendor becomes aware:
 - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
 - (B) that the vendor has given one or more gifts described by Subsection (a); or
 - (C) of a family relationship with a local government officer.

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

=					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	OFFICE USE ONLY CERTIFICATION OF FILING				
1	of business.	Certificate Number:				
	Bound Tree Medical, LLC Dublin, OH United States	2024-1124038 Date Filed:				
2	Name of governmental entity or state agency that is a party being filed.	Date Filed: 02/14/2024				
	City of Laredo		Date	Acknowledged:		
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be p	al entity or state agency to track or identify provided under the contract.	the c	ontract, and pro	vide a	
	FY24-044 X Series Advanced Cardiac Monitor Supplies and Access	sories				
4	Name of Interested Party	City, State, Country (place of busin	acc)	Nature of (check ap		
			-33)	Controlling	Intermediary	
e co				Controlling	mermediary	
	Check only if there is NO Interested Party.					
3	UNSWORN DECLARATION					
	My name is Rob Meriweather	, and my date of l	oirth is	03/22/1980		
	My address is5000 Tuttle Crossing Blvd	, Dublin, C	<u>)H_</u> , _	43016	, <u>US</u>	
	(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.				
	Executed in Franklin Co	ounty, State of Ohio, on the	15th d	ay of February	, 20 <u>24</u>	
		Vole 1	>	(month)	(year)	
		Signature of authorized agent of cont (Declarant)	racting	business entity		
OI	ms provided by Texas Ethics Commission	wethics state ty us		14		

CITY OF LAREDO PURCHASING DIVISION

AFFIDAVIT

Project:

Form of Non-Collusive Affidavit

AFFIDAVIT

STATE OF TEXAS {} Ohio COUNTY OF WEBB {} Franklin

Being first duly sworn, deposes and says:

That he/she is an officer of the firm of Bound Tree Medical, LLC

(a Partner of officer of the firm of, etc.)

The party making the foregoing SOQ or bid, that such SOQ or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed directly or indirectly, with any Bidder or Person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price or affiant or of any other Bidder or to fix any overhead, profit or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the City of Laredo or any person interested in the proposed Contract; and that all statements in said SOQ or bid are true.

Signature of:

Bidder, if the Bidder is an individual Partner, if the Bidder is a Partnership Officer, if the Bidder is a Corporation

Subscribed and sworn before me this 15th day of February 2024

Notary Public

My commission expires:

12/13/28

SEA LINE WHEN IN S. C.

MEGAN RAY ROPPLE
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
12-13-2028
Recorded in
Franklin County

Item List for City of Laredo X Series Advanced Cardiac Monitor Supplies and Accessories Bid No.: FY24-044

City of Laredo Line ID	City of Laredo Item Description	City of Laredo Qty	City of Laredo UoM	Bound Tree Medical Item #	Bound Tree Medical Item Description	Vendor Name	Vendor Item #	Quoted Price	Selling UOM	Quoted Extended Price
						ZOLL MEDICAL				
1.1	CPR STAT-PADZ ELECTRODE (P/N 8900-0402), 8 pack/CASE	200	8/Case	2742-0400	CPR Stat-Padz Electrode (8pr/Case)	CORPORATION	8900-0400	\$ 656.88	8/CS	\$ 131,376.00
1.2	CABLE ASSY, ONE STEP, X SERIES	500	1/Each	8300-000676		ZOLL MEDICAL	8300-000676	\$ 544.80	1/EA	\$ 272,400.00
					CPR-D Padz and CPR Stat Padz Connector for ZOLL R Series	ZOLL MEDICAL				
1.3	Zoll CPR-D-Padz Connector for R Series OneStep Cable	500	1/Each	2746-80902	Defibrillators	CORPORATION	8009-0020	\$ 431.41	1/EA	\$ 215,705.00
	ONESTEP PEDIATRIC CPR ELECTRODE (P/N 8900-000219-01), 8					ZOLL MEDICAL				
1.4	pack/CASE	500	8/Case	2742-22001	ZOLL Onestep Pediatric CPR Electrode, 8/Case	CORPORATION	8900-000220-01	\$ 762.32	8/CS	\$ 381,160.00
						ZOLL MEDICAL				
1.5	FLOWTUBE, ACCUVENT, BOX OF 10	200	10/Box	2712-01128	AccuVent Sensors 10EA/BX	CORPORATION	8000-001128	\$ 698.38	10/BX	\$ 139,676.00
					BP Cuff, FlexiPort, Size 9 Child, Reusable, Two Tube, Locking					
1.6	CHILD CUFF,15-21CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR	500	1/Each	2615-21309	Connector	WELCH ALLYN, INC.	REUSE-09-2MQ	\$ 21.42	1/EA	\$ 10,710.00
					LTD QTY - Sensors, Masimo LNCS, Pediatric, SpO2, Disposable,					
1.7	RD RAINBOW SET MD20-04, EMS, PATIENT CABLE, 4 Ft. (REF: 4792)	500	1/Each	2712-31816	Foam. 18 in 20/bx	SENSORONICS INC.	SFP-MALNC-18P	\$ 194.30	20/BX	\$ 4.857.50
	LNCS-II RAINBOW DCI 8¿ SPCO ADULT SENSOR, 3 FT, 1/BOX (REF:				Masimo Rainbow DCI, Adult Reusable Sensor, 20-pin Connector, 3					
1.8	4067)	500	1/Each	2712-26963	ft. SpCO. SpMet. SpO2	MASIMO	2696	\$ 643.65	1/FA	\$ 321,825.00
					Thermal Paper, 80mm Roll, Plain White, EKG Paper for Zoll X Series	ZOLL MEDICAL				
1.9	PAPER, THERMAL, 80MM ROLL, TSI, BPA-FREE (BOX OF 6)	200	6/Box	2745-87501	Monitors, 6RL/BX	CORPORATION	8000-000875-01	\$ 26.64	6/BX	\$ 5,328.00
	RD RAINBOW PEDIATRIC 8¿ SpCO ADHESIVE SENSOR, 10/BOX (REF:		0, - 0		Sensors, Masimo SET M-LNCS, Pedi, Adh, Disp, use w/RC (Rainbow			T -0.0.	-,	7 0,020.00
	4035)	200	10/Box	2712-40171		MASIMO	2510	\$ 19.71	1/FA	\$ 39,420,00
1.10	1005)	200	10/50%	2712 10171	BP Cuff, FlexiPort, Size 7 Infant, Reusable, Two Tube, Locking	THE STATE OF THE S	2510	Ų 13.71	1, 2, 1	ψ 33,120.00
1.11	INFANT CUFF.9-13CM.DOUBLE TUBE W/TWIST-LOCK CONNECTOR	500	1/Each	662160		WELCH ALLYN, INC.	REUSE-07-2MQ	\$ 20.69	1/FA	\$ 10,345.00
	LNCS-II RAINBOW DCIP 8¿ SPCO PEDIATRIC SENSOR, 3 FT, 1/BOX	500	2/ 24011	002100	Masimo Rainbow DCIP, Pediatric/Slender Digit Reusable Sensor, 20-	WEEGH / NEETH, INC.	MEOSE OF EMIL	Ç 20.03	1, 1, 1	\$ 10,5 15.00
1.12	(REF: 4068)	500	1/Each	2712-26973		MASIMO	2697	\$ 673.45	1/FA	\$ 336,725,00
1.12	(NET : 4000)	300	1/ Lucii	2712 20373	CUFF KIT, PROPAQ MD - SMALL ADULT, LARGE ADULT, AND THIGH	IVIASIIVIO	2037	ÿ 073.43	1/ [ŷ 330,723.00
1.13	CUFF KIT, PROPAQ MD	500	1/Each	8000-0895		ZOLL MEDICAL	8000-0895	\$ 186.25	1 /VT	\$ 93,125.00
1.13	COTT KIT, FROFAQ IVID	300	1/Lacii	8000-0833		ZOLL MEDICAL	8000-0833	J 180.23	1/1/1	3 33,123.00
1.14	LifeBand 3 Pack	500	1/Each	2443-10112	ZOLL LIFEBAND CPR AID 3EA/BX AUTOPULSE	CORPORATION	8700-0706-01	\$ 186.72	1/EA	\$ 93,360.00
1.14	Lifebanu 3 Fack	300	1/ Lacii	2443-10112		ZOLL MEDICAL	0700-0700-01	2 100.72	1/ L/\	\$ 93,360.00
1.15	Shoulder Restraints	500	1/Each	3174-70901	Auto Pulse Shoulder Restraint	CORPORATION	8700-0709-01	\$ 89.31	1/FA	\$ 44.655.00
	Head Immobilizer 5 pack		1/Each	8700-0710-01		ZOLL MEDICAL	8700-0703-01	\$ 81.46		\$ 8.146.00
1.17	ResQPOD ITD 16 These are the ResQ PODs		1/Each	NO BID		No Bid	No Bid		No Bid	No Bid

1 of 1 Bound Tree Medical, LLC

REFERENCES Bound Tree

National References

Andy Zanoff, EMS Captain San Francisco Fire Department 1415 Evans Avenue San Francisco, CA 34124 415-717-6876 Andy.Zanoff@sfgov.org

Douglas Isaacs, MD, Deputy Medical Director Fire Department City of New York 9 Metro Tech Center Brooklyn, NY 11201 718-999-2790 doug.isaacs@fdny.nyc.gov

Steve Blackburn, Chief Operating Officer Priority Ambulance 910 Callahan Road, Suite 101 Knoxville, TN 37912 614-354-4702 sblackburn@priorityambulance.com

Scott Ellis, Medical Supply Specialist City of Columbus Division of Fire 2028 Williams Road Columbus, Ohio 43207 614-221-3132 seellis@columbus.gov

FFPM Lamont M Clark II, Logistics Medical Supply Baltimore City Fire Department 3500 West Northern Parkway Baltimore, MD 21215 410-396-2718 Lamont.clarkii@baltimorecity.gov

Barbara Tripp, Fire Chief City of Tampa Fire Department 808 East Zack Street Tampa, FL 33602 352-406-2573 barbara.tripp@tampagov.net











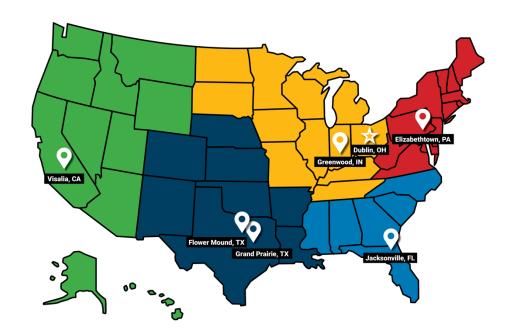






Nationwide Distribution

For operational efficiency and faster disaster response, Bound Tree operates 5 distribution centers nationwide plus a dedicated kitting facility. 96% of all our customers can be reached using UPS Ground within 2 business days.



OFFICES

Bound Tree Medical

5000 Tuttle Crossing Blvd. Dublin, OH 43016

DISTRIBUTION CENTERS					
Grand Prairie, TX Bound Tree Medical 2911 S. Great Southwest Parkway Suite 200 Grand Prairie, TX 75052	Flower Mound, TX Bound Tree Medical 1420 Lakeside Parkway Suite 105 Flower Mound, TX 75028				
Elizabethtown, PA Bound Tree Medical 1605 Zeager Road Elizabethtown, PA 17022	Greenwood, IN Bound Tree Medical 1033 Collins Road, Suite A Greenwood, IN 46143				
Visalia, CA Bound Tree Medical 2243 N. Plaza Drive Visalia, CA 93291	Jacksonville, FL Bound Tree Medical 2619 Ignition Drive, Suite 2 Jacksonville, FL 32218				



Customer Service

Bound Tree Medical is focused on providing service to meet the needs of our customers throughout the United States. We have a deep commitment to help those that help others. The specialized market that we serve drives us to create the best possible solutions for our customers. We are here to serve you.

Our nationwide toll-free Customer Service line is 800-533-0523. Bound Tree Medical routes calls by origin of the zip code of the caller which, results in more customer awareness among those agents responding to customer calls.

There are a variety of methods to place orders and verify pricing:

- 1) <u>Internet:</u> Customers have access to real-time pricing and stock availability 24 hours a day, 7 days a week. www.boundtree.com
- 2) Email: Orders may be emailed to customer service at customerservice@boundtree.com.
- 3) <u>Phone:</u> Our dedicated team of customer service representatives can answer questions or take your orders from 7:30 AM to 8:00 pm EST.
- 4) Fax: Our nationwide toll-free fax line is available 24 hours a day at 800-257-5713.
- 5) <u>Mail:</u> Orders may be mailed to our corporate office. An order form is included in the back of our catalog for convenience.

The Customer Service Department is comprised of 27 staff members. Customer Service Representatives respond to inbound calls and make outbound calls to customers to provide information regarding product availability, shipment and delivery schedule changes. These same representatives are available to answer questions about shipments or process returns when necessary.

If an item goes onto a long term backorder, Bound Tree will work to find equivalent substitute items for the backorder. If it is the customer preference to approve all substituted items, Bound Tree Customer Service will seek approval prior to shipping sub items.

Bound Tree Medical is proud to offer our customers access to an Emergency Disaster Support line at 800-863-0953, which operates 24 hours a day, 7 days per week. It is staffed by on-call managers, who are accessible through routing of calls to cell phones. After leaving a message, a return call is originated within 20 minutes.

Bound Tree Medical allows customers to purchase on open account. The proper account application must be completed and submitted. Bound Tree Medical will assign an account number to each application. Each account has one billing/payables address but may have several shipping/receiving addresses.

In addition, the Federal Drug Administration (FDA) requires Bound Tree Medical to retain a Medical Director (physician) signature, contact information and license photocopy when purchasing legend items and/or pharmaceuticals.

Customers may purchase by Master Card, VISA, Discover or American Express. Prepaid orders are also accepted



Return Policy

Prior to returning a product, please contact Bound Tree's Customer Service Department at 800.533.0523 within 7 days of receiving the product to obtain a return merchandise authorization ("RMA") number. This will help us expedite your return and allow us to give you the proper credit. Once you have received your RMA number please follow the return policy guidelines below.

Subject to the guidelines below, Bound Tree will accept returns and rectify the error at no cost to you if: (i) you received expired product; or (ii) Bound Tree makes an error in fulfilling or shipping your order. In such case, you must notify us within 15 days of receiving the product.

Please follow the return policy guidelines below:

Non-returnable Items Include:

- 1. A product that is "buy to order."
- 2. A product that is "non-stock."
- 3. Items listed as "non-returnable."
- 4. Items that have been marked or engraved.
- 5. Items returned with broken packaging or not in original packaging.
- 6. Any sterile product that has been opened or items determined by Bound Tree not to be in resalable condition.
- 7. Product that is more than 60 days older than the shipment date.
- 8. Recertified equipment.
- 9. Pharmaceutical products.

Return Policy Guidelines:

- 1. Items returned within 45 days of the shipment date will not be subject to a restocking fee.
- 2. Items returned 46-60 days from the shipment date may be subject to a restocking fee.
- 3. Items older than 60 days from the shipment date will not be accepted in our warehouse and will be returned to the customer at customer's expense.
- 4. Please write the RMA number clearly on the package label.
- 5. Send the package freight prepaid. Please reference the RMA to locate the return address.
- 6. Returns must be received by Bound Tree within 15 days of issuance of RMA number.
- 7. Items received without an RMA number will not be eligible for credit.

5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

RETURN FOR REPAIRS

Items returned for repair must be prepared according to the most recent OSHA requirements. Items must be properly cleaned and verified with a statement on the outside of the package. Proof of purchase must also be included with all manufacturer warranty repairs. Please contact our Customer Service Department for additional information.

CLAIMS

All claims for damage occurring in transit must be made upon receipt of goods by customer directly to the carrier and documented with photos. Please save all boxes and packing material. All shipment errors must be reported immediately upon receipt to Bound Tree Customer Service.



Online Ordering Capabilities

- a. Bound Tree Medical provides a user-friendly online ordering system with advanced features that restrict user access to predefined products that can be approved for purchase using a predefined purchasing path with maximum or minimum users as defined by the contracted customer.
- b. The advanced user platform of BoundTree.com allows customers to self-administer (add/delete) their specific product offering based on the entire Bound Tree Medical online catalog.
- c. Users on BoundTree.com can gather information and prepare self-administered reports based on up to two years of historical data.
 - Trends can be tracked by running reports that can include all shipping locations, or that can be tailored to a specific shipping address.
 - A purchase summary report can be self-generated to view total products purchased over a selected period of time.
 - The purchase summary report can be sorted in ascending order by total sales per item.
 - Purchase summary reports and items per month reports can be self-exported in spreadsheet format for additional evaluation.
 - The purchase summary report provides item usage totals based on monthly, quarterly and yearly expenditures.
 - Reports can be self-exported in spreadsheet format.
- d. Product name, short description and detailed descriptions are maintained for items on BoundTree.com. Product photography is uploaded to the website based on manufacturer availability. Custom photography is also available to supplement manufacturer-supplied items.
- e. A "sold by" column is available on product detail pages to clearly describe available units of measure.
- f. Purchase requisition and order processing paths are predefined and self-administered by an online administrator. User roles include "order submitters" and "order approvers". Multiple-levels of approvers can be established with the option to auto-forward orders awaiting approval with no activity.
- g. Unit and total price for each order are displayed in the shopping cart checkout process.
- h. A web administrator can setup and self-administer user IDs which trigger an' e-mail to the user for password setup. Self-administered password reset tools are available to users.
- i. The system does permit an administrator to specify maximum quantities that can be ordered for a given item on a single order. Quotas provide a way for an administrator to self-administer total purchases. To maintain maximum item thresholds, order approvers can monitor and adjust each item on purchase requests throughout the approving and purchasing process.
- j. The purchase requisition process provides date and time stamps for all purchase requisition activities.
- k. Invoice history is posted on BoundTree.com for user access.



RE: Price Increase Policy

To Whom It May Concern:

As you are well aware, the COVID-19 pandemic has had a considerable impact on the global supply chain of emergency medical products, leading to limited access of personal protective equipment ("PPE") and other crucial supplies for the EMS market. While the supply chain looks to be improving in some areas, Bound Tree is still experiencing extended lead times and product shortages on PPE and other critical supplies. Additionally, there have been significant shipping costs imposed by manufacturers. Despite the current market dynamics, Bound Tree has been working daily with our supplier partners to secure additional inventory at reasonable costs.

Even with our proactive efforts to source inventory, many our key supplier partners have increased prices and others have signaled additional price updates will be coming, some of which may be significant. In the event such a price increase occurs after the bid award, Bound Tree will notify you of such increase and will make all efforts to provide adequate documentation from the supplier as evidence of the price modifications. The new contract pricing will then go into effect based on the notification period provided in the contract. If the price increase is not accepted, Bound Tree reserves the right to remove the product(s) from the contract or provide an alternative product, which may come at a different price.

Sincerely,

Christopher Fyffe

Manager, Bids & Contracts

Christopher Fyffe



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/17/2023

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: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105						
Aon Risk Services Northeast, Columbus OH Office								
8940 Lyra Drive Suite 250 Columbus OH 43240 USA		E-MAIL ADDRESS:						
			VERAGE	NAIC#				
INSURED		INSURER A:	SURERA: Federal Insurance Company					
Sarnova, Inc.		INSURER B:	Travelers Property Cas	Co of America	25674			
Bound Tree Medical, LLC 5000 Tuttle Crossing Blvd.		INSURER C:	17400					
Dublin OH 43016 USA		INSURER D:						
		INSURER E:						
		INSURER F:						
00VED 40E0	OFFICIAL NUMBER 5704007500	0.1	BEV//0101	MUMBER				

COVERAGES CERTIFICATE NUMBER: 570102753081 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.

		DSIGNS AND CONDITIONS OF SCOT						Limits sn	own are as requested
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S
Α	Х	COMMERCIAL GENERAL LIABILITY			36073395	12/01/2023	12/01/2024	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GE	N'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
		OTHER:							
Α	ΑU	TOMOBILE LIABILITY			7363-09-65	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANYAUTO						BODILY INJURY (Per person)	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
		AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
Α	Х	UMBRELLA LIAB X OCCUR			78197881	12/01/2023	12/01/2024	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
	Х	DED RETENTION \$10,000							
В		ORKERS COMPENSATION AND MPLOYERS' LIABILITY			UB1X36498A23I3G	12/01/2023	12/01/2024	X PER STATUTE OTH-	
	AN	Y PROPRIETOR / PARTNER / EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(M	andatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If y	res, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
С	Pr	oducts Liability			N230H380021 Claims Made	12/01/2023	12/01/2024	Aggregate Limit Agg Deductible Per Occ Comp/Op	\$10,000,000 \$150,000 \$10,000,000

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

Evidence of Coverage. RE: All Bound Tree warehouse locations are covered, Facility addresses: 481 Airport Industrial Drive, Suite 101, South Haven, MS 38671; 2243 N. Plaza Drive, Visalia, CA 93291; 3221 E. Arkansas Lane, Suite 145, Arlington, TX 76010; 7320 Kingspointe Parkway, Suite 580, Orlando, FL 32819-6548; 1605 Zeager Road, Elizabethtown, PA 17022; 1420 Lakeside Pkwy., Suite 105, Flower Mound, TX 75208.

CERTIFICATE HOLDER	CANCELLATIO
--------------------	-------------

Bound Tree Medical, LLC 5000 Tuttle Crossing Blvd. Dublin OH 43016 USA 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

Aon Risk Services Northeast, Inc.

AGENCY CUSTOMER ID: 570000037575

LOC #:



ADDITIONAL REMARKS SCHEDULE

	_
D 2 2 2	~=
Page	OI

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Sarnova, Inc.
POLICY NUMBER See Certificate Number: 570102753081		Surnova, Inc.
CARRIER See Certificate Number: 570102753081	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIN	MITS
	OTHER							
С	Products Liability			N230H380021 Claims Made	12/01/2023	12/01/2024	Per Occ Deductible	\$50,000
		-						

Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return). Name is required on this line; do									
Bound Tree Medical LLC 2 Business name/disregarded entity name, if different from above									_
2 Business harrier disregarded entity frame, if different from above									
3 Check appropriate box for federal tax classification of the person whose name following seven boxes.		in	4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):						
6 Individual/sole proprietor or Corporation S Corporation single-member LLC	☐ Partnership L	ate E	Exempt payee code (if any)						
following seven boxes. Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S: Note: Check the appropriate box in the line above for the tax classificatio LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax prised is disregarded from the owner should check the appropriate box for the tax of the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should check the appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded from the owner should be appropriate box for the tax prised is disregarded fro	n of the single-member owns om the owner unless the owr urposes. Otherwise, a single-	er. Do not ch ner of the LLC -member LLC	Cis	kempt ode (if	ion froi any)	n FAT	CA I	repoi	rting
☐ Other (see instructions) ▶			A	oplies to	accounts	maintei	ned ou	rtside	the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	R	lequester's na	ame and	addre	ess (op	tional)			
5000 Tuttle Crossing Blvd									
6 City, state, and ZIP code									
Dublin, OH 43016						_			
7 List account number(s) here (optional)									
Part I Taxpayer Identification Number (TIN)									
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avoid	d Soci	al secur	ity nu	mber		_	-	-
backup withholding. For individuals, this is generally your social security nur	nber (SSN). However, for			Ī	1	1 [
resident alien, sole proprietor, or disregarded entity, see the instructions for	Part I, later. For other			-		-			
entities, it is your employer identification number (ÉIN). If you do not have a r TIN, later.	number, see How to get a	or		_		, ,	_		
Note: If the account is in more than one name, see the instructions for line 1	Also see What Name an		loyer id	entific	ation i	numb	er		
Number To Give the Requester for guidelines on whose number to enter.					T				
		3	1 -	1	7 3	9	4	8	7
Part II Certification									- 1
Under penalties of perjury, I certify that:									
 The number shown on this form is my correct taxpayer identification num I am not subject to backup withholding because: (a) I am exempt from ba Service (IRS) that I am subject to backup withholding as a result of a failu no longer subject to backup withholding; and 	ckup withholding, or (b) I	have not be	een not	ified t	by the	Inter	nal f ed m	Reve	enue at I am
3. I am a U.S. citizen or other U.S. person (defined below); and									
4. The FATCA code(s) entered on this form (if any) indicating that I am exem									
Certification instructions. You must cross out item 2 above if you have been no you have failed to report all interest and dividends on your tax return. For real estacquisition or abandonment of secured property, cancellation of debt, contribut other than interest and dividends, you are not required to sign the certification, but the certification of the certification of the certification.	state transactions, item 2 d ions to an individual retiren	loes not app ment arrange	oly. For a ement (l	mortg RA), a	age in and ge	terest nerall	paid y, pa	d, aym	ents
Sign Here Signature of U.S. person ► Wickeley Root	Da	ate ► /	ادادا	14					
General Instructions	 Form 1099-DiV (divided funds) 	dends, inclu	uding th	ose f	rom s	tocks	orı	muti	ual
Section references are to the Internal Revenue Code unless otherwise noted.	Form 1099-MISC (va proceeds)	arious types	s of inco	ome,	prizes	, awa	rds,	or g	gross
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock transactions by broken)		und sai	es an	d cert	ain o	ther		
after they were published, go to www.irs.gov/FormW9.	 Form 1099-S (proceeds from real estate transactions) 								
Purpose of Form	 Form 1099-K (merchant card and third party network transactions) 								
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 								
identification number (TIN) which may be your social security number	 Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 								
(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number									

Use Form W-9 only if you are a U.S. person (including a resident

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

alien), to provide your correct TIN.

later.

(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

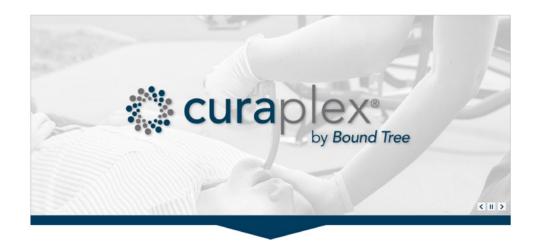
YOUR PARTNER

- FIND thousands of emergency products from leading manufacturers
- SHOP Class II & IV drugs, non-narcotic drugs and other pharmaceuticals
- GET the best value on the items you use most with Curaplex®
- SOLVE everyday challenges with pre-assembled Curaplex® Kits
- ACCESS 24/7 Emergency Disaster Support
- EARN Free CEUs at Bound Tree University
- ADVOCATING on your behalf to Congress, FEMA and HHS



Bound Tree

BOUNDTREE.COM



NAVIGATING EVERY DAY CARE

As the healthcare landscape evolves, Curaplex® responds with cost-effective clinical products that enable providers to deliver quality treatment and improve patient outcomes. With a robust portfolio of everyday products and specialty solutions across multiple clinical categories, Curaplex® continues to anticipate the needs of tomorrow's healthcare while responding to the needs of today







Significant Savings



Expert Account Managers



Continuous Quality Improvement



Nationwide Distribution



Innovative New Products



SHOP MONTHLY DEALS

see savings »



NEW CATALOG

view online »







Instruments/ Personal Items »



Diagnostics »



IV/Drug Delivery »



Infection Control »



Immobilization »



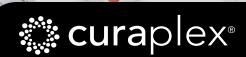
Trauma/



Monitoring/ Defibrillation »







Custom Brady A



Curaplex® kits solve a variety of your everyday challenges.

Spend less time worrying about the details and more time focusing on patient care with Curaplex® pre-assembled kits. Our color-categorized kits were developed with input from EMTs, and are built using ISO-certified processes.



faster response

Grab a kit and go without hassle.



simplified ordering

Curaples PRE Kit

Order one item, not multiple items.



consistent care

Ensure protocol adherence among your agency.



lower risk

Prevent cross-contamination with tamper-proof packaging.



superior quality

Guarantee quality with ISO 13485 certification.



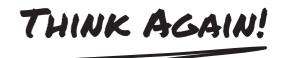
easier tracking

Easily track Curaplex Kits with the Unique Device Identifier (UDI).



Inventory Management Solutions

Think you can't afford Inventory Management?



The EMS industry has faced numerous challenges during COVID-19, and supply chain uncertainty is no exception. Rush buying, stock outs, price volatility and changes in guidance require agencies to understand their inventory situation now more than ever.

Bound Tree Inventory Management Solutions from UCapIt, Operative IQ and ESO provide the visibility that is critical to EMS agencies. Improve workflow, take control and monitor trends in real time with Bound Tree Inventory Solutions.







Controlled Medical Supply

Think 24/7 supply officer at any given location! UCapIt provides the ability to restock units 24/7 and it has real-time usage and inventory tracking.

Operations Management Software

Operative IQ is a web-based operations management software that can streamline your operation, improve productivity and save money!

ESO Inventory

Spend less time getting ready and more time being ready.

Take control of your EMS inventory with refreshingly simple software.



Ask your Bound Tree Account Manager for a demo today.





THE PHARMACEUTICAL ADVANTAGE

Bound Tree Medical specializes in emergency medical equipment, supplies and product expertise for EMS providers, supporting customers with EMS-experienced account managers, product specialists and customer service representatives.

In addition to a full line of EMS equipment and supplies, Bound Tree Medical also offers a full line of EMS pharmaceuticals and accessories, including Class II and Class IV drugs.

Bound Tree is known for leadership and professionalism within the industry. We protect our customers and uphold federal standards by complying with regulatory guidelines pertaining to pharmaceuticals. Because of our vast product offering and commitment to high quality service, Bound Tree is the leading choice to fulfill your pharmaceutical needs.



VAWD Certified State and Nationally Licensed

Several of BoundTree's Distribution Centers have received VAWD (Verified - Accredited Wholesale Distributors) accreditation from the National Association of Boards of Pharmacy (NABP). VAWD accreditation is achieved after a criteria compliance review that includes a rigorous evaluation of operating policies and procedures, licensure verification, survey of facility and operations, background checks and screening through the NABP Clearinghouse. Our accreditation demonstrates that we are in compliance with state and federal laws and that our prescription drugs are distributed safely and securely.

For a complete listing of VAWD-Accredited Facilities, please visit:



Compliant with DSCSA Requirements

Under the Drug Supply Chain Security Act (DSCSA), entities in the supply chain including manufacturers, wholesale distributors, and dispensers have responsibilities to meet the requirements of the DSCSA. As of May 1, 2015 all wholesalers are required by law, under the DSCSA, to provide transaction information, transaction history and transaction statements for the pharmaceuticals that they supply.

Bound Tree is compliant with these FDA standards which helps improve patient protection by preventing the distribution of substandard or ineffective drugs and while providing our customers with the product and transaction information they need to be in compliance with the FDA standards.

Under the DSCSA you are responsible for knowing that your prescription drug wholesale distributor is an authorized trading partner who holds a valid state or federal license. BoundTree Medical is licensed federally and in all 50 states. Purchasing from a licensed and VAWD accredited distributor like BoundTree Medical makes great strides to ensure none of your purchases will ever be counterfeit, contaminated, improperly stored and transported, ineffective, and/or unsafe.

Wholesaler Distributor licenses can be searched online:

 $\underline{www.fda.gov/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm}$



Controlled Substance Ordering System (CSOS)

Class II Controlled Substances can be ordered through our secure electronic Controlled Substances Ordering System (CSOS) without the supporting paper DEA Form 222! The DEA's CSOS program is the only allowance for electronic ordering of Class II controlled substances. To participate in CSOS, the DEA registrant must first acquire a CSOS digital certificate from the DEA. Once the certificate is received, Class II orders can be placed through our secured website: **e222.boundtree.com**

For more information about CSOS please visit: $\underline{www.deaecom.gov}$

Bound Tree will continue to accept paper 222 forms for those who wish to utilize that method for ordering.



Bound Tree Medical is committed to compliance with these federal and state regulations for the benefit of our customers, their communities and their patients. These efforts protect our customers by helping to ensure that they are also compliant with federal and state regulations and practicing safe and effective patient care. With Bound Tree Medical, EMS providers know that they will receive pharmaceuticals through a secure and reliable distribution process.

Sound Tree

Bound Tree Medical (BTM) is a leading, nationwide distributor of emergency medical equipment, supplies and pharmaceuticals to EMS, government customers, fire and other first responders.

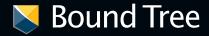


Nationwide stats and facts

- Strategically located to service 98% of our customers within two days.
- Over 30,000 customers serviced.
- State-of-the-art facilities focused on quality, reducing carbon footprint and providing best-in-class service levels.
- Over 1 million packages shipped annually.
- **20 million lbs.** of medical supplies shipped in 2020 and 2021.
- 10 million lbs. of PPE equipment shipped to help our medical professionals fight COVID 19.







Fast facts

- Headquarters in Dublin, OH.
- Over 40 years as the single largest distributor of EMS Supplies to first responders -Fire Departments, Law Enforcement and EMS Agencies, both private and public.
- Over 15,000 medical supplies, equipment and pharmaceuticals from hundreds of leading healthcare manufacturers.

Sourcing & supply integrity

- Source high-quality products, carefully vetted to meet FDA requirements.
- Maintain strict ethical pricing standards.
- Allocate inventory fairly and equitably based on purchase date.
- Communicate shortages pro-actively with backorder reports and online tools.

Operationally ready

- Over 100 sales consultants around the country, many are former paramedics and EMT's.
- 5 dedicated distribution centers (CA, TX, FL, PA, IN) and 1 kitting facility in TX.
- 100% operational facilities throughout pandemic, following strict health & safety protocols.
- **Dedicated Customer Care** staff highly responsive, answering calls in <1 min even during peak.
- 24/7 Live Operator Emergency Disaster Hotline to provide support for emergency medical supplies during the pandemic and other natural disasters

Solutions that matter

- Bound Tree's Curaplex® brand is value-priced to help overcome budget constraints.
- Curaplex® pre-assembled kits provide safety, convenience and cost savings.
- Inventory management solutions like UCapIt, Operative IQ and ESO help EMS Providers control costs.
- 500 scholarships awarded to students wanting to become EMT's.

- Free cadaver labs held across the country to provide hands-on clinical training.
- No charge CEUs, webinars, podcasts and other resources offered via Bound Tree University.
- Leading provider of STOP THE BLEED® Kits
 for emergency providers to act quickly to treat
 excessive bleeding and save lives.





Current situation.

- Financial challenges plague EMS across all delivery models; rural EMS is in a crisis. Low reimbursements from CMS & commercial insurers, frequently below the cost of the care provided, and lack of funding to support EMS have been the primary contributing factors.
- High levels of stress, fatigue and burnout among the EMS workforce. Workforce shortages as reported in national news are exacerbating an already very challenging environment.
- · EMS is a small percentage of the consumption of PPE within the healthcare market and was left underallocated for PPE during the pandemic.

- EMS impacted by shortages and short expiration dates on critical cardiac arrest and respiratory therapy drugs. Pharmaceutical companies prioritize large hospital GPOs & IDNs over EMS
- **Inefficiencies in using the Strategic National Stockpile** to provide critical PPE to EMS agencies who were the "Tip of the Sword" during the pandemic
- Community paramedicine remains an underutilized asset in local healthcare systems due to the lack of reimbursement for this highly cost effective, patientcentered type of care

Advocating for EMS.

- **Increased sourcing efforts** during the pandemic, making financial investments in PPE inventory.
- Partnered with US government to address challenges in getting FDA-approved products, given significant counterfeit in N95 masks and gloves.
- Volunteered to assist FEMA, HHS, DHS, DoD, FDA and CDC officials as "Voice of EMS" for Committee for the Distribution of Medical Resources Necessary to Respond to a Pandemic, advocating for effective distribution of PPE to first responders.
- Advocated for increased allocation and funding for EMS and hardest-hit communities through outreach to over 35 congressional offices.
- **Providing critical data monthly** to HHS Preparedness and Response teams, providing them greater visibility of PPE needs for EMS during the COVID-19 pandemic, as well as future pandemics and natural disasters.
- **Working with the Federal Maritime Commission** and west coast terminal operators to prioritize essential medical supplies at US ports.

How Congress can help.

- Adjust the ambulance fee schedule to cover the cost of the emergent, urgent and preventive care provided by EMS, and include reimbursement for treatment in place, transport to alternate designations, telemedicine facilitation, and community paramedicine.
- Support Bound Tree's efforts with pharmaceutical companies and the FDA to prioritize production of key lifesaving drugs for EMS at reasonable costs, as well as to reduce the amount of "short expiration dates."
- Fully fund the SIREN Act (Support and Improving Rural EMS Needs) in FY2022.
- Support efforts to strengthen America's Strategic National Stockpile by directing SNS to partner with healthcare distributors to manage PPE during pandemics and natural disasters.



BOUNDTREE.COM

WHEN DISASTER STRIKES, SET LIVE ASSISTANCE.

Get Help in Three Simple Steps



1. Call 800-863-0953 to speak to a live operator anytime 24/7



2. Report a major incident and your medical supply needs



Receive vital medical supplies from Bound Tree personnel

If your agency is in need of emergency medical supplies and equipment, call us 24/7 to speak to a live operator for disaster support assistance. Our Emergency Disaster Support Program is here to help you in disasters such as hurricanes, tornadoes, fires, floods, blizzards, MCI's and more.





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CORPORATE ACCOUNT

FEATURES AND BENEFITS

With 150+ hours of recorded classes available on-demand and live classes five days a week, it meets all of the requirements for NREMT, State license, CFRN, and now FP-C and CCP-C as well (meets w requirements for full renewal).



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- Write quizzes and issue your own certificates
- Quiz Performance Analytics
- Streamlined NREMT submission process

Ask your Bound Tree Account Manager about a corporate account.

