

QUOTE REGISTRATION

You MUST register using this form in order to receive notice of any addenda to these documents. Please fax the completed form to the Procurement Division as soon as possible. It is the vendor's responsibility to verify if addenda have been issued.

Quote Number and Title: Q-12-004, Medical Oxygen

Description: To provide all equipment and transportation necessary to supply and deliver medical oxygen to various locations throughout the County.

Receiving Period: Monday, December 5, 2011, Prior to 10:00 a.m.

Quote Opening: Monday, December 5, 2011, 10:00 a.m.

This form is for quote registration only. Please scroll down for additional information.

QUOTE REGISTRATION FAX THIS FORM BACK IMMEDIATELY FAX: (863) 534-6789

Carefully complete this form and mail or fax it to the Procurement Division. You must submit one form for each quote that you are registering for.

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Fran McAskill
Director
Procurement Division



PO Box 9005, Drawer AS05
Bartow, Florida 33831
Phone: (863) 534-6757
Fax: (863) 534-6789
www.polk-county.net

Board of County Commissioners

NOTICE

Q 12-004, Medical Oxygen

Notice is hereby given that quotations will be received in the office of the Polk County Procurement Division, 330 West Church Street, Bartow, Florida, 33830, **prior to 10:00 a.m., December 5, 2011**, to **provide Medical Oxygen** (for complete minimum specifications, see quote package).

NOTE: Quotations received in the Procurement Division after the time and date stated will not be considered. No Exceptions.

For further information, contact Carolyn Cusano, Procurement Specialist, Polk County Procurement Division, via email at carolyncusano@polk-county.net or via fax at (863) 534-6789.

The Procurement Director reserves the right to reject any or all quotations when it is in the best interest of the County to do so.

All quote submittals must be completed and submitted to Polk County Procurement. Submittals may be submitted to Polk County Procurement Division via e-mail at carolyncusano@polk-county.net; via fax at (863) 534-6789; via U.S. mail to: P.O. Box 9005, Drawer AS05, Bartow, FL 33831-9005; or in person to: 330 West Church Street, Room 150, Bartow, Florida 33830. **IF SUBMITTED BY MAIL DO NOT INCLUDE MORE THAN ONE SUBMITTAL PER ENVELOPE.** The submittal must be plainly marked: "Q-12-004, Medical Oxygen– December 5, 2011."

Date: November 21, 2011

Total of Pages: 13, including this page

INSTRUCTIONS

1. Polk County, a political subdivision of the State of Florida, requests the submittal of quotes from vendors that are interested in providing **all** equipment and transportation necessary to provide and deliver medical oxygen to various locations throughout Polk County. Vendor must quote on each and every item in order to be considered for award. Award of quote will be made based on overall low quote on Grand Total of Quote Sheet "A" and Quote Sheet "B" combined or, Grand Total of Quote Sheet "B" and Quote Sheet "C" combined, whichever is in the best interest of the County. The Procurement Director reserves the right to reject any or all quotes and/or waive any minor irregularities in the quotes received, whichever would be in the best interest of the County.
2. **ADDITIONS/REVISIONS/DELETIONS:** Additions, revisions or deletions to the general conditions, specifications or quote price sheets that change the intent of the quote will cause the quote to be non-responsive and the quote will not be considered. The Procurement Director shall be the sole judge as to whether or not any addition, revision, or deletion changes the intent of the quote.
3. The period of performance for this quote is from date of award through December 31, 2012. It may be extended for two (2) one (1) year periods at the same terms and conditions, with the mutual agreement of all parties.
4. **Receiving date is Monday, December 5, 2011 prior to 10:00 a.m.**
5. All prices quoted shall remain unchanged during the period of performance, as specified herein.
6. **All vendors must have a facility within Polk County in order to be considered for award.** All tanks picked up by the Fire Rescue Division shall be picked up from this location.
7. All tanks delivered shall be delivered to the Fire Rescue Warehouse, 2472 Clower Lane, Bartow, Florida 33830. The County has the option to pick up (trade out) cylinders at the vendor's facility in addition to delivery service when this is necessary to maintain efficient operation.
8. The County has the option to have 1R tanks delivered to five (5) designated locations throughout the County. Those locations would be located near the following hospitals: Lakeland Regional Medical Center; Heart of Florida Hospital; Bartow Memorial Hospital; Lake Wales Hospital; and Winter Haven Hospital.
9. The County owns most of the cylinders it is currently using. The County rents approximately 100 cylinders at this time. No Arco tanks will be accepted for exchange. The County tanks shall be returned after filling with O2. Failure of vendor to meet this requirement shall subject quote to cancellation.
10. Tanks that are picked up or delivered empty with full seal shall be refilled at no charge.

11. The successful vendor's cylinders shall be marked for easy identification. The successful vendor shall fill ALL Polk County Fire Rescue cylinders, steel and aluminum (no exception).
12. The successful vendor shall have personnel available to provide oxygen after hours if an emergency arises. The vendor must provide current afterhours phone contacts.
13. No Hydro tests of O2 tanks shall be done unless the tank is out of date or has obvious defects (no exception).
14. Failure to follow instructions may result in cancellation of quote.
15. Quote Sheet "A" unit cost per cylinder is to include pick-up of empties, refilling and delivery of full cylinders by vendor. Quote Sheet "B" unit cost per month per cylinder for rental. Quote Sheet "C" unit cost per cylinder is to include full refill of cylinders to be dropped off and picked up by Polk County. Quote Sheet "D" unit cost per cylinder is to include pick-up of empties, refilling and delivery of full "1R" cylinders by vendor at various locations throughout the County.
16. The estimated annual usage of tanks is listed below. Tanks will be filled on an as needed basis and the County does not guarantee any minimum amounts.
 - a. "D" cylinders - 6,000 cylinders
 - b. "E" cylinders - 142 cylinders
 - c. Cubic "1R" cylinders - 962 cylinders
17. **CODE OF ETHICS:** If any vendor violates or is a party to a violation of the code of ethics of Polk County or the State of Florida, with respect to this quote, such vendor may be disqualified from performing the work described in this quote or from furnishing the goods or services for which the quote is submitted and shall be further disqualified from quoting on any future quotes for work, goods, or services for the County.
18. **LOCAL PREFERENCE:** It is the policy of the Board of County Commissioners to afford local preference to Polk County owned entities in the award of quotes. Preference shall be administered in accordance with the following:

When written quotations are received, and the lowest price is offered by an entity located outside of Polk County, and the next lowest price is offered by an entity located in Polk County, and is within 5% of the lowest price offered, then the Polk County entity shall be given the opportunity to match the lowest price offered, and if agreement to match the lowest price is reached, the Polk County entity will be awarded the quote if the Polk County entity is otherwise fully qualified and meets all county requirements.

For purposes of this provision the term "Polk County entity" means any business having a physical location within the boundaries of Polk County at which employees are located and from which business is regularly transacted.

If a contract is being funded in whole or in part by assistance of any federal, state or local agency which disallows local preference, the County will adhere to those requirements by not applying this section.

19. **VENDOR PREFERENCE:** It is the policy of the Board of County Commissioners to afford vendor preference to women and minority owned entities in the award of quotes. Preference shall be administered in accordance with the following:

When written quotations (less than \$50,000.00) are received, and the lowest price is offered by a non-women or minority owned entity located outside of Polk County, and a price is offered by a women or minority owned entity that is within 5% of the lowest price offered, then the women or minority owned entity shall be given the opportunity to match the lowest price offered, and if agreement to match the lowest price is reached, the women or minority owned entity will be awarded the quote if the women or minority owned entity is otherwise fully qualified and meets all county requirements.

The term "Women or Minority Owned Entity" means any business having at least 51% ownership by women or minority group members who independently control the management and day-to-day operations of the firm. Group members are Females, African Americans, Hispanic Americans, Asian-Pacific Americans, Native Americans, and Asian-Indian Americans.

If a contract is being funded in whole or in part by assistance of any deferral, state or local agency which disallows this form of preference, the County will adhere to those requirements by not applying section.

This policy in no way supersedes the Local Preference Policy.

20. **PRICE INCREASES:** The Procurement Director Reserves the right to increase/decrease prices after the bid has been in place for a minimum of 12-months, when it is in the best interest of the County. Increases/decreases will be determined by the appropriate price index.
21. **UNCONTROLLABLE FORCES (FORCE MAJEURE):** When events occur that are not of the Contractor or County's doing, neither the Contractor nor the County will be deemed in default should the events meet the definition of "Uncontrollable Forces", also known as "Force Majeure". The term "Uncontrollable Forces" or "Force Majeure" shall mean any event which results in the prevention or delay of performance by a party of its obligations and which is beyond the reasonable control of the non-performing party. The events include, but are not limited to, fire, flood, earthquakes, storms, hurricanes, lightning, epidemic, war, riot, civil disturbance, sabotage, and governmental actions.

Neither party shall be excused from performance if non-performance is due to forces which are reasonably preventable, removable, or remediable and which the non-performing party could have, with the exercise of reasonable diligence, prevented, removed, or remedied the event prior to its occurrence.

The non-performing party shall, within five (5) calendar days after being prevented or delayed from performance by an uncontrollable force, deliver written notice to the other

party particularly describing the circumstance that prevented its continued performance of the obligations of the work and a good faith estimate as to the anticipated duration of the delay and the means and methods for correcting the delay.

22. All questions must be in writing and submitted to Carolyn Cusano, Procurement Specialist, Procurement Division via email at carolyncusano@polk-county.net, or via fax at (863) 534-6789.

QUOTE SHEET “A”

ALL PRICES PER CYLINDER				
Refill of all cylinders including pick-up empties and delivery of full by vendor				
Item #	Est. Annual Usage	Description	Unit Price Delivered by Vendor	Total
1.	6000 Cylinders (approx. 360 liters)	“D” Cylinder Medical Oxygen	\$	\$
2.	142 Cylinders (approx. 625 liters)	“E” Cylinder Medical Oxygen	\$	\$
3.	962 Cylinders (approx 138 cu. ft.)	“IR” Cylinder Medical Oxygen	\$	\$
	Total Items #1-3			\$

QUOTE SHEET “B”

ALL PRICES PER CYLINDER				
Cylinder Rental				
Item #	Est. Annual Usage	Description	Unit Price Per Month	Total
4.	735 or more	Rental of “D” Cylinder	\$	\$
5.	25 or more	Rental of “E” Cylinder	\$	\$
6.	116 or more	Rental of “IR” Cylinder	\$	\$
	Total Items #4-6			\$

Vendor Name

QUOTE SHEET “C”

ALL PRICES PER CYLINDER Refill of all cylinders –empties to be dropped off and full cylinders to be picked up by Polk County.				
Item #	Est. Annual Usage	Description	Unit Price Delivered	Total
7.	6000 Cylinders (approx. 360 liters)	“D” Cylinder Medical Oxygen	\$	\$
8.	142 Cylinders (approx. 625 liters)	“E” Cylinder Medical Oxygen	\$	\$
9.	962 Cylinders (approx 138 cu. ft.)	“1R” Cylinder Medical Oxygen	\$	\$
	Total Items #7-9			\$

QUOTE SHEET “D”

ALL PRICES PER CYLINDER Refill of all cylinders including pick-up empties and delivery of full by vendor				
Item #	Est. Annual Usage	Description	Unit Price Delivered by Vendor	Total
10.	962 Cylinders (approx 138 cu. ft.)	“1R” Cylinder Medical Oxygen	\$	\$
	Total Item #10			\$

Vendor Name

QUOTE SHEET

GRAND TOTAL OF QUOTE SHEETS A & B COMBINED	\$
GRAND TOTAL OF QUOTE SHEETS B & C COMBINED	\$

Name and Number of person to contact in case of emergency

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

REMARKS: _____

Vendor Name

SIGNATURE ACKNOWLEDGEMENT (SUBMITTAL PAGE)

To Polk County, a Political Subdivision of the State of Florida

Date: _____

I certify that this quote is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same construction, service or material and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this quote and certify that I have read and understand the quoting documents. I have completed and submitted all quote submittal forms, and I am authorized to sign this quote for the vendor. In submitting a quote to the County, the vendor offers and agrees that if the quote is accepted, the vendor will convey, sell, assign or transfer to the County all rights, titles and interests in and to all causes of action it may now or hereafter acquire under the Anti-Trust Laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the County. At the County's discretion, such assignment shall be made and become effective at the time the County tenders final payment to the vendor.

VENDOR NAME

AUTHORIZED SIGNATURE (MANUAL)

MAILING ADDRESS

NAME (TYPED OR PRINTED)

CITY, STATE AND ZIP CODE

TITLE (TYPED OR PRINTED)

(AREA CODE) TELEPHONE NUMBER

TOLL FREE NUMBER

(AREA CODE) FAX NUMBER

E-MAIL ADDRESS

This bid may be used by any other Government Agency. [] YES [] NO [] N/A

A Polk County Procurement Card will be accepted as method of payment. [] YES [] NO

NOTE: If Vendor checks "yes" above, Vendor agrees that the County will use a County issued Visa card for the payment of any and all invoices submitted as a result of the performance of this quote.

DRUG-FREE WORKPLACE FORM (SUBMITTAL PAGE)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies

that _____ does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation programs, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Vendor's Signature

Date

**NON-COLLUSION AFFIDAVIT OF PRIME VENDOR
(SUBMITTAL PAGE)**

State of _____)

County of _____)

_____, being first duly
sworn, deposes and says that:

1. He/She is _____ of _____, the Vendor that has submitted the attached Quote;
2. He/She is fully informed respecting the preparation and contents of the attached Quote and of all pertinent circumstance respecting such Quote;
3. Such Quote is genuine and is not a collusive or sham Quote;
4. Neither the said Vendor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Vendor, firm or person to submit a collusive or sham Quote in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion of communication or conference with any other Vendor, firm or person to fix the price or prices in the attached quote of any other Vendor, or to fix any overhead, profit or cost element of the Quote Price or the Quote Price of any other Vendor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the County or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Quote are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Vendor or any of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____ 20____

(Title)

My Commission Expires _____

STATEMENT OF NO QUOTE

If submitting a "No Quote", Bidder shall return this form to The Polk County Board of County Commissioners Procurement Division, ATTN: Carolyn Cusano, 330 West Church Street, Bartow, Florida 33830; via fax at (863) 534-6789, or via email to carolyncusano@polk-county.net.

We have declined to bid on the above-mentioned quote for the following reasons:

- | | |
|---|---|
| ☐ Specifications too restrictive. | ☐ Insufficient time to respond. |
| ☐ Do not offer this product/service. | ☐ Our schedule would not permit us to perform. |
| ☐ Unable to meet specifications. | ☐ Unable to meet insurance requirements. |
| ☐ Specifications unclear. | ☐ Other (please specify below). |

~~~~~  
Q-12-004

We understand that if the "No Quote" form is not executed and returned, our name may be deleted from the list of qualified bidders for the County for further projects.

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone and Fax Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address