

CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
SPRINGFIELD, MASSACHUSETTS

BID OPENING: 2:00 P.M.
MAY 25, 2010

PROPOSAL FOR: **MEDICAL SUPPLIES**

BID NO. **10-437** DATE: May 3, 2010

TO: THE OFFICE OF PROCUREMENT, SPRINGFIELD, MASSACHUSETTS

_____ hereby propose to furnish
Company Name

**MEDICAL SUPPLIES FOR SPRINGFIELD PUBLIC SCHOOLS, SPRINGFIELD HEALTH & HUMAN SERVICES AND OTHER
MUNICIPAL DEPARTMENTS**

when and as the same may be ordered, beginning **JULY 1, 2010** and ending **JUNE 30, 2011** by the City of Springfield by the Chief
Procurement Officer, Office of Procurement, in accordance with the attached specifications and at the price(s) indicated:

Quantities are approximate only, and the City reserves the right to increase or decrease to best suit its needs.

THIS BID INVITATION OF PURPOSE OF EXECUTING A PRICE AGREEMENT ONLY.

TERMS: Net 30 Days DELIVERY: _____

I (we) hereby swear that this bid is made without the knowledge of or collusion with any other person, firm, corporation, or agent submitting a
proposal for furnishing said material, and that only the following persons are interested with the undersigned in making this bid, viz:

COMPANY NAME

ADDRESS

SIGNED: _____

DATE: _____

POST OFFICE ADDRESS:

PHONE & FAX _____

OPTION TO RENEW FOR TWO (2) ADDITIONAL YEARS
PLEASE NOTE - ALL PROPOSALS ARE TO BE NOTARIZED

(All documents must be filled out completely and entirely. Some are required to be signed and notarized. All required
documents and forms must be returned with the bid.)

STATE OF _____ 2010

County of _____, ss. _____

Then personally appeared before me _____
and made oath that he has read the forgoing Proposal, and knows the contents thereof; and that the facts stated therein are
true of his own knowledge, except such as are stated to be alleged on information and belief, and as to those that he believes
them to be true.

Notary Public

My commission expires: _____

ADVERTISEMENT
CITY OF SPRINGFIELD, MASSACHUSETTS
OFFICE OF PROCUREMENT

SEALED BIDS FOR: Blanket Agreement for Medical Supplies for Springfield Public Schools,
Springfield Health & Human Services Department & Other Municipal Departments
– Per Bid No. 10-437

will be received until 2:00 PM: May 25, 2010 BY:
THE OFFICE OF PROCUREMENT
MARIA LOPEZ-SANTIAGO, CHIEF PROCUREMENT OFFICER
36 COURT STREET ROOM #405, SPRINGFIELD, MA 01103
PHONE (413) 787-6285 FAX 787-6295

at which time the bids will be publicly opened and read in the Office of Procurement Bid Room.

Bid documents will be available beginning May 10, 2010 at the Office of Procurement. All inquiries should reference the bid number and the opening dates.

The City of Springfield is seeking competitive bids for medical supplies.

Blanket agreement is for one year with the option to renew for two additional one year terms upon appropriation of funds. The estimated cost per year is \$150,000.00.

Deliveries will be shipped to various locations. No minimum orders required for delivery.

All questions regarding bid or its specifications must be received by the Office of Procurement at least seven business days prior to bid opening.

The City of Springfield supports the goal of twenty percent minority and women participation in all contracts.

The Chief Procurement Officer reserves the right to waive any informality in and to reject any or all bids if it is in the public interest to do so.

Note: to newspaper: Insert the above advertisement in the Springfield Union-News ONLY under the heading "Legal

Notice" on: **May 10, 2010**

Phone: 787-6284

REFERENCE: 4137836285 per bid number 10-437

REQUEST FOR MEDICAL SUPPLIES

- Must deliver supplies to the individual school locations and municipal departments. (List of school addresses attached)
- Must deliver equipment within 24 hours of receipt of order.
- No minimum order required for delivery.
- No minimum order on specific medical supplies.
- Packaged quantity of supplies must be specified on bid sheet.
- Bid will be awarded line by line to the lowest responsive qualified bidder.
- Bid pricing must be submitted in accordance with packaging as specified.
- Delivery cost included in the price of the items.
- Agreement is for one year with the option to renew for two one-year terms upon appropriation of funds. Year 2 and 3 prices will be allowed to increase by consumer price index.
- **Samples are required for Swift bandaids, Tilton and Medline gloves and Welch Allyn probe covers. Samples MUST be submitted with bid.**

Medical Supplies		Bid No. 10-437							
Description	ProductID	CS	BX	EA	Unit Price	Total Cost			
LG ARM ANEROID BP UNIT	775X			10					
5X9 ABD PAD	NON21450		3						
AAA DURACELL BATTERY 20/PK	427			4					
ACE BANDAGE 2"	MDS055002		10						
ACE BANDAGE 3"	MDS055003		15						
ACE BANDAGE 4"	MDS055004		10						
ACETAMINOPHEN	100-10			10					
ACETAMINOPHEN 325mg 1000/BT	1000-10			6					
ADSAFE KEYCHAIN FACE SHIELD ORANGE	4056OR			15					
ADULT BP KIT W/NYLON CUFF	776Z			10					
ALBUTEROL SOL INH 25X3 ML	69724(69703)		20						
ALCOHOL PREP PAD MEDIUM 200/BX	3001B-IMC		200						
ALUMAFOAM 1/2" X 9"	10662			20					
AMMONIA INHALANTS 10/BX	35-110A1		12						
ANTISEPTIC GEL WATERLESS HAND CLEANSER 8 OZ	10-8608	50							
ANTISEPTIC HAND GEL GALLON	10-8628			5					
ANTISEPTIC TOWELETTES BZK 100/BX	10-5201		25						
APAP 4oz(LIQUID TYLENOL)	122-97			50					
ASCENSIA CONTOUR CONTROL SOLUTION	7109		21						
ASCENSIA CONTOUR MICROFILL BLOOD GLUCOSE STRIPS	7097		15						
ASCENSIA CONTOUR TEST STRIPS	7099IM		10						
AUDIOMETER CALIBRATION	MISC101			20					
AUDIOMETER CALIBRATION & REPAIR	MISC101			5					
AUDIOMETER HEADBAND	MISC101			5					
BABY WIPES UNSCENTED 80/TB	10-6810	65	70	780					
BACITRACIN 1oz	60-03			25					
BACITRACIN UNIT DOSE 144/BX	11-09		8						
BANDAGE TUBE WHITE 5/8 X 50 YDS	GL219			1					

Description	ProductID	CS	BX	EA	Unit Price	Total Cost
BANDAIDS 1 X 3 750/BX	01-90059		70			
BANDAIDS 2 1/4 X 3 1/2 KING SIZE 50/BX	01-0115		15			
BANDAIDS 3/4 X 3 750/BX	01-90033		45			
BANDAIDS FLEXIBLE FABRIC 1" X 3"	4444-IMC		25			
BANDAIDS FLEXIBLE FABRIC 3/4" X 3"	4434IMC		25			
BANDAIDS JR SHEER 3/8 X 1 1/2 100/BX 36/CS	3608		26			
BANDAIDS SPOT 100/BX	3607		35			
BANDAIDS XLG 50/BX	5716		10			
BANDAIDS XLG 50/BX	5716-IMC		60			
BATTERY 9V DURACELL 6/PK	61601			15		
BATTERY DURACELL AA 24/PK	15109			10		
BIBS PLASTIC BACK 30 X 18 2-PLY 150/CS	920463	10				
BLANKET NEW AGE 66 X 84 75% WOOL 25% SYNTHETIC	SS684			5		
CATHETER SELF CATH 14 FR FUNNEL END	214	2				
CAVACIDE 24oz SPRAY BOTTLES 12/CS	13-1024	5				
CAVACIDE GALLON 4/CS	13-1000	15				
CHILD ANEROID BP UNIT	775C			10		
COHESIVE BANDAGE 3" 24/CS	8035T	2				
COHESIVE BANDAGE 4" 18/CS	8045T	2				
CONFORMING GAUZE NON-STERILE 2" 12/BG	602(602IMC)		12			
CONFORMING GAUZE NON-STERILE 3" 12/BG	603(603IMC)		18			
COT RE-UPHOLSTERED	MISC101			2		
COT REPAIR	MISC101			2		
COTTON BALLS MEDIUM 2000/BG 2BG/CS	MDS21460		2			
COTTON TIP APPLICATOR 6" NST 1M/BX	806-WC-H		10			
COTTON TIP APPLICATOR 6" ST 2/PKG	25-806-2WC-H		1			
COVERLET KNUCKLE 1.5 X 3	1390		10			
COVERLET SM FINGER	1306		4			
CPR RESUSCITATOR IN CASE	4063			15		

Description	ProductID	CS	BX	EA	Unit Price	Total Cost
CUP 5 OZ SEASON DIXIE COLD 100/SL 24SL/CS	58AC	20				
DENTAL BIB PULLOVER STYLE 19x28 500/CS	960	2				
DENTAL FLOSS WAXED	9213			5		
DIGITAL THERMOMETER PROBE COVERS 100/BX	20633(D100-2)		15			
DIPHENHYDRAMINE 25MG 100/BT	0648-01			12		
DIPHENHYDRAMINE ALC FREE 4 OZ	16837			5		
DISPOSABLE WASH BASIN 8QT MAUVE	DYND80342			15		
DRAPE SHEETS 2-PLY 40X48 WHITE 100/CS	214	6				
ELITE TEST STRIPS(P.O.C.)	563873IM(3918)		1			
EMESIS BASIN PREMIUM 9" DISPOSIBLE	DYND80321			50		
EPI PEN EPINEPHRINE AUTO INJECTOR	500-01			50		
EPI PEN JR AUTO INJECTION .15 MG	501-01			50		
EXTRA DEEP WHEELCHAIR 18x18 FOOTREST FL ARMS	TREX28RFT93HC18x18			1		
EYE GLASS REPAIR KIT	PK766(68151)			10		
EYE PAD OVAL	2841		2			
EYE WASH 4oz (DACRIOSE)	2201			70		
EYE WASH CUP	90-3507			10		
FINGERNAIL CLIPPERS	65685			10		
FIRST AID KIT 104PC(MSS LABELED) LATEX FREE	223-R			10		
FLUFF LARGE ROLLS 4.5" 6-PLY(SAME AS 6715)	645(645IMC)			3		
FORCEPS SPLINTER 4 1/2 FINE TIP	17-268			12		
FOREHEAD THERM FEVER INDICATOR W/ADHESIVE	32-0432(FIWA)			20		
GAUZE 3 X 3 STERILE 12-PLY ST 2/PK	NON21422		20			
GAUZE NON-STERILE 2 X 2 200/SL 25SL/CS	2085(2085IMC)	6				
GAUZE NON-STERILE 3 X 3 200/SL 20SL/CS	3124(3124IMC)	9				
GAUZE STERILE 2 X 2 8-PLY 50PK/BX 30BX/CS	6208(6208IMC)		1			
GAUZE STERILE 4 X 4 2/PKG 12-PLY 25PK/BX 24BX/CS	6412IMC		4			
GLOVE SYNTHETIC POWDERFREE LARGE	MDS192076	50				
GLOVE SYNTHETIC POWDERFREE MEDIUM	MDS192075	110				

Description	ProductID	CS	BX	EA	Unit Price	Total Cost
GLOVE SYNTHETIC POWDERFREE SMALL	MDS192074	4				
GLOVE SYNTHETIC POWDERFREE X-LARGE	MDS192077	2				
GOOSENECK EXAM LAMP	T-10			2		
GRAFCO TRIANGULAR BANDAGE	60-8861			15		
HEARING MACHINE	MISC101			2		
HEARING MACHINE CALIBRATED	MISC101			25		
HEARING MACHINE REPAIR	MISC101			2		
HOT COLD PAK 6 X 9	9122A(80104)	42				
HOT COLD PAK 4X 6	9123A(80204A)	5				
HOT WATER BOTTLE	39-3868-1(010123)			5		
IBUPROFEN 200MG 1000/BT	393-95			5		
IBUPROFEN LIQ	1270-16			1		
ICE PAK INSTANT 24/CS	612-0010-9824(846-0010-9824)	50				
KETOSTIX STRIPS 50S	2880			1		
LABOR (---1/4 HOUR INCREMENTS)	LABOR			1.5		
LAUNDRY BAG 30x40 SPUNPOLY	3040FTB			4		
LYSOL SPRAY 18 OZ	2121			2		
MASK CPR MICROSIELD	170-150			10		
MCSHANE NARCOTICS CABINET DBL LOCK	ML1414			2		
MEDICINE CUPS 1 oz 100/SL	DYND80000			150		
MICROLET LANCET 100/BX	6546		1			
MINI-WRIGHT PEAK FLOW METER STANDARD RANGE	3103104			1		
MINIWRIGHT PEAKFLOW MOUTHPIECES DISP	3122200(3122002)		2			
MODESS STAY FREE MAXI PAD 250	#4	1				
MSS FILLED TRAUMA BAG	MISC101			1		
NARCOTIC CABINET	7787			2		
NARCOTIC CABINET I DOOR I SHELF	7782			1		
NARCOTICS CABINET(SINGLE DOOR/DBL LOCK)	7789			2		
NEBULIZER DISP	0			65		

Description	ProductID	CS	BX	EA	Unit Price	Total Cost
NIX CREAM RINSE 2 BOTTLES 2 OZ	120-02(782-01)			30		
ONE TOUCH ULTRA STRIPS 50/BT	20-244			5		
OPTEC 2---CLEANING & ELECTRICAL SAFETY TEST	MISC101			25		
OPTEC 5000 VISION SCREENER	5000			1		
OPTEC LEFT LIGHT SWITCH	MISC101			1		
OPTEC-2000 VISION SCREENER	MISC101			1		
ORAL PROBE FOR SURE TEMP 9FT	02678-100			2		
ORAL PROBE W/WELL FOR 690 SURETEMP	02893-000			2		
OXYGEN CANNULA CUD N-FL 7TCRUSH PROOF TUBING	001325(001312)			5		
PERI WASH II LIQUID 8 OZ	905			30		
PETROLEUM JELLY 4oz	PJ4			50		
PILL COUNTER	5709			1		
PILLOW CASE ZIPPER CLOSER	87-3857			25		
PILLOW STAPHCHECK 1 LBS	CHEM			10		
PULSE OXIMETER CLIP STYLE	18705			10		
PULSE OXIMETER FINGER TIP	9101			10		
PVP IODINE PREP PADS	10-3201		4			
RAISED TOILET SEAT LOCKING WITH ARMS	MDS80316			1		
REFRIGERATOR ALL 2.5CF	FF28L			30		
REUSEABLE PENLIGHT	354			10		
SAFETY PIN #1 10GR/BX	83-3039-1C			10		
SANI- HANKS 200BX/CS 40/BX	682	30				
SANITARY NAPKIN MODESS	4	15				
SCALE CALIBRATION	MISC101			45		
SCALE PHYSICIANS W/ HT LBS ONLY	700			12		
SCISSORS LISTER BANDAGE 5 1/2"	10-102			10		
SHARPS CONTAINER 0.7 QT 3.5 X 3.5 X 5	185S			7		
SHARPS CONTAINER 1.7QT 20/cs	185			10		
SHARPS CONTAINER 4.7 QT 6 X 10 X 7.75	184			35		

Description	ProductID	CS	BX	EA	Unit Price	Total Cost
SICK COUCH WITH ADJUSTABLE HEADREST	3620-27-016			2		
SODIUM CHLORIDE 0.9% 500 ML	2F7123			6		
SODIUM CHLORIDE FOR INHAL 3ML 100/BX	83003		1			
SPILL KIT EZ CLEAN	17121			10		
SPLINTER OUT REMOVAL KIT 10/BX	SRK1		2			
STETHOSCOPE PROSCOPE BOWLES TYPE	662			4		
SUCTION MACHINE	S130			1		
SURE TEMP THERMOMETER W/ORAL PROBE	01690-200			10		
SURETEMP PROBE COVERS 250/BX	05031-101		275			
SURFACE MOUNT BOX W/ALARM/STROBE/SECURITY	50-00392-30			1		
SURFACE MOUNT WALL BOX	50-00392-10			1		
SURFACE MOUNT WALL BOX W/ALARM/SECURITY	50-00392-20			1		
SURGILUBE FOILPACK 3 GM	205-43		2			
SYRINGE 1 ML 27 G X .5	309623		2			
SYRINGE 60 CC	309653(309663)	2				
SYRINGE SAFETY-LOK 3CC 23G X 1"	309594		5			
TABLE PAPER 18" SMOOTH ECONOMY 12/CS	513	20				
TABLE WITH PAPER DISPENSER	1010-24-030			2		
TAPE DURAPORE 1"	1538-1			15		
TAPE MICROPORE 1"	1535-1			1		
TAPE TRANSPORE 1"	1527-1			1		
TELFA PAD 2 X 3	1961		15			
TELFA PAD 3 X 4	2132		7			
TEMP A DOT READY STRIP 100/BX 20BX/CS	5122		3			
TEMP-CHEX REFRIGERATOR THERMOMETER	240043(31-295)			8		
TEMPORAL ARTERY INSTANT THERMOMETER	124275(TAT5000)			1		
TEMPORAL ARTERY THERMOMETER	TAT2000			1		
THERMOMETER DIGITAL ORAL	15-691-000			5		
THERMOSCAN PRO 4000 EAR THERMOMETER	04000-200(03000-200)			1		

[illegible]

Springfield Public Schools

Elementary Schools

School Name	School Address	Phone Number
Thomas M. Ballet School	52 Rosewell Street, 01109	(413) 787-7446
Alice B. Beal School	285 Tiffany Street, 01108	(413) 787-7544
Edward P. Boland School*	426 Armory Street, 01104	(413) 750-2511
Samuel Bowles School	24 Bowles Park, 01104	(413) 787-7334
Milton Bradley School	22 Mulberry Street, 01105	(413) 787-7475
Brightwood School	471 Plainfield Street, 01107	(413) 787-7238
Daniel B. Brunton School*	1801 Parker Street, 01128	(413) 787-7444
William N. DeBerry School	670 Union Street, 01109	(413) 787-7582
Hiram L. Dorman School	20 Lydia Street, 01109	(413) 787-7554
Mary A. Dryden Veterans Memorial School*	190 Surrey Road, 01118	(413) 787-7248
Margaret C. Ellis School	319 Cortland Street, 0110	(413) 787-7345
Frank H. Freedman School	90 Cherokee Drive, 01109	(413) 787-7443
German Gerena Community School*	200 Birnie Avenue, 01107	(413) 787-7320
Glenwood School	50 Morison Terrace, 01104	(413) 787-7527
Alfred M. Glickman School	120 Ashland Avenue, 01119	(413) 750-2756
Frederick Harris School*	58 Hartford Terrace, 01118	(413) 787-7254
Homer Street School	43 Homer Street, 01109	(413) 787-7526
Indian Orchard Elementary School*	95 Milton Street, 01151	(413) 787-7255
Rebecca Johnson School	55 Catharine Street, 01109	(413) 787-6687
Kensington Avenue School	31 Kensington Avenue, 01108	(413) 787-7522
Liberty School	962 Carew Street, 01104	(413) 787-7299
Lincoln School	732 Chestnut Street, 01107	(413) 787-7314
Mary M. Lynch School	315 No. Branch Pkwy., 01119	(413) 787-7250
Mary O. Pottenger School	1435 Carew Street, 01104	(413) 787-7266
Sumner Avenue School*	45 Sumner Avenue, 01108	(413) 787-7430
Arthur T. Talmadge School	1395 Allen Street, 01118	(413) 787-7249
Mary M. Walsh School	50 Empress Ct., 01129	(413) 787-7448
Warner School*	493 Parker Street, 01129	(413) 787-7258
Washington School	141 Washington Street, 01108	(413) 787-7551
White Street School	300 White Street, 01108	(413) 787-7543

K-5 Schools

School Name	School Address	Phone Number
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Elias Brookings School	367 Hancock Street, 01105	(413) 787-7200
K-8 Schools		
School Name	School Address	Phone Number
Alfred G. Zanetti Montessori Magnet School*	474 Armony Street, 01104	(413) 787-7400
6-12 Schools		
School Name	School Address	Phone Number
The Springfield Renaissance School	1170 Carew Street, 01104	(413) 750-2929
Middle Schools		
School Name	School Address	Phone Number
Chestnut Accelerated Middle School	355 Plainfield Street, 01107	(413) 750-2333
John J. Duggan Middle School	1015 Wilbraham Road, 01109	(413) 787-7410
Forest Park Middle School	46 Oakland Street, 01108	(413) 787-7420
John F. Kennedy Middle School	1385 Berkshire Avenue, 01151	(413) 787-7510
M. Marcus Kiley Middle School	180 Cooley Street, 01128	(413) 787-7240
STEM Middle Academy	60 Alton Street, 01109	(413) 787-6750
Van Sickle Middle School	1170 Carew Street, 01104	(413) 750-2887
High Schools		
School Name	School Address	Phone Number
High School of Commerce	415 State Street, 01105	(413) 787-7220
Roger L. Putnam Vocational-Technical High School	1300 State Street, 01109	(413) 787-7424
Springfield Central High School	1840 Roosevelt Avenue, 01109	(413) 787-7085
Springfield High School of Science & Technology	1250 State Street, 01109	(413) 750-2000
Alternative S.A.F.E. Schools		
School Name	School Address	Phone Number
S.A.F.E. Springfield Academy Elementary School	34 Nye Street, 01104	(413) 886-5100
S.A.F.E. Springfield Academy Middle School	118 Alden Street, 01109	(413) 787-7261
S.A.F.E. Springfield Academy High School	90 Berkshire Street, 01151	(413) 787-7036
S.A.F.E. Recovery School	1334 Franklin Street, 01104	(413) 750-2484
S.A.F.E. Middle School	140 Wilbraham Avenue, 01109	(413) 787-7284
S.A.F.E. High School	140 Wilbraham Avenue, 01109	(413) 787-7285
S.A.F.E. Early College High School @ HCC	303 Homestead Avenue	(413) 552-2176
	Holyoke, MA 01040	

S.A.F.E. Gateway to College	303 Homestead Avenue Holyoke, MA 01040	(413) 552-2370
S.A.F.E. Night School	1170 Carew Street, 01104	Coming Soon...
S.A.F.E. Student Attendance Resource Center (SSARC)	140 Wilbraham Avenue, 01109	(413) 787-6495
Charter Schools		
School Name	School Address	Phone Number
Horace Mann New Leadership Charter School	37 Alderman Street, 01108	(413) 782-9111
SABIS International Charter School	160 Joan Street, 01129	(413) 783-2600
Robert M. Hughes Charter School	91 School Street, 01105	(413) 747-5200
Martin Luther King Jr. Charter School of Excellence	Alden Baptist Church - 649 State Street, 01109	(413) 214-7806
Adult Education		
School Name	School Address	Phone Number
Adult Education Center G.E.D. Program	310 State Street, 01105	(413) 787-7210
* Preschool sites		

City of Springfield, Massachusetts
Department of Purchase

INVITATION AND INSTRUCTIONS TO BIDDERS

Proposals shall be typewritten or written in ink on the enclosed forms. Officials of Corporations shall designate their official titles. Partners or Sole Owners shall so state, giving names of all interested Parties. Bid must be submitted in a sealed envelope and shall be guaranteed for sixty (60) days. Bidder shall not base Proposals on verbal information from any employee of the City. The City reserves the right to reject any or all bids.

Invitation for Bid: PA: Medical Supplies

Bid No. 10-437

Department: City Wide

Opening Date: May 25, 2010

Submission Requirement Checklist

Bids must be received on or before the due date and must include the following, signed, & notarized as required: Failure to submit the following may be cause for rejection:

_____ (1) Request for Price Agreement Form (Cover Sheet) Completed, Signed and Notarized

_____ (2) Certification Against Collusion & Fraud completed.

_____ (3) Tax Certification Affidavit Signed & Notarized

_____ (4) Affirmative Action Plan

_____ (5) Option to Renew Form

_____ (6) Pricing Sheets

_____ (7) Original and One (1) Copy of Complete Bid Package

_____ (8) Receipt of ALL addenda if issued

_____ (9) All other responses as required by the bid specifications

Questions regarding the bid must be directed in writing to Maria Lopez-Santiago the Chief Procurement Officer no later than 7 working days before the day on which the bids are due. All communication should include reference to the bid # and opening date. Fax communications are acceptable.

COLLUSION OR FRAUD STATEMENT

THE UNDERSIGNED CERTIFIES UNDER PENALTIES OF PERJURY THAT THIS BID IS IN ALL RESPECTS BONA FIDE, FAIR AND MADE WITHOUT COLLUSION OR FRAUD WITH ANY OTHER PERSON. AS USED IN THIS SECTION THE WORD "PERSON" SHALL MEAN ANY NATURAL PERSON, JOINT VENTURE, PARTNERSHIP, CORPORATION OR OTHER BUSINESS OR LEGAL ENTITY.

(NAME OF PERSON SIGNING BID)

(SIGNATURE)

(COMPANY)

THIS FORM MUST BE SIGNED & RETURNED WITH YOUR BID OFFER. FAILURE TO SUBMIT THIS FORM IS CAUSE FOR IMMEDIATE REJECTION.

TO BE INCLUDED IN ALL SPECIFICATIONS

COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.

A. COMPLIANCE WITH TAX LAWS

The contractor must be in compliance **at the time it submits its bid and afterwards if selected as the contractor**, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

B. TAX CERTIFICATION AFFIDAVIT.

The contractor **must** complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

FAILURE TO SUBMIT THE FOLLOWING FORM IS CAUSE FOR IMMEDIATE REJECTION.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Company: _____

P.O. Box (if any): _____

Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

Please Identify if the bidder/proposer is a:

Corporation _____

Individual _____

Name of Individual: _____

Partnership _____

Names of all Partners: _____

Limited Liability Company _____

Names of all Managers: _____

Limited Liability Partnership _____

Names of Partners: _____

Limited Partnership _____

Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____, certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____, certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **City of Springfield taxes** required by law (has/have entered into a Payment Agreement with the City).

Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, _____, certify under the pains and penalties of perjury that _____,
(authorized agent) (Bidder/Proposer)
to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: _____

Notary Public

STATE OF _____, 2010

County of _____, ss.

Then personally appeared before me [name] _____, [title] _____ of [company name] _____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] _____.

Notary Public

My commission expires: _____

YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.

AFFIRMATIVE ACTION PLAN
(GOODS AND SERVICES BID ONLY)

NAME OF PROJECT _____ BID NO. _____

A.) What is the total number of employees that is currently employed by your company?

NUMBER OF EMPLOYEES										
OVERALL TOTALS (SUM OF COL B THRU F) A	MALE					FEMALE				
	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F

B.) What is your anticipated work force for this project/service? _____.
Number of Minorities _____ Number of Females _____.

C.) Is your company at least 51% owned and controlled by one of the following groups members? Please circle the appropriate categories.

MALE---FEMALE: Black, Hispanic, Asian, American Indian,
Alaskan Native, Cape Verdean, Caucasian.

AUTHORIZED SIGNATURE

DATE

FIRM

ADDRESS

TELEPHONE NO.

THE ORIGINAL CONTRACT PERIOD SHALL BE FOR A TERM OF ONE (1) YEAR. THE CITY OF SPRINGFIELD OFFICE OF PROCUREMENT, UPON THE MAYOR'S APPROVAL AND APPROPRIATION OF FUNDS, RESERVES THE RIGHT AT ITS OPTION TO RENEW THIS PRICE AGREEMENT FOR TWO (2) ADDITIONAL YEARS.

- A. BIDDER TO INDICATE IF THEY WILL RENEW AGREEMENT FOR THE SECOND AND THIRD YEARS AT THE ORIGINAL BID PRICE.

YES _____ NO _____

- B. IF NO TO "A", THE CONSUMER PRICE INDEX (C.P.I. - U), THE UNITED STATES CITY AVERAGE - ALL URBAN CONSUMERS AS DETERMINED BY THE BUREAU OF LABOR STATISTICS, SHALL BE UTILIZED FOR ANY PRICE ADJUSTMENTS TO THE PREVIOUS YEAR'S PRICE(S). SUBSEQUENT YEAR'S PRICES WILL NOT INCREASE GREATER THAN THE C.P.I - U FOR THE PREVIOUS TWELVE (12) MONTHS. THIS INDEX WILL BE COMPUTED FOUR (4) MONTHS PRIOR TO THE EXPIRATION OF THE AGREEMENT.

THE CITY OF SPRINGFIELD OFFICE OF PROCUREMENT WILL SUBMIT A RENEWAL IN WRITING APPROXIMATELY ONE HUNDRED TWENTY (120) DAYS PRIOR TO THE EXPIRATION DATE OF THE PRICE AGREEMENT.

COMPANY NAME

CITY OF SPRINGFIELD, MASSACHUSETTS - OFFICE OF PROCUREMENT

INVITATION AND INSTRUCTIONS TO BIDDERS

Proposals shall be typewritten or written in ink on our Forms and signed by the Bidder. Officials of Corporation shall designate their official title. Partners or Sole Owners shall so state, giving names of all interested parties.

Bidders shall not base Proposals on verbal information from any employee of the City.

The Procurement Officer may cancel an invitation for bid, a request for proposal, or other solicitations. The City reserves the right to reject any or all bids wholly or part; to waive technicalities and informalities; to amend and/or cancel bid prior to the time of opening; when the procurement officer determines that cancellation or rejection serves the best interests of the governmental body. The procurement officer shall state in writing the reason for a cancellation or rejection. Awards will be made in a manner deemed best to the City; to correct any award erroneously made as a result of a clerical error on the part of the City.

THE CITY RESERVES THE RIGHT TO REJECT ANY OR ALL BIDS AND TO AWARD ITEMS OR GROUPS SEPARATELY, OR MAKE TOTAL AWARD TO ONE BIDDER, AND UNLESS OTHERWISE SPECIFIED BY THE BIDDER, TO ACCEPT ANY ITEM IN THE BID. IF THE BIDDER IS BIDDING ON AN "ALL OR NOTHING" BASIS, HE/SHE MUST SO STATE.

No certified check will be required with this bid and the successful Bidder will not be required to execute a bond with the contract.

It is expressly agreed and understood that the City shall have the right to terminate any Agreement by giving thirty (30) days written notice signed by the Mayor or his designee, the Chief Procurement Officer to the Vendor, such notice shall be sent certified mail, return receipt requested to the address listed in bid. The Vendor's right to perform under this agreement shall immediately cease upon the date stated in said notice of termination.

Bid must be submitted in a sealed envelope and marked accordingly. Bids to be sent to **the Office Of Procurement before** the time and date specified and shall be guaranteed for sixty (60) days. Postmarks will not be considered. Any Federal or State sales taxes that may be imposed on any goods purchased under the proposed contract must be assumed by the Seller.

The Successful Bidder shall protect the City from any and all infringements Patents, Royalties or Damages arising from the transaction.

If at any time the Contractor is unable to furnish material or services as ordered by the City, the City may order such material or services from such places as are available, and the Contractor shall pay to the City all expense incurred above the contract price.

All prices submitted shall be for material delivered F.O.B. to the destination listed on the Proposal or Request for Quotation.

PAYMENT: On all invoices covering deliveries up to the 30th of the month, payment will be made by the city of Springfield on its next regular monthly pay day "on or about the 20th of the following month" for such quantities of materials or services as have been accepted. Where discount is specified, advantage will be taken of same whenever possible.