



GARLAND INDEPENDENT SCHOOL DISTRICT
PURCHASING DEPARTMENT
501 S. Jupiter
Garland, Texas 75042

Bid Number/Title: 32368.1 65-20 CLINIC SUPPLIES - WAREHOUSED

PLEASE SUBMIT BID NO LATER THAN 10:30 A.M. LOCAL TIME ON JUNE 11, 2020. Mark the sealed return envelope in the lower left hand corner with RFP#, time, and due date, as noted above. (Should the district close for unforeseen reasons (force majeure) on the date the solicitation is due, the above referenced date should be changed to 10:30 A.M. the first date the district is open to conduct business.)

Read the instructions carefully before submitting a response, failure to complete the form properly may result in disqualification of the line item, or the entire bid.

Minimum Requirements	Weight	Max Score	KO Score	Response
Do you agree to Jurisdiction and Venue as stated in the attached Terms and Conditions? Enter a 2 for Yes or 1 for No	5	5	1	
Do you agree to GISD Indemnification Provision as stated in the attached Terms and Conditions? Enter a 2 for Yes or 1 for No	5	5	1	

General	Required	Scoring Weight	Max Score	Response (Text or Number)
Although we are legally required to accept paper bids, we strongly request that bidders submit this bid electronically. Please feel free to call us at (972) 487-3009, if you require any assistance with this submittal. Electronic bidding eliminates errors, eliminates unnecessary work, and is more friendly to the environment. When filing this bid electronically, please do not send us a paper copy, as the electronic version will prevail. However, in the unlikely event that you do submit a paper bid, it is imperative that the title and bid number MUST appear on the outside of the submittal envelope. Furthermore, no faxed bids will be received. Your cooperation is appreciated. Please confirm by responding with "Yes" that you have read and understand this instruction.	Required			
Does your company accept all of the terms and conditions stated in this solicitation? If No, complete the Compliance Form attached to this solicitation.	Required	40	40	
Is your firm willing to honor the terms and conditions of this contract if awarded a contract as an alternate?;; Enter Yes or No	Required			
Does your firm agree to the E-commerce requirements attached to this solicitation?; Enter Yes or No	Required	30	30	
If your company has agreed to the E-Commerce requirements, provide the Name, Telephone Number and E-mail address of the staff member responsible for this function e.g., Joe Technology,	Optional			

General	Required	Scoring Weight	Max Score	Response (Text or Number)
972.123.4567, Jtechnology@anycompany.com				
Identify the state in which the proposer's principal place of business or main corporate office is located.	Required			
Proposer's principal place of business is located within the boundaries of the Garland Independent School District?;; ;Enter Yes or No	Required			
The Garland ISD has authorized district employees to use a credit card (Bank of America Master Card) to make purchases for business purposes. Will your company accept these credit card purchases?;; ; Enter Yes or No	Required	20	20	
Is your company certified by the state of Texas or the North Central Texas Regional Certification Agency as a small, women-owned, or minority business? If yes, attach a copy of the certification with the Request for Proposal/Bid response.	Required			
Several governmental entities (a membership list is available at the EPCNT web site, listed below) have indicated an interest in being included in this contract. Should these governmental entities decide to participate in this contract, would you, (the proposer) agree that all terms, conditions, specifications, and pricing would apply? For information regarding the Educational Purchasing Cooperative of North Texas, please visit their website at the following address "http://www.epcnt.com">http://www.epcnt.com;;;; ; Enter Yes or No	Required			
The Garland ISD has entered into Inter-Local Agreements for cooperative purchasing with the following public entities: City of Garland, City of Rowlett, and Ysleta ISD. The Proposer agrees to honor orders for items or services included herein which may be placed by these entities?; Enter Yes or No	Required			
Several governmental entities (a membership list is available at the CTPA web site listed below) have indicated an interest in being included in this contract. Should these governmental entities decide to participate in this contract, would you, (the proposer) agree that all terms, conditions, specification, and pricing would apply? For information regarding the Central Texas Purchasing Alliance, please visit their website at the following address www.txctpa.org;;;;; ; Enter Yes or No	Required			
Identify references by providing Organization, Contact Name, and Telephone # e.g., Garland ISD, Joe Smith, 972.487.3009	Required			
All required forms must be signed and submitted with the response. Have you attached the signed required forms? Enter Yes or No	Required			
For items not specifically listed herein, please indicate percent discount from catalog/price list vendor is prepared to offer. Discount percentage must include freight and inside delivery. Minimum order quantities and/or amounts (if any) must be clearly stated. Indicate amount in Percentage.	Required			
State minimum order per shipment, if applicable. Do not enter a minimum order amount at the line level unless it applies to each	Required			

General	Required	Scoring Weight	Max Score	Response (Text or Number)
product.				
State number of Business Days in which product will be delivered after receipt of order (ARO).	Required			
For products other than those specifically listed in this RFP, please state the percent off catalog discount your company will offer the District for the full term of the contract. If no discount is offered, your response should be 0%	Required			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

1	ALCOHOL, 1 PT, ISOPROPYL 70%	Bottle	72				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

2	BAGGIES (SANDWICH SIZE), 150 BAGS, ZIPLOCK TOP, 6" X 6"	Box	300				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

3	BANDAGE ELASTIC W/ METAL CLIPS, 3"X5 YD, SEAMLESS KNIT	Each	328				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

4	BANDAGE KNUCKLE, FLEXIBLE FABRIC, 1 1/2" X 3", 100/BX	Box	20				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

5	BANDAGE TRIANGULAR, MUSLIN FABRIC W/2 PINS, 37"x37"x52", J&A #8068 OR EQUAL	Each	50				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

6	BAND AID, EXTRA LARGE FABRIC PATCH, (2" X 3")	Box	60				
----------	---	-----	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

7	BAND-AID 1" WIDE (100 PER BX) latex free	Box	1350				
----------	--	-----	------	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

8	EXAM PAPER ROLL (SMOOTH), 18" x 230'	Roll	200				
----------	--------------------------------------	------	-----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

9	CLOSURE BUTTERFLY, MEDIUM, 100/BX	Box	30				
----------	-----------------------------------	-----	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

10	CALAMINE LOTION, 4 OZ	Bottle	40				
-----------	-----------------------	--------	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value
	CASE QUANTITY	Yes	0	-			
11	CAMPHO-PHENIQUE LIQUID, 3/4 OUNCE	Bottle	100				
12	COTTON BALLS NON-STERILE, 500/BX	Box	35				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
13	CUP PLASTIC, NON-STERILE, MEDICINE GRADUATED TO 1 OZ, 100/TUBE	Tube	55				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
14	APPLICATOR COTTON TIP, NON-STERILE, 6" SINGLE END, 1000/BX	Box	40				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
15	CUPS PAPER (3 OUNCE)	Package	500				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
16	EAR SPECULAR (DISPOSABLE) 2.75MM 34/TUBE, FOR WELCH ALLYN HALOGEN SCHOOL HEALTH #q53-021 OR EQUAL	Tube	30				

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

17	EAR SPECULAR (DISPOSABLE) 4.25 MM 34/TUBE , FOR WELCH ALLYN HALOGEN, SCHOOL HEALTH #q53-022 OR EQUAL	Tube	25				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

18	GAUZE ROLL, NON-STERILE CONFORMING BANDAGE, 2"X5' YD, KLING #6922 OR EQUAL	Roll	850				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

19	PAD GAUZE 4"X4" 12 PLY, NON-STERILE 200 per BX	Box	100				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

20	PAD TELFA GAUZE 3"X4" INDIVIDUALLY WRAPPED, STERILE, 100 per BX	Box	10				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value
21	PAD GAUZE, STERILE, MEDIUM, 12 PLY, 3"X3", INDIVIDUALLY WRAPPED, STERILE, 100/BX	Box	30				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
22	GERMICIDAL WIPES (DISPOSABLE), 6"x 6.75", 160/BOX	Box	2000				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
23	TISSUE KLEENEX 100/BOX 2 PLY	Box	6000				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
24	LYSOL-(SPRAY), INSTITUTIONAL 19 OZ ONLY, FRAGRANCE FREE OR CLEAN SCENT ONLY	Can	1000				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			
25	ALOE VERA GEL-PUMP, 8 OZ	Each	10				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

26	HAND CLELANER, 16.9 OZ, HAND PUMP, 3M AVAGUARD OR EQUAL	Can	500				
-----------	---	-----	-----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

27	PAD-SURGICAL 5"X9" 20 per Box	Box	10				
-----------	-------------------------------	-----	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

28	TAPE CLOTH, HYPOALLERGENIC SILK, 1" X 10 YDS, BILATERAL TEARING	Roll	80				
-----------	---	------	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

29	SURE TEMP PROBE COVER ELECTRONIC THERMOMETER 250/BX	Box	250				
-----------	---	-----	-----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

30	TONGUE DEPRESSOR (JUNIOR), NON-STERILE, 500/BX	Box	30				
-----------	--	-----	----	--	--	--	--

	MANUFACTURER	Yes	0	-			
--	--------------	-----	---	---	--	--	--

	MANUFACTURER NUMBER	Yes	0	-			
--	---------------------	-----	---	---	--	--	--

	SUPPLIER ITEM NUMBER	Yes	0	-			
--	----------------------	-----	---	---	--	--	--

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	CASE QUANTITY	Yes	0	-			
--	---------------	-----	---	---	--	--	--

31	VASELINE PETROLEUM JELLY, 3 1/4 OZ, TUBE ONLY	Tube	30				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

32	EYE SOLUTION, MULTI-USE, 4 OZ.	Bottle	120				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

33	SPLINT 12" DISPOSABLE, CUSHIONED W/FOAM, MORRISON MEDICAL PRODUCTS #3018 OR EQUAL	Each	5				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

34	SPLINT 18" DISPOSABLE, CUSHIONED W/FOAM, MORRISON MEDICAL PRODUCTS #3019 OR EQUAL	Each	10				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

35	GLOVES, MED, NON-STERILE, SURGICAL TYPE, NITRILE/VINYL, POWDER FREE, NON-LATEX, 100 PER BX	Box	2000				
	MANUFACTURER	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

36	GLOVES LARGE, NON-STERILE, SURGICAL TYPE, NITRILE/VINYL BLEND, POWDER FREE, NON-LATEX, 100 PER BX	Box	2000				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

37	GLOVES SMALL, NON-STERILE, SURGICAL TYPE, NITRILE/VINYLBLEND, POWDER FREE, NON-LATEX, 100 PER BX	Box	150				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

38	WASHCLOTH, DISPOSABLE EXTRA SOFT 10" X 13 ", SCHOOL NURSE #48010 OR EQUAL	Box	40				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

39	CONTAINER SYRINGE WASTE-SHARPS CONTAINER, 1 GL, SCHOOL NURSE #15310 OR EQUAL	Each	25				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

40	MASK, CLINIC, PLEATED, EAR LOOP DESIGN	Box	3000				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

41	Full Face Shield with anti-fog coating, elastic comfort strap	Each	200				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

42	N95 Particulate Respirator Mask, Size Small, May substitute for FDA approved KN95 masks 20/box	Box	100				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

43	N95 Particulate Respirator Mask, Size Medium, May substitute for FDA approved KN95 masks 20/box	Box	100				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

44	N95 Particulate Respirator Mask, Size Large, May substitute for FDA approved KN95 masks 20/box	Box	100				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			

LINE INFORMATION

Item No	Description	UOM	Quantity	Proposed Price			
	Specifications	Required	Scoring Weight	Scoring Range	Score	Target Value	Vendor Target Value

	CASE QUANTITY	Yes	0	-			
45	Medical Grade No Touch Infrared Thermometer	Each	100				
	MANUFACTURER	Yes	0	-			
	MANUFACTURER NUMBER	Yes	0	-			
	SUPPLIER ITEM NUMBER	Yes	0	-			
	CASE QUANTITY	Yes	0	-			

Bid Number/Title: 32368,1 65-20 CLINIC SUPPLIES - WAREHOUSED

Company Name:	Company Address:
Title:	
Signature: Date:	

EXCEPTIONS

Item No	Description	UOM	Quantity
---------	-------------	-----	----------

Item Lines with No attributes:

11	CAMPHO-PHENIQUE LIQUID, 3/4 OUNCE	Bottle	100
----	-----------------------------------	--------	-----

Item Lines with Quantity =1 :