



# Bound Tree

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](mailto:david.longoria@boundtree.com)

**Heather Legg**  
Pricing Analyst, Bids & Contracts  
614.760.5179  
[heather.legg@boundtree.com](mailto: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

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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)

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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)

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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

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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)

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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)

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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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**FY24-044**

**X Series Advanced Cardiac Monitor Supplies and Accessories**

Issue Date: 1/25/2024

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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](mailto: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

[Download](#)

Conflict of Interest Questionnaire (CIQ)

### Non-Collusive Affidavit Form.pdf

[Download](#)

Non-Collusive Affidavit Form

### Form 1295- Certificate of Interested Parties.pdf

[Download](#)

Form 1295

## 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

☒ 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

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

scheduled date for opening to: CITY OF LAREDO PURCHASING AGENT Miguel A. Pescador 5512 Thomas Ave, Laredo, TX 78041 [mpescador@ci.laredo.tx.us](mailto: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 its 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

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 inquiries 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.

(l) 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.

☒ I agree my insurance meets minumum requirements

(Required: Check if applicable)

#### 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 its 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)*



## 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)

**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

(Required: Maximum 1000 characters allowed)

**10 If applicable, list all other names under which the Business identified above operated in the last five years**

(Required: Maximum 4000 characters allowed)

**11 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.

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, declared ineligible, voluntarily excluded, or other wise disqualified from bidding, 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)

1  
5**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](http://www.ethics.state.tx.us/whatsnew/conflict%20forms.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  
6**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.

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)

1  
8**Disclosure Form**

For details on use of this form, see Section 4.01 of the City's Ethics Code.

1  
9**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)

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(Required: Maximum 1000 characters allowed)



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.

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(Optional: Maximum 4000 characters allowed)

27

**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)

28

**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.

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(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 or 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)

30

**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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(Optional: Maximum 4000 characters allowed)

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1

### Updates on contributions required

Information regarding contributions must be updated by submission of a revised form from the date of the 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 ☒ I am not aware of any conflict of interest

(Required: Check only one)

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.

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(Optional: Maximum 4000 characters allowed)

3  
4

### Question 9. Updates 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.

☒ I have read and understand this section

(Required: Check if applicable)

3  
5

### 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)

3  
6

### 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.

☒ I have acknowledge that I have been advised

(Required: Check if applicable)

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

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(Required: Maximum 4000 characters allowed)

3  
8

### 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.

☒ 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



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.

Total: \$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

Item Notes: quantities are estimated

Supplier Notes: BTM #2742-0400☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.2 8300-000676 CABLE ASSY, ONE STEP, X SERIES**

OneStep Cable for ZOLL X Series Monitor/Defibrillator.

(Response required)

\$554.80/ea

Quantity: 500 UOM: each

Total: \$272,400.00 %

Manufacturer #: 8300-000676

Item Notes: quantities are estimated

Supplier Notes: BTM #\*8300-000676☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.3 8009-0020 Zoll CPR-D-Padz® Connector for R Series® OneStep™ Cable**

(Response required)

\$431.41/ea

Quantity: 500 UOM: each

Total: \$215,705.00 50%

Manufacturer #: 8009-0020

Item Notes: quantities are estimated

Supplier Notes: BTM #2746-80902☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.4 8900-000220-01 ONESTEP PEDIATRIC CPR ELECTRODE (P/N 8900-000219-01), 8 pack/CASE**

(Response required)

\$762.32/ea

Quantity: 500 UOM: case

Total: \$381,160.00 68%

Manufacturer #: 8900-000220-01

Item Notes: quantities are estimated

Supplier Notes: BTM #2742-22001☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.5 8000-001128 FLOWTUBE, ACCUVENT, BOX OF 10**

(Response required)

\$698.38/bx

Quantity: 200 UOM: boxes

Total: \$139,664.00 47%

Manufacturer #: 8000-001128

Item Notes: quantities are estimated

Supplier Notes: BTM #2712-01128☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**1.6 REUSE-09-2MQ CHILD CUFF,15-21CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR***(Response required)*Quantity: 500 UOM: eachManufacturer #: REUSE-09-2MQItem Notes: quantities are estimatedSupplier Notes: BTM #2615-21309

\$21.42/ea

Total: 10,710.00 43%☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.7 8000-000151 RD RAINBOW SET MD20-04, EMS, PATIENT CABLE, 4 Ft. (REF: 4792)***(Response required)*Quantity: 500 UOM: eachManufacturer #: 8000-000151Item Notes: quantities are estimatedSupplier Notes: BTM #2712-31816, item sold by box 20/bx \$194.30/bx

\$9.715/ea - \$194.30/bx

Total: \$4,857.50 62%☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.8 8000-000862 LNCS-II RAINBOW DCI 8 $\frac{1}{2}$  SPCO ADULT SENSOR, 3 FT, 1/BOX (REF: 4067)***(Response required)*Quantity: 500 UOM: eachManufacturer #: 8000-000862Item Notes: quantities are estimatedSupplier Notes: BTM #2712-26963

\$643.65/ea

Total: \$321,825.00 62%☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.9 8000-000875-01 PAPER, THERMAL, 80MM ROLL, TSI, BPA-FREE (BOX OF 6)***(Response required)*Quantity: 200 UOM: boxesManufacturer #: 8000-000875-01Item Notes: quantities are estimatedSupplier Notes: BTM #2745-87501

\$26.64/bx

Total: \$5,328.00 44%☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.10 8000-000819 RD RAINBOW PEDIATRIC 8 $\frac{1}{2}$  SpCO ADHESIVE SENSOR, 10/BOX (REF: 4035)***(Response required)*Quantity: 200 UOM: boxesManufacturer #: 8000-000819Item Notes: quantities are estimatedSupplier Notes: BTM #2712-40171, item sold by each \$19.71/ea

\$197.10/bx-\$19.71/ea

Total: \$39,420.00 70%☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.11 REUSE-07-2MQ INFANT CUFF,9-13CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR***(Response required)*Quantity: 500 UOM: eachManufacturer #: REUSE-07-2MQItem Notes: quantities are estimatedSupplier Notes: BTM #662160

\$20.69/ea

Total: \$10,345.00 42%☐ No bid  
☐ Additional notes  
(Attach separate sheet)

**1.12 8000-000863 LNCS-II RAINBOW DCIP 8¿ SPCO PEDIATRIC SENSOR, 3 FT, 1/BOX (REF: 4068)***(Response required)*

\$673.45/ea

Quantity: 500 UOM: eachTotal: \$336,725.00 65 %Manufacturer #: 8000-000863Item Notes: quantities are estimatedSupplier Notes: BTM #2712-26973☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.13 8000-0895 CUFF KIT, PROPAQ MD***(Response required)*

\$186.25/KT

Quantity: 500 UOM: eachTotal: \$93,125.00 %Manufacturer #: 8000-0895Item Notes: quantities are estimatedSupplier Notes: BTM #\*8000-0895☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.14 AutoPulse Accessories**

8700-0706-01 LifeBand 3 Pack

*(Response required)*

\$186.72/ea

Quantity: 500 UOM: eachTotal: \$93,360.00 74%Manufacturer #: 8700-0706-01Item Notes: quantities are estimatedSupplier Notes: BTM #2443-10112☐ No bid  
☐ Additional notes  
(Attach separate sheet)**1.15 AutoPulse Accessories**

8700-0709-01 Shoulder Restraints

*(Response required)*

\$89.31/ea

Quantity: 500 UOM: eachTotal: \$44,655.00 60%Manufacturer #: 8700-0709-01Item Notes: quantities are estimatedSupplier Notes: BTM #3174-70901☐ No bid  
☐ Additional notes  
(Attach separate sheet)

### 1.16 AutoPulse Accessories

8700-0710-01 Head Immobilizer 5 pack

(Response required)

Quantity: 500 UOM: each

Manufacturer #: 8700-0710-01

Item Notes: quantities are estimated

Supplier Notes: BTM #\*8700-0710-01

\$81.46/PK-5/PK

Total: \$40,730.00 %

☐ No bid

☐ Additional notes  
(Attach separate sheet)

### 1.17 12-0822-000 ResQPOD ITD 16 These are the ResQ PODs

(Response required)

Quantity: 500 UOM: each

Manufacturer #: 12-0822-000

Item Notes: quantities are estimated

Supplier Notes: NO BID \*\*This is a sole source item you will need to go direct to order\*\*

Total: NO BID %

☐ No bid

☐ Additional notes  
(Attach separate sheet)

## Supplier Information

Company Name: Bound Tree Medical, LLC

Contact Name: Rob Meriweather

Address: 5000 Tuttle Crossing Blvd

Dublin, OH 43016

Phone: 800.533.0523

Fax: 877.311.2437

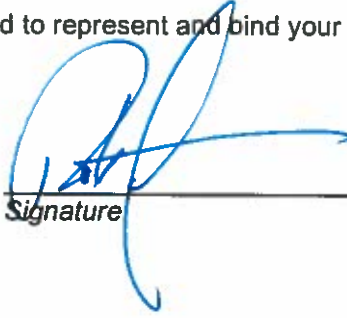
Email: submitbids@boundtree.com

## Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Rob Meriweather

Print Name

  
Signature

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

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance 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 and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

Bound Tree Medical, LLC

**2** ☐ 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 filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

N/A

Name of Officer

**4** 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

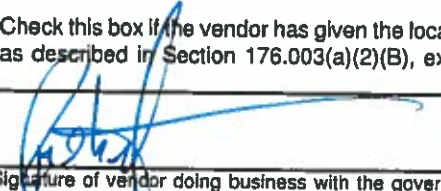
B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

**5** 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.

**6** ☐ 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).

**7**   
Signature of vendor doing business with the governmental entity

02/15/2024  
Date

## **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.

**Local Government Code § 176.001(1-a):** "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

1 of 1

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

Certificate Number:  
2024-1124038

Date Filed:  
02/14/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Bound Tree Medical, LLC  
Dublin, OH United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Laredo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

FY24-044

X Series Advanced Cardiac Monitor Supplies and Accessories

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party.



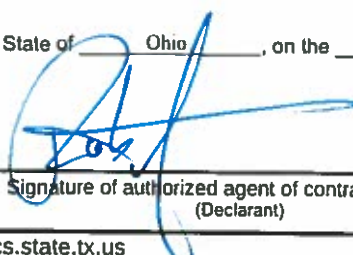
### 6 UNSWORN DECLARATION

My name is Rob Meriweather, and my date of birth is 03/22/1980

My address is 5000 Tuttle Crossing Blvd, Dublin, OH, 43016, US  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Franklin County, State of Ohio, on the 15th day of February, 2024  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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



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 |
|------------------------|------------------------------------------------------------------------|--------------------|--------------------|---------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------|-------------|-----------------------|
| 1.1                    | CPR STAT-PADZ ELECTRODE (P/N 8900-0402), 8 pack/CASE                   | 200                | 8/Case             | 2742-0400                 | CPR Stat-Padz Electrode (8pr/Case)                                                                    | ZOLL MEDICAL CORPORATION | 8900-0400      | \$ 656.88    | 8/CS        | \$ 131,376.00         |
| 1.2                    | CABLE ASSY, ONE STEP, X SERIES                                         | 500                | 1/Each             | 8300-000676               | CABLE ASSY, ONE STEP, X SERIES                                                                        | ZOLL MEDICAL             | 8300-000676    | \$ 544.80    | 1/EA        | \$ 272,400.00         |
| 1.3                    | Zoll CPR-D-Padz Connector for R Series OneStep Cable                   | 500                | 1/Each             | 2746-80902                | CPR-D Padz and CPR Stat Padz Connector for ZOLL R Series Defibrillators                               | ZOLL MEDICAL CORPORATION | 8009-0020      | \$ 431.41    | 1/EA        | \$ 215,705.00         |
| 1.4                    | ONESTEP PEDIATRIC CPR ELECTRODE (P/N 8900-000219-01), 8 pack/CASE      | 500                | 8/Case             | 2742-22001                | ZOLL Onestep Pediatric CPR Electrode, 8/Case                                                          | ZOLL MEDICAL CORPORATION | 8900-000220-01 | \$ 762.32    | 8/CS        | \$ 381,160.00         |
| 1.5                    | FLOWTUBE, ACCUVENT, BOX OF 10                                          | 200                | 10/Box             | 2712-01128                | AccuVent Sensors 10EA/BX                                                                              | ZOLL MEDICAL CORPORATION | 8000-001128    | \$ 698.38    | 10/BX       | \$ 139,676.00         |
| 1.6                    | CHILD CUFF,15-21CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR                  | 500                | 1/Each             | 2615-21309                | BP Cuff, FlexiPort, Size 9 Child, Reusable, Two Tube, Locking Connector                               | WELCH ALLYN, INC.        | REUSE-09-2MQ   | \$ 21.42     | 1/EA        | \$ 10,710.00          |
| 1.7                    | RD RAINBOW SET MD20-04, EMS, PATIENT CABLE, 4 Ft. (REF: 4792)          | 500                | 1/Each             | 2712-31816                | LTD QTY - Sensors, Masimo LNCS, Pediatric, SpO2, Disposable, Foam, 18 in 20/bx                        | SENSORONICS INC.         | SFP-MALNC-18P  | \$ 194.30    | 20/BX       | \$ 4,857.50           |
| 1.8                    | LNCS-II RAINBOW DCI 8½ SPCO ADULT SENSOR, 3 FT, 1/BOX (REF: 4067)      | 500                | 1/Each             | 2712-26963                | Masimo Rainbow DCI, Adult Reusable Sensor, 20-pin Connector, 3 ft, SpCO, SpMet, SpO2                  | MASIMO                   | 2696           | \$ 643.65    | 1/EA        | \$ 321,825.00         |
| 1.9                    | PAPER, THERMAL, 80MM ROLL, TSJ, BPA-FREE (BOX OF 6)                    | 200                | 6/Box              | 2745-87501                | Thermal Paper, 80mm Roll, Plain White, EKG Paper for Zoll X Series Monitors, 6RL/BX                   | ZOLL MEDICAL CORPORATION | 8000-000875-01 | \$ 26.64     | 6/BX        | \$ 5,328.00           |
| 1.10                   | RD RAINBOW PEDIATRIC 8½ SpCO ADHESIVE SENSOR, 10/BOX (REF: 4035)       | 200                | 10/Box             | 2712-40171                | Sensors, Masimo SET M-LNCS, Pedi, Adh, Disp, use w/RC (Rainbow or SpO2 only) Pt Cable 20/b            | MASIMO                   | 2510           | \$ 19.71     | 1/EA        | \$ 39,420.00          |
| 1.11                   | INFANT CUFF,9-13CM,DOUBLE TUBE W/TWIST-LOCK CONNECTOR                  | 500                | 1/Each             | 662160                    | BP Cuff, FlexiPort, Size 7 Infant, Reusable, Two Tube, Locking Connector                              | WELCH ALLYN, INC.        | REUSE-07-2MQ   | \$ 20.69     | 1/EA        | \$ 10,345.00          |
| 1.12                   | LNCS-II RAINBOW DCIP 8½ SPCO PEDIATRIC SENSOR, 3 FT, 1/BOX (REF: 4068) | 500                | 1/Each             | 2712-26973                | Masimo Rainbow DCIP, Pediatric/Slender Digit Reusable Sensor, 20-pin Connector, 3 ft, SpCO/SpMet/SpO2 | MASIMO                   | 2697           | \$ 673.45    | 1/EA        | \$ 336,725.00         |
| 1.13                   | CUFF KIT, PROPAQ MD                                                    | 500                | 1/Each             | 8000-0895                 | CUFF KIT, PROPAQ MD - SMALL ADULT, LARGE ADULT, AND THIGH CUFFS                                       | ZOLL MEDICAL             | 8000-0895      | \$ 186.25    | 1/KT        | \$ 93,125.00          |
| 1.14                   | LifeBand 3 Pack                                                        | 500                | 1/Each             | 2443-10112                | ZOLL LIFE BAND -- CPR AID 3EA/BX AUTOPULSE                                                            | ZOLL MEDICAL CORPORATION | 8700-0706-01   | \$ 186.72    | 1/EA        | \$ 93,360.00          |
| 1.15                   | Shoulder Restraints                                                    | 500                | 1/Each             | 3174-70901                | Auto Pulse Shoulder Restraint                                                                         | ZOLL MEDICAL CORPORATION | 8700-0709-01   | \$ 89.31     | 1/EA        | \$ 44,655.00          |
| 1.16                   | Head Immobilizer 5 pack                                                | 500                | 1/Each             | 8700-0710-01              | HEAD IMMOBILIZER 5 PAK                                                                                | ZOLL MEDICAL             | 8700-0710-01   | \$ 81.46     | 5/PK        | \$ 8,146.00           |
| 1.17                   | ResQPOD ITD 16 These are the ResQ PODs                                 | 500                | 1/Each             | NO BID                    | Not Bidding On This Item                                                                              | No Bid                   | No Bid         | No Bid       | No Bid      | No Bid                |

## National References

Andy Zanoft, EMS Captain  
San Francisco Fire Department  
1415 Evans Avenue  
San Francisco, CA 34124  
415-717-6876  
[Andy.Zanoft@sfgov.org](mailto:Andy.Zanoft@sfgov.org)



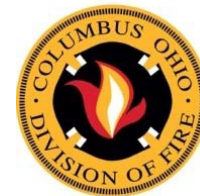
Douglas Isaacs, MD, Deputy Medical Director  
Fire Department City of New York  
9 Metro Tech Center  
Brooklyn, NY 11201  
718-999-2790  
[doug.isaacs@fdny.nyc.gov](mailto:doug.isaacs@fdny.nyc.gov)



Steve Blackburn, Chief Operating Officer  
Priority Ambulance  
910 Callahan Road, Suite 101  
Knoxville, TN 37912  
614-354-4702  
[sblackburn@priorityambulance.com](mailto: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](mailto: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](mailto:Lamont.clarkii@baltimorecity.gov)



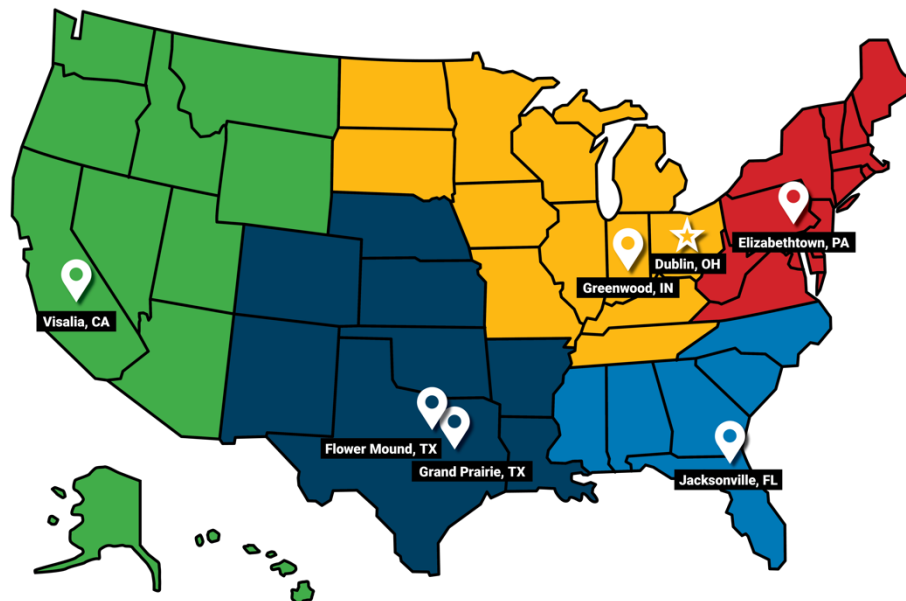
Barbara Tripp, Fire Chief  
City of Tampa Fire Department  
808 East Zack Street  
Tampa, FL 33602  
352-406-2573  
[barbara.tripp@tampagov.net](mailto:barbara.tripp@tampagov.net)





## 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) Internet: Customers have access to real-time pricing and stock availability 24 hours a day, 7 days a week. [www.boundtree.com](http://www.boundtree.com)
- 2) Email: Orders may be emailed to customer service at [customerservice@boundtree.com](mailto:customerservice@boundtree.com).
- 3) Phone: 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) Mail: 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.



## 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 of 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*

Christopher Fyffe  
Manager, Bids & Contracts



# 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).

|                                                                                                                                     |                                                            |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Services Northeast, Inc.<br>Columbus OH Office<br>8940 Lyra Drive<br>Suite 250<br>Columbus OH 43240 USA | <b>CONTACT NAME:</b>                                       |                                       |
|                                                                                                                                     | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122                | <b>FAX (A/C. No.):</b> (800) 363-0105 |
| <b>INSURED</b><br>Sarnova, Inc.<br>Bound Tree Medical, LLC<br>5000 Tuttle Crossing Blvd.<br>Dublin OH 43016 USA                     | <b>E-MAIL ADDRESS:</b>                                     |                                       |
|                                                                                                                                     | <b>INSURER(S) AFFORDING COVERAGE</b>                       |                                       |
|                                                                                                                                     | <b>NAIC #</b>                                              |                                       |
|                                                                                                                                     | <b>INSURER A:</b> Federal Insurance Company                | 20281                                 |
|                                                                                                                                     | <b>INSURER B:</b> Travelers Property Cas Co of America     | 25674                                 |
|                                                                                                                                     | <b>INSURER C:</b> ProAssurance Specialty Insurance Company | 17400                                 |
| <b>INSURER D:</b>                                                                                                                   |                                                            |                                       |
| <b>INSURER E:</b>                                                                                                                   |                                                            |                                       |
| <b>INSURER F:</b>                                                                                                                   |                                                            |                                       |

Holder Identifier :

**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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                              | ADDL INSD | SUBR WVD | POLICY NUMBER              | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                             |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 36073395                   | 12/01/2023              | 12/01/2024              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG Excluded |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                             |           |          | 7363-09-65                 | 12/01/2023              | 12/01/2024              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                                                                    |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$10,000                                                                                                         |           |          | 78197881                   | 12/01/2023              | 12/01/2024              | EACH OCCURRENCE \$10,000,000<br>AGGREGATE \$10,000,000                                                                                                                                                                             |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                              | Y/N<br>N  | N/A      | UB1X36498A23I3G            | 12/01/2023              | 12/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE-EA EMPLOYEE \$1,000,000<br>E.L. DISEASE-POLICY LIMIT \$1,000,000                                  |
| C        | <b>Products Liability</b>                                                                                                                                                                                                                                                                                                                                                      |           |          | N23OH380021<br>Claims Made | 12/01/2023              | 12/01/2024              | Aggregate Limit \$10,000,000<br>Agg Deductible \$150,000<br>Per Occ Comp/Op \$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****CANCELLATION**

|                                                                              |                                                                                                                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bound Tree Medical, LLC<br>5000 Tuttle Crossing Blvd.<br>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<br><br><i>Aon Risk Services Northeast, Inc.</i>                                                                                      |

Certificate No : 570102753081



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

[illegible]

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Bound Tree Medical LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                                        | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
|                                                        | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>P</b><br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ► |                                         |
|                                                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|                                                        | 5 Address (number, street, and apt. or suite no.) See instructions.<br><b>5000 Tuttle Crossing Blvd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Requester's name and address (optional) |
|                                                        | 6 City, state, and ZIP code<br><b>Dublin, OH 43016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
|                                                        | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |  |   |   |   |   |   |       |
|--------------------------------|---|--|---|---|---|---|---|-------|
| Social security number         |   |  |   |   |   |   |   |       |
|                                |   |  | - |   |   |   | - |       |
| or                             |   |  |   |   |   |   |   |       |
| Employer identification number |   |  |   |   |   |   |   |       |
| 3                              | 1 |  | - | 1 | 7 | 3 | 9 | 4 8 7 |

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                                                 |                      |
|-----------|-------------------------------------------------|----------------------|
| Sign Here | Signature of U.S. person ► <i>Michelle Root</i> | Date ► <i>1/2/24</i> |
|-----------|-------------------------------------------------|----------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (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)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*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, later.*



# YOUR *TRUSTED* 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](https://www.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



Thousands of Products



Significant Savings



Expert Account Managers



Continuous Quality Improvement



Nationwide Distribution



Innovative New Products

**PRE-ASSEMBLED KITS**

[learn more »](#)

**SHOP MONTHLY DEALS**

[see savings »](#)

**NEW CATALOG**

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Kitting Solutions »



Airway/Oxygen Delivery »



Diagnostics »



Infection Control »



Trauma/Wound Care »



Instruments/Personal Items »



IV/Drug Delivery »



Immobilization »



Monitoring/Defibrillation »



**SHOP ALL CURAPLEX® PRODUCTS »**



# kitting advantage.

**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**

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).





## Think you can't afford Inventory Management? ***THINK AGAIN!***

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:

<https://nabp.pharmacy/programs/accreditations-inspections/drug-distributor/accredited-drug-distributors/>



### 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.

BoundTree 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:

[www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm](http://www.fda.gov/Drugs/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](http://e222.boundtree.com)

For more information about CSOS please visit: [www.deaecom.gov](http://www.deaecom.gov)

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



800.533.0523 | [www.boundtree.com](http://www.boundtree.com)

BoundTree 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 BoundTree Medical, EMS providers know that they will receive pharmaceuticals through a secure and reliable distribution process.

**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.



**BOUND TREE MEDICAL**

5000 Tuttle Crossing Blvd

Dublin, OH 43016



800.533.0523



BOUNDTREE.COM

## Fast facts

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- **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.

## 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 under-allocated 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, patient-centered 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.



800.533.0523



BOUNDTREE.COM

**TIM RUBERT**

Vice President, Government Affairs

tim.rubert@boundtree.com



# WHEN DISASTER STRIKES, GET 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



3. 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.

**CALL 800-863-0953**

[boundtree.com/emergency-disaster-support](http://boundtree.com/emergency-disaster-support)

 **Bound Tree**



Bound Tree



*Your new, engaging continuing  
education experience!*

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Experience a fresh, easy-to-navigate, enriched learning interface from our partners at FOAMfrat.

Exciting courses that use illustration, experiments, live models, interviews, and other engaging methods.

Store all of your certifications in a robust learning management system (LMS).

Streamlined NREMT submission process



[www.boundtree.com/education](http://www.boundtree.com/education)

*Ask your Bound Tree Account Manager about a corporate account.*

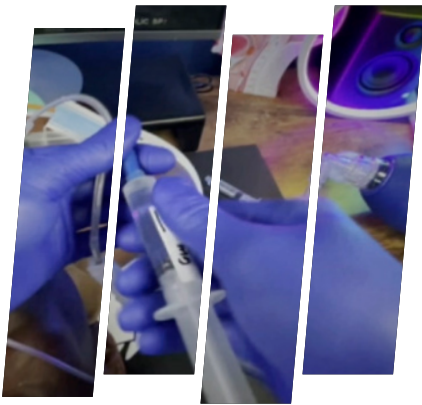
---

# **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).



- Discounted Pricing
- All content needed for recertification
- Manage your own roster and create custom groups
- Assign and Track Assignments
- Download employee certificates
- View and manage employee credentials
- Host and manage your own classes
- Write quizzes and issue your own certificates
- Quiz Performance Analytics
- Streamlined NREMT submission process

*Ask your Bound Tree Account Manager  
about a corporate account.*



[www.boundtree.com/education](http://www.boundtree.com/education)