NICHOLLS STATE UNIVERSITY
PURCHASING DEPARTMENT
PO BOX 2052 University Station
104 Elkins Hall
Thibodaux, La 70310
Phone No. (985) 448-4038 - Fax No. (985) 448-4921
EO/AA Employer, M/F/H/V

BID NO. **SB01844**

Date: **04/04/2022**

INVITATION, BID AND ACCEPTANCE

INVITATION: Sealed bids, subject to the conditions herein stated and attached hereto, will be received at this office until **3:00 P.M. on 05/02/2022** and then publicly opened for furnishing the items and/or services as described below for Nicholls State University.

Signed _____
Terry G. Dupre, Sr.
Director of Purchasing

The right is reserved to reject all or part of your offer as well as to cancel this entire solicitation

DESCRIPTION

"Bid Number SB01844 Nursing Department Classroom Supplies"

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INSTRUCTIONS:

1. **YOUR BID SHALL BE MADE ON THE ATTACHED BID FORM(S) AND RETURNED WITH THIS "INVITATION" IN A SEALED ENVELOPE WITH YOUR NAME AND ADDRESS ON THE OUTSIDE OF THE ENVELOPE YOUR BID IS SUBMITTED IN. THE ENVELOPE MUST CLEARLY IDENTIFY THE BID TITLE, BID NUMBER, AND THE SCHEDULED RETURN DATE AND TIME. IF THE SOLICITATION REQUIRES THAT THE WORK IN THE SOLICITATION MUST BE PERFORMED BY A LICENSED LOUISIANA CONTRACTOR, THEN YOUR LOUISIANA CONTRACTORS LICENSE NUMBER MUST BE WRITTEN ON THE OUTSIDE OF THE ENVELOPE THE BID IS SUBMITTED IN.**
2. **The University cannot accept bids or alterations by wire, phone or facsimile.**
3. **ALL PRICES ARE TO BE QUOTED COMPLETE AND F.O.B. NICHOLLS STATE UNIVERSITY, THIBODAUX, LA.**
4. **All prices assumed firm unless otherwise stated.**
5. **Any bid received after bid closing time will be returned unopened.**
6. **As a state agency, the University is NOT liable for state sales tax in acted by the State Legislature and in effect at the time of issuance of the order. Do not include federal excise tax unless requested.**
8. **Unless otherwise specified all bids shall be binding for 30 calendar days from date of bid opening.**
9. **THIS BID INVITATION SHEET MUST BE SIGNED IN ACCORDANCE WITH R.S. 39:1556(53). YOUR SIGNATURE IDENTIFIES YOUR INTENT TO BE BOUND. FAILURE TO SIGN THIS PAGE MAY RESULT IN YOUR BID NOT BEING CONSIDERED.**
10. **Additions for packing or other items not quoted will not be allowed.**

BIDDER SHOULD FILL IN ALL BLANK SPACES

Terms will be and shipment will be made within _____ days of receipt of order.

BID

In compliance with the above invitation for bids and subject to the conditions thereof, the undersigned offers and agrees if this bid be accepted within_____ days from the date of opening to furnish any or all of the items (or sections) at the price set opposite each item (or section). (In case of a continuing contract this price shall remain in effect until_____.)

Bidder_____ Signed_____
Address_____ Title_____
_____ Phone (_____)_____
Email_____ Fax (_____)_____

Federal Tax ID Number:_____

NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.
NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED TO FEDERAL TAX ID NUMBER PROVIDED.

Acceptance by NICHOLLS STATE UNIVERSITY, THIBODAUX, LOUISIANA as to items numbered:

_____

_____

Signed_____ Date_____

Nicholls State University

Purchasing Office
P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

STATE OF LOUISIANA HUDSON INITIATIVE

The Louisiana Initiative for Small Entrepreneurships (the Hudson Initiative) was established in accordance with La. R.S. 39:2001- 2008 and La. R.S. 51:931. This is a goal-oriented program which encourages State agencies to contract with certified small entrepreneurships, as well as encouraging contractors who receive contracts from the State to use good faith efforts to utilize certified small entrepreneurships as subcontractors in the performance of the contract. The Hudson Initiative is a race and gender-neutral program. The primary intent of this program is to provide additional opportunities for Louisiana-based small entrepreneurships that are certified by the Louisiana Department of Economic Development to participate in contracting and procurement with the State. The comprehensive rules governing the implementation of the program are located at http://www.doa.la.gov/pages/osp/se/secv.aspx. This program is under the auspices of Louisiana Department of Economic Development. All State departments/agencies including the Office of State Procurement, Facility Planning and Control, and the Department of Transportation and Development, as well as colleges and universities, and community and technical colleges are encouraged to participate in this program. The Office of State Procurement facilitates the administration of the program.

Certain procurements will be designated as suitable for participation in the Hudson Initiative. In order to be responsive to the solicitation, the vendor must either be a certified small entrepreneurship, in accordance with La. R.S. 39:2006, or put forth a good faith subcontracting plan to utilize certified small entrepreneurships in the performance of the contract.

In order to assist in locating those small entrepreneurships that are certified by the Department of Economic Development, a "quick reference list" has been compiled, which is arranged alphabetically and by commodity class. This list is automatically refreshed (updated) each time it is opened. The complete list of certified small entrepreneurships is maintained by Louisiana Department of Economic Development, which is responsible for certification of businesses. The list may be accessed here: https://smallbiz.louisianaeconomicdevelopment.com/Search.

Small entrepreneurships that are not currently certified and are interested in participating in procurement and contracting opportunities with the State under the Hudson Initiative are encouraged to visit the Louisiana Economic Development Small Business Certification System at http://www.louisianaeconomicdevelopment.com/page/hudson-initiative for qualification requirements and on-line certification. After certification, businesses are encouraged to register in the LaGov Supplier Portal: https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest_user=self_reg.

STATE OF LOUISIANA
NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA
A Member of the University of Louisiana System

Rev. 10/2020

The Nicholls State University (NSU) Purchasing Department will receive sealed bids until 3:00 P.M. on the bid opening date specified in the solicitation document. No bid responses will be considered by the NSU Purchasing Department received after 3:00 P.M. on the date specified. Beginning at that time, bids shall be publicly opened and read aloud to those present in the NSU Purchasing Department.

Mail address:	**Nicholls State University** **Purchasing Department** **P. O. Box 2052** **Thibodaux, LA 70310**	**Delivery:**	**Nicholls State University** **Purchasing Department** **906 East First Street** **Room 104 Elkins Hall** **Thibodaux, LA 70301**

Bids submitted are subject to LA R.S. 39:1551-1736; Purchasing Rules and Regulations; Executive Orders; General Conditions; any Special Conditions; and Specifications listed in the solicitation document.

The purpose of this solicitation is to set forth the requirements and specifications of Nicholls State University. The contents of this solicitation and the Bidder/ Vendor/ Contractor's bid response shall become contractual obligations if a contract (purchase order) ensues.

INSTRUCTIONS TO BIDDERS

1) **Bid Forms:** All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed in accordance with R.S. 39:1556(53) by an authorized representative of the bidding entity. Bid prices shall be typewritten or in ink. Bids submitted in the following manner will not be accepted: (1) bid contains no signature indicating intent to be bound; (2) bid filled out in pencil; and (3) bid sent by facsimile equipment. Price alterations to bid responses received before bid opening time will be considered provided the written price alteration has been received and time-stamped before bid opening time. Any other alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid response without further consideration.

   The NSU Purchasing Department reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.

2) **Sealed Envelope: To assure consideration, all bids must be submitted in a sealed envelope. The Envelope must contain: THE BID NUMBER, THE DUE DATE AND TIME, AND THE NAME OF THE BIDDER.**

   ADDITIONALLY: THE OUTSIDE OF THE BID ENVELOPE MUST CONTAIN THE STATE OF LOUISIANA CONTRATOR'S LICENSE NUMBER SHOULD THE WORK PROVIDED IN THE SPECIFICATION REQUIRE THAT THE BIDDER BE LICENSED BY THE LOUISIANA STATE LICENSING BOARD FOR CONTRACTORS IN THE APPROPRIATE CLASSIFICATION FOR THE WORK TO BE PERFORMED UNDER THIS SPECIFICATION OR THE SPECIFIC CLASSIFICATION IDENTIFIED IN THE ADVERTISEMENT OR THE SPECIFICATION.

   THE CONTRACTOR'S LICENSE NUMBER SHALL APPEAR FOR ANY BID SUBMITTED IN THE AMOUNT OF $50,000 OR MORE. $10,000.00 OR MORE FOR ELECTRICAL OR MECHANICAL WORK.

   FAILURE OF THE BIDDER TO WRITE THE CONTRACTOR'S LICENSE NUMBER ON THE OUTSIDE OF THE BID ENVELOPE SHALL CAUSE THEIR BID TO BE AUTOMATICALLY REJECTED AND NOT READ.

3) **Standard of Quality:** Any product or service bid shall conform to all applicable Federal and State laws and regulations and specifications contained in the solicitation document. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specifications is for the purpose of describing the quality level and characteristic required. Bidder should specify the brand and model number of the product offered in his bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the solicitation document.

4) **Descriptive Information:** Bidders proposing an equivalent brand or model should submit with the bid response information (such as illustrations, descriptive literature, technical data) sufficient for the University to evaluate quality, suitability, and compliance with the specifications of the solicitation document. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specification submitted for a product shall be verifiable by the manufacturer. If item(s) bid does not comply with specifications (including brand and/or product number), bidder should state in what respect the item(s) deviate. Failure to note exceptions on the response form will not relieve the successful bidder(s) from supplying the actual products requested.

5) **Bid Opening:** Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined 72 hours after request is made. Information pertaining to completed files may be secured by visiting the NSU Purchasing Department during normal working hours. Written bid tabulations will not be furnished.

6) **Louisiana Preference:** Preference is hereby given to products produced, manufactured, harvested, grown or assembled in Louisiana which are equal in quality to products produced, manufactured, harvested, grown or assembled outside of Louisiana. The bidder shall state his right to claim the ten percent (10%) preference in his bid response on the form provided and the bidder should state the respective Louisiana location where each qualifying item is produced, manufactured, harvested, grown or assembled.

-Instructions to bidders continued-

7) **Signature Authority: ATTENTION: .R.S. 39:1594(C)(4) requires evidence of authority to sign and submit bids to the State of Louisiana. You should indicate which of the following apply to the signer of this bid.**

1. The signer of the bid is either a Corporate Officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in Commendam as reflected in the most current Partnership Records on file with the Secretary of State. A copy of the Annual Report or Partnership Record must be submitted to this office before contract award.

2. The signer of the bid is a representative of the Bidder Authorized to submit this bid as evidenced by documents such as, Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the Resolution, Certification, or other supportive documents must be attached hereto.

3. The bidder has filed with the Secretary of State an Affidavit or Resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.

4. An individual listed on the State of Louisiana Bidder's Application as authorized to execute bids.

By signing the bid, the bidder certifies compliance with the above.

8) **Addendums:** If an addendum is issued regarding the bid solicitation, it is the responsibility of the bidder, prior to submitting their bid, to periodically visit if any addendums were issued and posted to the State of Louisiana Purchasing Department LaPAC website.

9) **Bid Bonds: If a bid bond is required, a bid bond must be submitted for each separate bid response. The bid bond shall be in an amount equal to 5% of the bid price submitted and alternates, if any. The bid security shall be in a form of a bid bond or certified check, or cashiers check.**

(PLEASE NOTE THAT A BID BOND MUST BE SIGNED BY THE AGENT OR ATTORNEY-IN-FACT OF THE SURETY.)

(*) The surety or insurance company furnishing the bid bond shall be currently on the U.S. Department of the Treasury Financial Management Service list of approved bonding companies or by an insurance company that is either domiciled in Louisiana or owned by Louisiana residents and is licensed to write surety bonds.

FOR THIS BID SOLICITATION:

BID BOND REQUIRED: _____ Yes ___X___ No

PERFORMANCE BOND REQUIRED: _____ YES ___X___ NO

PURCHASE WILL BE EXECUTED WITH: ___X___ Purchase Order Only

_____Purchase Order and Formal Two Party Contract

_____Formal Two Party Contract Only

GENERAL CONDITIONS

Rev 06/2020

1) **Prices:** Unless otherwise specified in the solicitation, bid prices shall be complete, including transportation and handling prepaid by the bidder to destination - NSU, Thibodaux, LA. Bids other than FOB destination may be rejected. Bid prices should be quoted in the unit of measure stated. Bid prices shall be firm for a minimum of thirty (30) calendar days, unless otherwise specified by NSU in the solicitation document.

2) **Payment Terms:** Cash discounts for less than 30 days may be offered, but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.

3) **Delivery:** Bids may be rejected if the delivery time indicated is longer than that specified in the solicitation document.

4) **Taxes:** Bidder is responsible for including all applicable taxes in the bid price. The University is currently exempt from Louisiana State Sales and Use Taxes, and local parish and city taxes. An exemption certificate for state sales and use tax can be provided upon request.

5) **New Products:** Unless specifically called for in the solicitation document, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation document. The manufacturer's standard warranty will apply unless otherwise stated in solicitation.

6) **Default of Contractor:** Failure to deliver within the time specified in the solicitation document will constitute a default and may cause cancellation of the contract. Where the University has determined the contractor to be in default, the state reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.

7) **Contract Cancellation:** The University shall have the right to cancel any contract, in accordance with Purchasing Rules and Regulations, for cause, including but not limited to, the following: (1) failure of the vendor to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality, or to be delivered in good condition; (3) misrepresentation by the contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the state; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.

8) **Applicable Law:** All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.

9) **COMPLIANCE WITH CIVIL RIGHT LAWS:** By submitting and signing this bid, bidder agrees **The contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.**

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract awarded as a result of this solicitation.

10) **SPECIAL ACCOMMODATION:** Any "Qualified individual with a Disability" as defined by the American with Disabilities Act who has submitted a bid and desires to attend the bid opening, must notify this office in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.

11) **INDEMNITY:** Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.

12) **CERTIFICATION OF NO SUSPENSION OR DEBARMENT:** By signing and submitting any bid for $25,000 or more, the bidder certifies that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA), in accordance with the requirements in OMB Circular A-133. A list of parties who have been suspended or debarred can be viewed via the internet at https://www.sam.gov/index.html/#1.

13) **FEDERAL CLAUSES, IF APPLICABLE:** ANTI-KICKBACK CLAUSE- The contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

CLEAN AIR ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.
ENERGY POLICY AND CONSERVATION ACT- The contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State Energy Conservation Plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

CLEAN WATER ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.

ANTI-LOBBYING AND DEBARMENT ACT- The contractor will be expected to comply with Federal Statues required in the Anti-Lobbying Act and the Debarment Act.

SPECIAL CONDITIONS

BID NUMBER: SB01844 BID OPENING: 05/02/2022 **06/2020**

NOTICE TO BIDDERS:

A. ITEMS PURCHASED THAT ARE PRODUCED, MANUFACTURED, ASSEMBLED, GROWN, OR HARVESTED IN LOUISIANA ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.

B. PROCUREMENT OF DOMESTICS PRODUCT ACT: ITEMS MANUFACTURED IN THE UNITED STATES ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.

A. In accordance with the Louisiana Revised Statute 39:1604, a preference of 10% may be allowed for materials, supplies, products, provisions, or equipment which are produced, manufactured, or assembled in Louisiana, as defined in R.S. 38:2251(A), and which are equal in quality to other materials, supplies, products, provisions.

DO YOU CLAIM THIS PREFERENCE? YES_____ NO_____

SPECIFY ITEM NUMBER(S)_____

Specify location within Louisiana where this product is produced, manufactured, grown or assembled:_____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

1) The cost of such items does not exceed the cost of other items which are manufactured, processed, produced, or assembled outside the state by more than ten percent.

(2) The vendor of such Louisiana items agrees to sell the items at the same price as the lowest bid offered on such items.

(3) In cases where more than one bidder offers Louisiana items which are within ten percent of the lowest bid, the bidder offering the lowest bid on Louisiana items is entitled to accept the price of the lowest bid made on such items.

B. In accordance with the Louisiana Revised Statute 39:1604.7, Procurement of Domestic Products Act, a preference of 5% may be allowed for materials, supplies, product, provisions, or equipment which are manufactured in the Unites States and which are equal in quality to other material, supplies, products, provisions, or equipment.

DO YOU CLAIM THIS PREFERENCE? YES_____ NO_____

SPECIFY ITEM NUMBER(S)_____

Specify location within the United States where this product is produced, manufactured, grown or assembled:_____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

(1) The cost of such items does not exceed the cost of other items which are manufactured outside the United States by more than five percent.

(2) The vendor of such items agrees to sell the items at the same price as the lowest bid offered on such items.

(3) In cases where more than one bidder offers items manufactured in the United States which are within five percent of the lowest bid, the bidder offering the lowest bid on such items is entitled to accept the price of the lowest bid made on such items.

(4) The vendor certifies that such items are manufactured in the United States.

CONDITIONS OF PURCHASE

The following conditions, unless otherwise stated in the bid document, will apply to all purchase orders:

Merchandise must be accompanied by delivery slip or shipping list showing items shipped or delivered and the purchase order number. THE PURCHASE ORDER NUMBER must appear on all invoices, delivery memoranda, bills of lading packages and correspondence.

The University is not responsible for goods delivered or work done without a written order. No allowance for boxing or crating. Unauthorized quantities in excess of this order will be returned or held subject to shipper's order, expense and risk.

Contractor warrants that the merchandise to be furnished hereunder will be in full conformity with the specifications, drawing or sample and agrees that this warranty shall survive acceptance of the merchandise and that contractor will bear the cost of inspecting rejected merchandise.

All rejected goods will be held at contractor's risk and expense, subject to contractor's prompt advice as to disposition. Unless otherwise arranged, all rejected goods will be returned at contractor's expense.

Contractor will, at its expense defend the University against any claim that any merchandise to be furnished hereunder infringes a patent or copyright in the United States or Puerto Rico, and will pay all costs, damages and attorney's fees that a court finally as a result of such claim.

VENDOR INFORMATION SHEET

Please complete this page and the W9 form. The Vendor Information Sheet and W9 form should be completed by new and current vendors of the University and both completed documents should be submitted with bid response.

ORDER FROM NAME AND ADDRESS:

NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM. NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED TO FEDERAL TAX ID NUMBER PROVIDED.

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

REMIT TO ADDRESS:

NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM. NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED TO FEDERAL TAX ID NUMBER PROVIDED.

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. 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.

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 one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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 **not** 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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

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

		–						

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am 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 ▶ Date ▶

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*.

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.*

Specification and Bid Form
Nicholls State University
Thibodaux, LA 70310

Item #1 Pocket Nurse item #02-20-5350 BP Cuff, Adult, Navy Blue. Latex-free with PVC tubing and nylon cuff with size-guard marking system. PVC tubing, bladder and bulb. Nylon cuff with size-range finder. No-stop pin action for visual calibration check and added accuracy. Black zipper carrying case included. Color: Navy, Adult, latex free.

Must Be Pocket Nurse brand

4 @ $_____ each = Total $_____

Item #2 Pocket Nurse item #02-20-775, or equal, Large Adult ADC Prosphyg Blood Pressure Cuff. Black enamel 300 mmHg manometer exceeds industry standard. Navy blue nylon cuff with range markings to facilitate selection of correct cuff size and gauge holder. Latex-free inflation bladder and bulb. Chrome-plated deflation valve. Leatherette zippered carrying case and operating instructions. Meets or exceeds ANSI/AAMI/ISO 81060-1. Latex-free. One-year warranty. Ten-year calibration warranty. Size: Large adult (34-50 cm).

2 @ $_____ each = Total $_____

Item #3 Pocket Nurse item #02-20-775, or equal, THI ADC Prosphyg Blood Pressure Cuff. Black enamel 300 mmHg manometer exceeds industry standard. Navy blue nylon cuff with range markings to facilitate selection of correct cuff size and gauge holder. Latex-free inflation bladder and bulb. Chrome-plated deflation valve. Leatherette zippered carrying case and operating instructions. Meets or exceeds ANSI/AAMI/ISO 81060-1. Latex-free. One-year warranty. Ten-year calibration warranty. Size: Thigh 40-66 cm.

2 @ $_____ each = Total $_____

Item #4 Pocket Nurse item #03-04-3691, or equal, Purell Advanced Instant Hand Sanitizer. 12 oz. hand pump.

100 @ $_____ each + Total $_____

Item #5 Pocket Nurse item #03-47-2160-8.5, or equal, NitriDerm® powder-free nitrile surgical gloves. Size. 8.5. Surgical, nitrile, sterile, powder-free, latex-free, textured. Soft, highly elastic for maximum comfort, fit and protection while offering exceptional tactile sensitivity. Color: white, size 8.5, 25 pair/box.

1 @ $_____ box = Total $_____

Item #6 Pocket Nurse item #03-47-2511-L, or equal, Large SafeTouch® blue nitrile powder free nitrile exam gloves/contains no natural rubber latex proteins/ non-sterile/ ambidextrous/ extraordinary strength with no loss of sensitivity. Features textured fingertips that provide enhanced grip and dexterity. Latex-free, non-sterile, contains no allergy-causing natural rubber proteins. Extraordinary strength and puncture resistance while maintaining tactile sensitivity. Thickness: (3) mil at palm; 4 mil at fingertips. FDA 510K registered and meets or exceeds all current FDA regulations. 100/box/ size LARGE.

5 @ $_____ box = Total $_____

Item #7 Pocket Nurse item #03-47-2511-M, or equal, Medium SafeTouch® blue nitrile powder free nitrile exam gloves/contains no natural rubber latex proteins/ non-sterile/ ambidextrous/ extraordinary strength with no loss of sensitivity. Features textured fingertips that provide enhanced grip and dexterity. Latex-free, non-sterile, contains no allergy-causing natural rubber proteins. Extraordinary strength and puncture resistance while maintaining tactile sensitivity. Thickness: (3) mil at palm; 4 mil at fingertips. FDA 510K registered and meets or exceeds all current FDA regulations. 100/box/ size MEDIUM.

22 @ $_____ box = Total $_____

Item #8 Pocket Nurse item #03-47-2511-S, or equal, Small SafeTouch® blue nitrile powder free nitrile exam gloves/contains no natural rubber latex proteins/ non-sterile/ ambidextrous/ extraordinary strength with no loss of sensitivity. Features textured fingertips that provide enhanced grip and dexterity. Latex-free, non-sterile, contains no allergy-causing natural rubber proteins. Extraordinary strength and puncture resistance while maintaining tactile sensitivity. Thickness: (3) mil at palm; 4 mil at fingertips. FDA 510K registered and meets or exceeds all current FDA regulations/ 100/box/ size SMALL.

20 @ $_____ box = Total $_____

Item #9 Pocket Nurse item #03-78-4010, or equal, Cardinal Health tortuous sharps container. One-handed, one-step, no-touch sharps depositing. Tortuous path design impedes hand entry. Clear top, 12 ¼" H x 4 3/8" D x 11 ¼" W.

52 @ $_____ each = Total $_____

Item #10 Pocket Nurse item #03-78-8537, or equal, 4-gallon Cardinal Health in-room sharps container with SharpStar™ lid. Counterbalanced door. Translucent red, latex-free. Lid design limits accidental or intentional access to container contents. OSHA 29 CFR 1910.1030. 4-gallon.

6 @ $_____ each = Total $_____

Item #11 Pocket Nurse item #04-25-8228-BLU, or equal, Blue, mobile rack. Tubular aluminum, (6) plastic tubs, (4) swivel casters, assembly required. 71" H x 27" D x 19" W. Tub size: 8 ½" H x 25 1/8" D x 16" W. One-year warranty.

2 @ $_____ each = Total $_____

Item #12 Pocket Nurse item #05-01-3602, or equal, flexible bandage strips. 1" x 3", sterile, nonstick pad, latex-free, plastic, 1" x 3". 100/box.

2 @ $_____ box = Total $_____

Item #13 Pocket Nurse item #05-01-5380, or equal, Durapore™ cloth tape, 1". Hypoallergenic, convenient bi-directional tear. 3M, latex-free. Length: 10 yards. 12/box.

2 @ $_____ box = Total $_____

Item #14 Pocket Nurse item #05-01-7110-1, or equal, 1" cloth tape. Hypoallergenic. Provides secure, durable skin adhesion, tears easily without shredding, latex-free. Length: 10 yards. 12/box.

2 @ $_____ box = Total $_____

Item #15 Pocket Nurse item #05-01-8110-1", or equal, 1" clear surgical tape. Hypoallergenic, stretches and conforms to body contour, superior adhesion, latex-free. Length: 10 yards. 12/box.

2 @ $_____ box = Total $_____

Item #16 Pocket Nurse item #05-46-7124, or equal, gravity tube feeding bag, 1000 mL. Large, easy cap opening, patient label, not designed for use with a pump, feeding tube ***only***, tubing and accessories not included.

60 @ $_____ each = Total $_____

Item #17 Pocket Nurse item #05-49-4911, or equal, 14Fr Gastric Sump Tube. Dual-lumen nasogastric sump tube is made of transparent plastic with radiopaque stripe. Sterile. Includes connector. 14Fr.

10 @ $_____ each = Total $_____

Item #18 Pocket Nurse item #05-51-1626, or equal, 3M Tegaderm transparent dressing. Teach students to effectively cover and protect catheter sites and wounds. Waterproof, sterile, breathable, moisture-vapor permeable and impermeable to liquids and bacteria. Hypoallergenic, latex-free adhesive. 4" x 4 ¾". 50/box.

4 @ $_____ box = Total $_____

Item #19 Pocket Nurse item #05-55-0095, or equal, cotton bedpads (quilted, reusable). Extra absorbent, triple layered construction to protect bedding and provide diaper-change protection. Machine washable, 34" x 36". 1/polybag. Backing color may vary.

20 @ $_____ each = Total $_____

Item #20 Pocket Nurse item #05-84-0484, or equal, Percale fitted bed sheet. Hydrogen peroxide bleached for whiter color and softer feel. 55% cotton/polyester percale fabric. Wrinkle resistant. 36" x 84" x 9".

20 @ $_____ each = Total $_____

Item #21 Pocket Nurse item #05-84-1001, or equal, bathing package: bath towel, white, 20" x 40".

20 @ $_____ each = Total $_____

Item #22 Pocket Nurse item #05-84-1006, or equal, flat bed sheet. Bed linen package: flat bed sheet, white, 66" x 115".

20 @ $_____ each = Total $_____

Item #23 Pocket Nurse item #05-84-1007, or equal, pillow case. Bed linen package: pillow case, white, 250-thread count, 21" x 32".

20 @ $_____ each = Total $_____

Item #24 Pocket Nurse item #05-84-3002, or equal, cotton washcloth, white, 12" x 12".

20 @ $_____ each = Total $_____

Item #25 Pocket Nurse item #05-87-0102-ADLT, or equal, Adult StatLock® Foley stabilization device. Accommodates latex 8-22 Fr and silicone 8-26 Fr catheters. Latex-free, 25/case.

4 @ $_____ case = Total $_____

Item #26 Pocket Nurse item #05-87-2002, or equal, 14Fr Closed Insert Foley Tray. Packed as if sterile for education purposes, Foley urethral catheter, 2000 mL drainage bag with pre-connected Foley with 5 mL balloon, 10 mL prefilled syringe, (2) latex-free, powder-free, vinyl gloves. Moisture-proof under-pad, fenestrated drape, (2) packages simulated swabsticks with distilled water, rubber band and bed clamp, lubricating jelly packet, urine collection vial with cap and label, tamper evident seal, prep deck, needleless sampling port, non-sterile, 14Fr.

5 @ $_____ each = Total $_____

Item #27 Pocket Nurse item #05-92-6252, or equal, Wound Measuring Guide. Tool to teach students proper wound measurement/documentation. Developed by wound-care consultant. Durable PVC plastic for educational use. Pressure ulcer staging information. Non-pressure wound information.

100 @ $_____ each = Total $_____

Item #28 Pocket Nurse item #06-21-7298, or equal, BD Vacutainer Safety-Lok Blood Collection and Infusion set with Luer adapter. Designed to shield students from exposed needles. Latex-free, sterile, 25G x ¾", 12" tubing, 50/box. Mfr #367298.

1 @ $_____ box = Total $_____

Item #29 Pocket Nurse item #06-26-1512, or equal, BD Insyte™ Autoguard™ Shielded IV Catheter, winged. Size: 24G x ¾", 200/case. Mfr #381512.

1 @ $_____ case = Total $_____

Item #30 Pocket Nurse item #06-26-3686, or equal, BD Vacutainer® Eclipse™ Blood Collection Safety Needle with Pre-Attached Holder. Size: 21G x 1 ¼". Qty: 100/case. Mfr #368650.

1 @ $_____ case = Total $_____

Item #31 Pocket Nurse item #06-51-2628, or equal, Central Line Dressing Tray. Includes: alcohol, triple swabstick, 3mL Chlora-prep with insert, tegaderm dressing: 4 x 4.75", 4-ply gauze: 4"x4", (pair) sterile nitrile gloves, medium, (pair) sterile powder-free nitrile gloves, medium, dressing change label: 1"x1.6", mask with earloops, transparent strip tape: 1" x 4", wrap, 17" x 19". 20/case.

5 @ $_____ case = Total $_____

Item #32 Pocket Nurse item #06-51-3150, or equal, Demo B-patch. Simulated BIOPATCH disk to teach students application and change of central and arterial catheter dressings. Single disc in peel-open pouch.

100 @ $_____ each = Total $_____

Item #33 Pocket Nurse item #06-54-0220, or equal, StatLock® PICC Plus Stabilization Device. StatLock® PICC Plus device secures most winged-catheters on the market. No clamp is needed to secure the catheter, no instrument is needed to remove it.

2 @ $_____ each = Total $_____

Item #34 Pocket Nurse item # 06-54-2040 BD Carefusion Tubing.
***Must be BD Carefusion Tubing*.** Description: primary length: 117". GTT/ML: 20 Y site: 2NF. Mfr #2420-0500.

50 @ $_____ each = Total $_____

Item #35 Pocket Nurse item #06-54-2701, or equal, Refurbished Alaris Medley Pump Combo 1. Combo includes: (1) 8015 PC Unit, (2) 8100 pump modules, (4) Alaris 2420-0500 primary IV tubing sets. Alaris Medley 8015 PC unit provides a common user interface for programming infusion and monitoring modules, and houses the Guardrails Suite MX educational training software. Each Alaris Medley 8015 PC unit can support up to (4) infusion modules with a single power cord. Large, easy to read color programming screen. Color title bars on the screen help clinicians easily find information, such as: green is a clinical advisory, yellow is a Guardrails alert and red is for an alarm. Real time battery gauge display lets clinicians know the amount of run time available for their current infusions. Back light key pad for programming in low lighted areas. Specs: Dimensions: 6.9" x 8.8" H x 9" D including pole clamp, weight 7.2 lb. Battery Operation: battery run time is a function of the number of modules attached and module activity. Communication Data Port: RS-232 with an RJ45 connector. Electronic memory: system configuration parameters. Stored in volatile memory are retained for at least 6 months by an internal backup lithium battery. Power requirements: 100-240V, 50/60 Hz, 150VA Max. The Alaris 8100 pump module is designed for the delivery of fluids, medications, blood and blood products using continuous or intermittent delivery for adult, pediatric or neonatal patients. Includes indicators that display status of the channel- red for alarm, yellow for pause, and green for infusing. Set-based free-flow protection featuring the smart needle-free valves. Pump sets can be used for gravity infusion. Designed for bag, bottle or syringe delivery. Supports primary and secondary "piggyback" delivery. Guardrail Suite MX educational training software provides infusion and continuous quality

improvement software for the BD Alaris System. It can help reduce IV medication errors, enhance patient care and track and measure system performance. Accepts hard and soft limits on each infusion parameter. Software features: sample drug list with many different drugs, sample solutions list for blood and other common solutions. Programmable custom and basic infusion rate, programmable patient files.

3 @ $_____ each = Total $_____

Item #36 Pocket Nurse item #06-54-4261, or equal, IV Start Kit with ChloraPrep®. (2) gauze dressings (2" x 2", 4-ply), latex-free tourniquet, Suresite window dressing (2.37" x 2.75"), Medfix transparent tape roll (3/4" x 18"), ChloraPrep® antiseptic (0.68 mL), (pair) powder-free vinyl gloves. ORMD.

200 @ $_____ each = Total $_____

Item #37 Pocket Nurse item #06-54-4448, or equal, Ultra Extension Set with 1.2 Micron Filter, Male Luer lock. (1) injection site, non-PVC, lipid resistant, priming volume: 3 mL, length: 20 inches.

10 @ $_____ each = Total $_____

Item #38 Pocket Nurse item #06-54-6425, or equal, Baxter CONTINU-FLO solution set 101". Description: Primary, length: 101", GTT/ML: 10, Y site: 2 NF. Mfr #2C6425.

100 @ $_____ each = Total $_____

Item #39 Pocket Nurse item #06-54-7520, or equal, Thermodilution 5 Lumen catheter, also known as a swan catheter. 7.5 Fr x 110 cm.

1 @ $_____ each = Total $_____

Item #40 Pocket Nurse item #06-82-7051, or equal, Port Access Needle Set with Y Injection Site 20G x 0.8 in. The Surecan safety II port access needle is a safety engineered needle for accessing implanted intravenous ports. The non-coring and angled needles are suitable for power injections up to 325 psi.1. The Surecan safety II has a manually activated safety mechanism

that is designed to deploy upon needle removal and to shield the tip, to reduce needlestick injuries. Green dot indicator appears when safety mechanism is successfully engaged. Low profile and foam pad to assist with placement of securement dressing. Flexible and ergonomic wings to provide secure handling during insertion and removal of the needle. Small, transparent, round-based plate, designed to help increase stability and help visualize the placement of the needle. (1) Y site. 20mm. 20G x 0.8 in. Sterile. Not made with natural rubber latex.

100 @ $_____ each = Total $_____

Item #41 Pocket Nurse item #06-54-9402, or equal, LifeShield™ Macrobore Clave Extension Loop Set. Non-DEHP tubing. Option-Lok. Slide clamp. Latex-free. Male adapter.

100 @ $_____ each = Total $_____

Item #42 Pocket Nurse item #06-69-1201, or equal, Disposable Medicine Cups. Strong, flexible polypropylene material. Easy-to-read graduations on all sides. Latex-free. 100/bag.

2 @ $_____ bags = Total $_____

Item #43 Pocket Nurse item #06-82-1214, or equal, Monoject™ 0.9% Sodium Chloride Flush Syringe. 30/box. 12mL.

7 @ $_____ box = Total $_____

Item #44 Pocket Nurse item #06-82-2995, or equal, BD syringe only, Luer-Lok™ tip 10mL. Quantity: each. Mfr #302995.

300 @ $_____ each = Total $_____

Item #45 Pocket Nurse item #06-82-3215, or equal, Magellan 3mL Syringe with Hypodermic Safety Needle. 22G x 1.5". Features a robust shield that encases the entire cannula after activation. Integrated locking mechanism prevents deactivation of the device once the safety shield has been locked into place. May be activated using a thumb, finger, or flat surface. Needle based safety devices protect the student from accidental needlestick injuries. 3mL. 22G x 1.5". 50/box. Mfr #8881833215.

2 @ $_____ box = Total $_____

Item #46 Pocket Nurse item #06-82-3295 BD Display Autoshield™ Duo Insulin Safety Pen Needles. 30G x 3/16". 100/box. Compatible with 06-93-3920 And 06-93-3820.

Must be BD

1 @ $_____ box = Total $_____

Item #47 Pocket Nurse item #06-82-5180, or equal, BD Blunt Filled Needle with Luer Lock Hub. Size: 18G x 1 ½". Qty: 100/box. Mfr #305180.

2 @ $_____ box = Total $_____

Item #48 Pocket Nurse item #06-82-5195, or equal, BD Eclipse Conventional Needle, 18G x 1". Qty: 100/box. Mfr #305195.

2 @ $_____ box = Total $_____

Item #49 Pocket Nurse item #06-82-5210, or equal, Oral syringe with tip cap. Color: Amber, size: 3mL. Sterile, latex-free. Qty: each.

100 @ $_____ each = Total $_____

Item #50 Pocket Nurse item #06-82-5211, or equal, BD Blunt 5-Micron Filter Needle with Luer Lock Hub. Size: 18G x 1 ½". Qty: 100/box. Mfr #305211.

2 @ $_____ box = Total $_____

Item #51 Pocket Nurse item #06-82-5762, or equal, BD Eclipse Safety Needle, 23G x 1". Latex-free, sterile, Qty: 100/box. Mfr #305762.

3 @ $_____ box = Total $_____

Item #52 Pocket Nurse item #06-82-5930, or equal, BD SafetyGlide™ Insulin Syringe with Permanently Attached Needle. Sterile, size 1mL' 29G x ½". Hypodermic needle and syringe with shielding mechanism. 100-unit syringe, 100/box.

4 @ $_____ box = Total $_____

Item #53 Pocket Nurse item #06-82-5945, or equal, BD Tuberculin syringe with Permanently attached SafetyGlide™ safety needle. Size: 1mL, 27G x ½", Qty: 100/box. Mfr #305945.

4 @ $_____ box = Total $_____

Item #54 Pocket Nurse item #06-82-6546, or equal, BD PosiFlush™ Normal Saline Pre-filled Syringe. Volume: 10mL, 30/box.

5 @ $_____ = Total $_____

Item #55 Pocket Nurse item #06-93-6020, 1000mL Demo Dose® Totl Parenterl Nutrition with MVT. Total Parentl Nutrition (TPN) is used to maintain client caloric requirements. Demo Dose TPN allows healthcare educators to safely educate students in a simulation environment. Therapeutic class: Nutritional Supplement, 1000mL.

Must be Demo Dose® to be compatible with existing equipment

20 @ $_____ each = Total $_____

Item #56 Pocket Nurse item #06-82-9071, or equal, Monoject Oral Medication Syringe, clear, 10mL. Permanent, heat-etched dual graduations, polypropylene. Tip will not accept hypodermic needle. 100/box. Mfr #8881907102.

2 @ $_____ box = Total $_____

Item #57 Pocket Nurse item #06-82-9603, or equal, BD Syringe Only, Luer-Lok™ tip, 5mL, qty: 125/box. Mfr #309646.

1 @ $_____ box = Total $_____

Item #58 Pocket Nurse item #06-82-9628, or equal, BD Syringe Only, Luer-Lok™ tip, 1mL, qty: 100/box. Mfr #309628.

3 @ $_____ box = Total $_____

Item #59 Pocket Nurse item #06-93-0530, Demo Dose® Sodim Chlorid 0.9%. Therapeutic class: Mineral % Electrolyte replacement. Strength: 0.9%. For use as a simulated sterile diluent. Volume: 30mL.

Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #60 Pocket Nurse item #06-93-0619, 10mL Demo Dose® Steril Watr. Therapeutic class: fluid. For use as a simulated sterile diluent. Volume: 10mL.

Must be Demo Dose to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #61 Pocket Nurse item #06-93-1020, Demo Dose® 0.9% Sodim Chlorid simulated IV fluid, 50mL. Teaches all aspects of IV fluid administration in the simulation lab with Demo Dose® simulated IV fluids. These solutions are purified water generated through reverse osmosis, made and packaged in the USA. Water is carefully selected prior to purification where minerals and other contaminants are removed. Qty: each.

Must be Demo Dose to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #62 Pocket Nurse item #06-93-1020, Demo Dose® 0.9% Simulated IV fluid. Size: 500mL, qty: each. Teaches all aspects of IV fluid administration in the simulation lab with Demo Dose® simulated IV fluids. These solutions are purified water generated through reverse osmosis, made and packaged in the USA. Water is carefully selected prior to purification where minerals and other contaminants are removed. Qty: each.

Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #63 Pocket Nurse item #06-93-1020, Demo Dose® 0.9% Sodim Chlorid Simulated IV fluid. 1000mL, qty: each. Teaches all aspects of IV fluid administration in the simulation lab with Demo Dose® simulated IV fluids. These solutions are purified water generated through reverse osmosis, made and packaged in the USA. Water is carefully selected prior to purification where minerals and other contaminants are removed. Qty: each.

Must be Demo Dose® to be compatible with existing equipment

16 @ $_____ each = Total $_____

Item #64 Pocket Nurse item #06-93-1106, Demo Dose® Vasopressn (Pitressn). Therapeutic class: Antidiuretic hormone. Volume: 2mL, Strength: 20 units/mL.

Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #65 Pocket Nurse item #06-93-1212, Demo Dose® Bacteriostatic 0.9% Sodim Chlorid, 10mL. Therapeutic class: Mineral and Electrolyte replacement. Strength: 0.9%, Volume: 10mL. For use as a simulated sterile diluent.

Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #66 Pocket Nurse item #06-93-1427, Demo Dose® Phenyton (Dilantn). Therapeutic class: Anticonvulsant, Volume: 2mL, Strength: 50mg/mL.

Must be Demo Dose to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #67 Pocket Nurse item #06-93-1428, Demo Dose® Gentamicn (Garamycn). Therapeutic class: Antibiotic, Volume: 2mL, Strength: 40mg/mL.
Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #68 Pocket Nurse item #06-93-1434, Demo Dose® Famotidin (Pepcd). Therapeutic class: Antiulcer, Volume: 2mL, Strength: 10mg/mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #69 Pocket Nurse item #06-93-1441, Demo Dose® Heparn Flush, 10mL, 1000 units/ 10mL. An anticoagulant that prevents the formation of blood clots. Teaches how to flush an intravenous (IV) catheter.
Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #70 Pocket Nurse item #06-93-2002, Demo Dose® filled unlabeled vial, clear. Volume: 2mL. To simulate the preparation of intradermal and immunization injections.
Must be Demo Dose® to be compatible with existing equipment

40 @ $_____ each = Total $_____

Item #71 Pocket Nurse item #06-93-2011, Demo Dose® Practice Ampules, 2mL, clear. Teaches students the proper method of ampule opening with Pocket Nurse ampules. Each glass ampule meets U.S. standards and is physically scored at the neck for ease in opening. Recommended use with ampule breakers and a filter needle. 10/pack, 2mL, clear.
Must be Demo Dose® to be compatible with existing equipment

60 @ $_____ pack = Total $_____

Item #72 Pocket Nurse item #06-93-2100, Demo Dose® MethylPREDNIsolon (SOLU-Medrl). Therapeutic class: Corticosteroid, Volume: 2mL, Strength: 125mg/2mL.
Must be Demo Dose® to be compatible with existing equipment

20 @ $_____ each = Total $_____

Item #73 Pocket Nurse item #06-93-2524, Demo Dose® Enoxaparn Sodim (Lovenx). 40 mg/0.4 mL syringe. Use for post-op immobility scenarios to prevent DVT. Also, for students to learn how to teach patients to self-inject. Single-use syringe.
Must be Demo Dose® to be compatible with existing equipment

20 @ $_____ each = Total $_____

Item #74 Pocket Nurse item #06-93-3303, Demo Dose® 10mL Simulated Insulins. Product: regular insuln, Size: 10mL, Dosage: 1,000 units/10mL.
Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #75 Pocket Nurse item #06-93-3004, Demo Dose® 10mL Simulated Insulins. Product: NPH insuln, Size: 10mL, Dosage: 1,000 units/10mL.
Must be Demo Dose® to be compatible with existing equipment

100 @ $_____ each = Total $_____

Item #76 Pocket Nurse item #06-93-3007, Demo Dose® Anti-Biotic White Powder. Therapeutic class: Antibiotic, Volume: 10mL, Strength: 1g/10mL. Vial contains white powder for reconstitution for single use. Reconstitute powder using the Demo Dose® vial (06-93-3113).
Must be Demo Dose® to be compatible with existing equipment

200 @ $_____ each = Total $_____

Item #77 Pocket Nurse item #06-93-3113, Demo Dose® 10mL Distilled Water Vial. Volume: 10mL. Teaches students sterile injection preparation techniques, including dosage verification. Also used to reconstitute any Demo Dose® powder.
Must be Demo Dose® to be compatible with existing equipment

200 @ $_____ each = Total $_____

Item #78 Pocket Nurse item #06-93-3010, Demo Dose® Furosemid (Lasx). Therapeutic class: Antihypertensive, Volume: 2mL, Strength: 10mg/mL
Must be Demo Dose® to be compatible with existing equipment

20 @ $_____ each = Total $_____

Item #79 Pocket Nurse item #06-93-3115, Demo Dose® Morphin Sulfat. Therapeutic class: Opiod Analgesic, Volume: 1mL, Strength: 10mg/mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #80 Pocket Nurse item #06-93-3117, Demo Dose® Meperidin (Demerl). Therapeutic class: Opioid Analgesic, Volume: 1mL, Strength: 100mg/mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #81 Pocket Nurse item #06-93-3119 Demo Dose® Adenosin (Adenocrd). Therapeutic class: Antiarrhythmic, Volume: 2mL, Strength: 6mg/2mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #82 Pocket Nurse item #06-93-3825 Demo Dose® Simulated Insulin Cartridges. 3mL pre-filled with replaceable cartridges. Designated space for writing insulin type and concentration. For use with 06-93-3920. 25/box.
Must be Demo Dose® to be compatible with existing equipment

2 @ $_____ box = Total $_____

Item #83 Pocket Nurse item #06-93-3920, Demo Dose® Insulin Pen Trainer. An essential tool for teaching diabetes management. Teaches the advantage Of insulin self-administration with the Demo Dose® simulated insulin pen trainer. Consistent and convenient liquid-dosage delivery system for insulin injection education practice. Adjustable from 0-72 units with window for precise close verification. Care and use instructions included. Insulin cartridges and disposable insulin pen needle sold separately.
Must be Demo Dose® to be compatible with existing equipment

7 @ $_____ each = Total $_____

Item #84 Pocket Nurse item #06-93-6922, Demo Dose® Ondansetrn Hydrochlorid (Zofrn). Therapeutic class: Antiemetic, Volume: 2mL, Strength: 2mg/mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #85 Pocket Nurse item #06-93-6942, Demo Dose® LORazepm (Ativn). Therapeutic class: Anxiolytic. Volume: 1mL, Strength: 2mg/mL.
Must be Demo Dose® to be compatible with existing equipment

10 @ $_____ each = Total $_____

Item #86 Pocket Nurse item #07-07-5021, or equal, Medline Universal Suction Tubing, Sterile. Scalloped connectors. Universal female connectors on each end for convenient and secure attachment. Includes straight male connector. 3/16 in. x 6 ft., Latex-free.

200 @ $_____ each = Total $_____

Item #87 Pocket Nurse item #06-71-0095, or equal, Twill Tracheostomy Tie ¼" x 36 yards. Sold by roll.

4 @ $_____ roll = Total $_____

Item #88 Pocket Nurse item #07-71-1075, or equal, Adult Tracheostomy Mask. Soft, clear finish for greater patient comfort and easy monitoring of patient condition. Adjustable elastic braids. Connectors accept standard 22 mm aerosol tubing. Adaptor (5.4 mm).

10 @ $_____ each = Total $_____

Item #89 Pocket Nurse item #07-71-1103, or equal, Adult Nasal Cannula Tubing. Over-the-ear cannula. Curved, non-flared nasal tips. 7 ft. Adult.

50 @ $_____ each = Total $_____

Item #90 Pocket Nurse item #07-71-1518, or equal, 100 ft. Corr-A-Flex Oxygen Supply Tubing. Cuttable cuff. Tapered cuffs securely attach to most 22mm respiratory therapy applications. Diameter: 22mm, 100 ft.

1 @ $_____ box = Total $_____

Item #91 Pocket Nurse item #07-71-4832, or equal, Suction Catheter Kit. Convenient, affordable suction catheter kit for teaching respiratory suctioning procedures. Sterile. Coil packed. Includes suction catheter with control valve, pop-up solution cup, and (2) vinyl gloves. 12Fr.

100 @ $_____ pack = Total $_____

Item #92 Pocket Nurse item #07-71-6430, or equal, Tracheostomy Tube with DIC (Disposable Inner Cannula). Sterile. Size: 6. Latex-free. I.D.: 6.4 mm O.D. 10.8 mm, Length: 74 mm.

100 @ $_____ each = Total $_____

Item #93 Pocket Nurse item #08-56-4160-10, or equal, Disposable Safety Scalpels Size: 10. Blade retracts with one motion. Lock blade in handle for safe disposal. Sheffield stainless steel blade. Packaged in individual pouches. Gamma sterilized. Handle length: 4.9 in. 10/box. Size: 10.

10 @ $_____ box = Total $_____

Item #94 Pocket Nurse item #08-82-1040, or equal, Demo sutures 4/0. Provides students the opportunity to practice suturing and knot-tying techniques. Black, braided silk. Sterile. 12/box. Size:4/0.

25 @ $_____ box = Total $_____

Item #95 Pocket Nurse item #08-82-7470, or equal, Suturing Tray. Halsey needle holder (fine point, 5 in.) Adson forceps (1" x 2", fine point, satin). (2) 2 oz. medicine cups. (5) 2"x2" gauze sponges (8-ply). (8) 4"x4" gauze sponges (8-ply). 18"x26" fenestrated drape. Absorbent towel (19 ½" x 23"). Iris scissors (straight). Latex-free.

100 @ $_____ pack = Total $_____

Item #96 Pocket Nurse item #12-87-3911, or equal, Newborn Urine Collection Bag. Adhesive around opening allows leak-proof urine collection. 100mL.

100 @ $_____ each = Total $_____

Item #97 Amazon, or equal, Pediatric Pulse Oximeter Probes. Compatible disposable neonatal probe adhesive tape sensor. Patient size: Neonate/Adult <6.6 lbs.

1 @ $_____ each = Total $_____

Item #98 EL3 Exelint, or equal, 3cc Syringe Only Luer-Lock with cap. Products do not contain natural rubber latex. Positive plunger stop to prevent spillage when drawing. Sterile, non-toxic. Smooth plunger motion. Pyrogen free. Polypropylene construction. Catalog #26200. *Low Dead Space Plunger. 100/box.

100 @ $_____ box = Total $_____

Item #99 McKesson item #1150041, or equal, Syringe with Hypodermic Needle McKesson Prevent® HT 3mL 25G x 1" Detachable Needle Hinged Safety Needle. Graduations: 0.1mL increments. Needle length: 1". Stainless steel needle. Regular bevel. Packaging type: blister pack. Safety feature: hinged safety needle, sterile, Polypropylene syringe, Luer-Lock tip. Volume: 3mL. Thin wall, not made with natural rubber latex. 50/box. Mfr #16-SN3C251S.

2 @ $_____ box = Total $_____

THE BRAND NAMES SPECIFIED ARE USED ONLY TO DESCRIBE THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. HOWEVER, IF BIDDING AN "EQUIVALENT" TO BRAND OR MODEL SPECIFIED, BIDDERS SHOULD SUBMIT WITH THE BID RESPONSE INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR THE UNIVERSITY TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS OF THE SOLICITATION DOCUMENT. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATION SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DOES NOT COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER SHOULD STATE IN WHAT RESPECT THE ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE RESPONSE FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.

BID SUBMITTED BY: _____
(Please print or type name)

NAME OF FIRM: _____

ADDRESS: _____
_____

TELEPHONE/FAX: _____

E-MAIL: _____

PRICE MUST INCLUDE COST FOR SHIPPING AND DELIVERY TO NICHOLLS STATE UNIVERSITY.

Addenda Acknowledgement: _____ _____ _____ _____