



Medline Industries, LP.
Three Lakes Drive
Northfield, IL 60093

1.847.949.5500
1.800.MEDLINE (633.5463)

medline.com

October 17th, 2023

Durham County

Subject: Bid No. IFB No. 24-008

To whom it may concern:

Medline Industries, LP. is excited to respond to your invitation for bid. We hope to provide ***Durham County*** with high quality medical supplies and great customer service.

Upon notification to Customer, Medline shall be entitled to increase/decrease prices on non-Medline Brand Product (including non-Medline Brand Product sold through Medline's SPT's) upon the implementation of any price change by manufacturer.

Contract Questions:

Name: Jacqueline Jasinski

Email: JJasinski@Medline.com

Phone: 224-327-8212

Sales, Ordering, and Account Basis Questions:

Name: Stephanie Gottschalk

Email: SGottschalk@medline.com

Phone: 847-968-7779

Tracking Shipment, Invoices, etc.:

Name: Customer Service

Email: customerservice@medline.com

Phone: 800-636-8150

Proposer:

Name: Chris Powers, VP of Government Sales

Email: govbids@medline.com

Phone: 800-633-5463

We look forward to working with ***Durham County***!

Sincerely,

Jacqueline Jasinski
Sr. Contract Analyst
Government Sales
Medline Industries, LP.

**DURHAM COUNTY
NORTH CAROLINA**



**INVITATION FOR BIDS
(IFB No. 24-008)**

**Medical Supplies for Durham County
Emergency Medical Services**

**Bid Opening Date:
October 19, 2023, at 2:00 P.M., Eastern Time**

**Medical Supplies for Durham County Emergency Medical Services
IFB No. 24-008**

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**Medical Supplies for Durham County Emergency Medical Services
IFB No. 24-008**

BID SCHEDULE
(Note: The below dates are subject to change)

Advertisement Date	September 21, 2023
Last Date for Questions	October 4, 2023, at 3:00 P.M., Eastern Time
Bid Opening Date	October 19, 2023, at 2:00 P.M., Eastern Time



LEGAL NOTICE

Medical Supplies for Durham County Emergency Medical Services IFB No. 24 - 008

Pursuant to North Carolina General Statutes 143-129, the County of Durham will accept sealed bids for Medical Supplies for Durham County Emergency Medical Services in the Durham County Purchasing Division of Finance, 201 East Main Street, 7th Floor, Room 703, Durham, North Carolina 27701, until 2:00 P.M. Eastern Time, on October 19, 2023, at which time they will be publicly opened and read. **Only sealed bids will be accepted. No bids will be accepted after the official time and date.**

An electronic copy of this Invitation for Bids (IFB) can be obtained from Durham County's eBid System located under Bid Opportunities at <https://www.dconc.gov/county-departments/departments-f-z/finance/bid-opportunities>. Bidders can download a copy of the solicitation and all addenda without registering in the system. However, in order to **automatically** receive email notifications of solicitations and addenda issued by the Purchasing Division, Proposers **MUST** register in the eBid system.

Proposals are encouraged and welcome from historically underutilized businesses (HUBs).

The County reserves the right to accept or reject, in whole or in part, such bids as appear in its judgment to be in the best interest of the County.

Publication Date: September 21, 2023

INSTRUCTIONS TO BIDDERS
Medical Supplies for Durham County Emergency Medical Services
IFB No. 24-008

1. Bids must be submitted on the enclosed Bid Form. In order for a bid to be considered it must be based on the terms, conditions and specifications contained herein. **One (1) original and two (2) copies of each bid shall be submitted to the Issuing Department.** Do not include sales tax in bid figures. The County pays sales tax and will add this to your bid figures separately when invoices are paid. All prices quoted are to include delivery to the delivery point, installation and set-up charges as necessary. Goods shall be set in place ready for the owner's use. All goods shall be new and of high quality. No remanufactured, refurbished or used goods will be accepted. Appropriate product information (e.g., brochures, catalog cuts, etc.) shall be included with the bid. The bidder shall sign the bid correctly and bids may be rejected if they show omissions, alterations of form, additions not called for, conditional bids or any irregularities of any kind.
2. Should a bidder find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, he/she should at once notify the County of Durham Purchasing Division, who will send written instructions or "Addendum" to all bidders. The County of Durham will not be responsible for any oral instructions. Acknowledgment of any Addendum received during the time of bidding shall be acknowledged on the Addendum Acknowledge Form. In closing of a contract, any Addendum issued shall become a part thereof.
3. Bids will be examined promptly after opening and an award will be made at the earliest possible date. The prices quoted must be held firm for ninety (90) days. Bids may be withdrawn by written notice of a request to withdraw the bid within seventy-two hours of the bid opening date, not including Saturdays, Sundays, or other days (such as holidays) on which the local government offices are closed. The award of the bid shall be made to the lowest, responsible, responsive bidder taking into consideration quality, performance, and time of delivery.
4. The materials/supplies/equipment furnished under any resulting contract shall be covered by the manufacturer's most favorable commercial warranty. Each bidder shall plainly set forth the warranty for the goods in the bid. Operations and maintenance manuals for each piece of equipment should also be provided as appropriate.
5. All purchases are subject to the availability of funds for this purpose.
6. The Contractor shall not represent itself to be an agent of Durham County.
7. The General Statutes of the State of North Carolina insofar as they apply to purchasing and competitive bidding, are made a part hereof.
8. It is agreed between the parties hereto that the place of this Contract, its status and forum, shall be Durham County, North Carolina.

9. For all the work being performed under this contract, the County of Durham has the right to inspect, examine, and make copies of any and all books, accounts, records and other writings relating to the performance of the work. Audits shall take place at times and locations mutually agreed upon by both parties, although the vendor/contractor must make the materials to be audited available within one (1) week of the request for them.
10. All bidders must complete and submit the Vendor Application/W-9 Form with their bid package. This information will be used to create or update the County's electronic bidder/vendor files if awarded contract.
11. The County reserves the right to increase or decrease the quantity specified under this contract.
12. All bids must be returned in a **sealed** envelope with reference made to the company submitting the bid on the exterior of the envelope to the Durham County Purchasing Division, Durham County, 201 East Main Street, 7th Floor, Durham, NC 27701. Also, please indicate the bid number on the envelope so that your bid can be handled appropriately when received in Purchasing.
13. All communications between the Purchasing Division and the prospective Bidders shall be in writing. E-mailed questions should be emailed to: purchasinggroup@dconc.gov. Any inquiries for information concerning the bid submission or procurement procedures shall be directed to Hilda W. Williams, Senior Procurement Specialist, Purchasing Division at (919) 560-0054. All questions concerning this IFB must reference the IFB number, section number and paragraph. All changes in specifications shall be in writing and furnished to all bidders. Verbal information obtained otherwise will not be considered in awarding of bid(s).

The last date for receiving questions regarding this IFB is October 4, 2023, at 3:00 P.M., Eastern Time.

14. Trade secrets or similar proprietary data which the Bidder does not wish to disclose other than to personnel involved in the evaluation or contract administration will be kept confidential to the extent permitted by NCAC T01:05B.1501 and G.S. 132-1.3 if identified as follows:

Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL". Any section of the Bid, which is to remain confidential, shall also be so marked in boldface on the title page of that section. Cost information may not be deemed confidential.

15. Any reference to a particular product or brand name is intended to establish the quality level. Such language is not intended to restrict competition among bidders.
16. Proposers are required to make a good faith effort to include Minority and Women Business Enterprises (MWBs) as part of their Proposal to provide services to the County.

Durham County hereby establishes the following goals for the expenditure of funds with MWBE firms. Questions concerning MWBE should be directed to Rick Greene, Assistant Procurement Manager, at rgreene@dcconc.gov or (919) 560-0059.

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

MWBE is a business that is at least 51% owned and controlled by minority group members or women. MWBE is bona fide only if the minority group or female ownership interests are real and continuing and not created solely to meet the MWBE requirement. In addition, the MWBE shall itself perform satisfactory work or service or provide supplies under the contract and not act as a conduit. The contractual relationship shall be bona fide owned and controlled as: (1) a sole proprietorship legitimately owned by an individual who is a minority group member or female; (2) a partnership or joint venture controlled by minorities and/or females; (3) a corporation or other entities controlled by minorities or females, and in which at least 51% of the voting interests and 51% of the beneficial ownership interests are legitimately held by minorities and/or females. These persons shall control the management and operations of the business on a day-to-day basis:

A person who is a citizen or lawful permanent resident of the United States and who is:

“Black American”; a person having origins in any of the black racial groups of Africa;

“Asian American”; A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands;

“Hispanic American”; a person of Spanish culture with origins in Mexico, Central or South America, or the Caribbean, regardless of race;

“Native American Indian tribe”; a federally recognized Indian tribe means an Indian tribe, or band, nation, rancheria, pueblo, colony, or other organized group or community, including any Alaska native village, which is recognized by the Secretary of the Interior on October 1, 1985 as having special rights and is recognized as eligible for service provided by the United States to Indians because of their status as Indians, a tribe that has a pending application for Federal recognition on October 1, 1985.

17. Bids shall be evaluated using the Total Bid. The Total Bid shall be the summation of the product of all the Items' Unit Bid Prices by their Estimated Quantities. In the event of a math error, the Extended Totals and the Total Bid will be corrected based on the Unit Price

furnished in the Bid. Bids with math errors will be compared using the corrected Total Bid (i.e., the math must be correct before a bid is considered for award).

18. Bids shall be evaluated using the Total Bid. The Total Bid shall be the summation of the product of all the Items' Unit Bid Prices by their Estimated Quantities. In the event of a math error, the Extended Totals and the Total Bid will be corrected based on the Unit Price furnished in the Bid. Bids with math errors will be compared using the corrected Total Bid (i.e., the math must be correct before a bid is considered for award).

19. The County reserves the right to award the Bid by Sections.

20. **E-VERIFY:** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.

21. **The following forms must be returned with your Bid:**

1. **One (1) original and Two (2) copies of the bid**
2. **Bid Proposal Form**
3. **Non-Collusion Affidavit (*Notarized*)**
4. **Vendor Application/W-9 Form**
5. **Compliance Affidavit (E-Verify) (*Notarized*)**
6. **MWBE Forms:**

Affidavit A – List of the Good Faith Efforts

DUE WITH BID

All Bidders are required to make good faith efforts and to demonstrate that they have made such efforts. Affidavit A is a tool for Bidders to use to show that they have made good faith efforts. Affidavit A is required to be submitted with your bid.

Affidavit B – Intent to Perform Contract with Own Workforce

DUE WITH BID

Affidavit B is required if your company has no opportunity to sub-contract and will complete all work with Bidder's own workforce. Even if utilizing your own workforce, Affidavit A is also required.

Affidavit C – Portion of Work to be Performed by Certified MWBE Businesses

DUE WITH BID

Bidders shall complete Affidavit C to identify the minority business that it will use on the project. Affidavit C is required to be submitted with your bid. Even if your company has MWBE participation, Affidavit A is also required.

Affidavit D – Good Faith Efforts

DUE 72 HOURS AFTER NOTIFICATION

Affidavit D is to be submitted only by the apparent lowest, responsible, responsive bidder within 72 hours after notification.

The apparent lowest, responsible, responsive Bidder shall file within 30 days after the award of the contract a list of all identified subcontractors that the Contractor (Bidder) will use on the project.

IMPORTANT MWBE INSTRUCTIONS: It is mandatory for all Bidders to demonstrate their good faith efforts in seeking MWBE participation and provide supporting documentation upon request. The MWBE supporting documentation and information is still required even if using your own workforce. MWBE Prime Contractors will also be required to document good faith efforts.

The above information must be provided as required. Failure to submit these MWBE documents may be grounds for rejection of the bid.

END OF INSTRUCTIONS TO BIDDERS

EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this contract, the contractor agrees as follows:

- e. The contractor will not discriminate against any employee or applicant for employment because of race, handicap, age, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, handicap, age, color, religion, sex or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruiting advertising, layoff or termination rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of the nondiscrimination clause.
- b. The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor state that all qualified applicants will receive consideration for employment without regard to race, handicap, age, color, religion, sex, or national origin.
- c. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided advising the labor union or workers' representative of the contractor's commitments under the Equal Employment Opportunity section of this contract and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. In the event of the contractor's noncompliance with nondiscrimination clauses of this contract or with any such rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further County contracts.
- e. The contractor will include the provisions of this section in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Board of County Commissioners of the County of Durham, North Carolina so that such provisions will be binding such subcontractor or vendor.

REQUIREMENTS
Medical Supplies for Durham County Emergency Medical Services
IFB No. 24-008

NOTE: See Attachment 1 -Spreadsheets for Medical Supplies by Sections and specific products for the Bid. EXCEL is required to access the spreadsheets.

Warehouse And Distribution requirements:

- Vendor must have multiple distribution centers throughout the country available to ship products in event main distribution center is unavailable.
- Vendor must be able to ship items in multiple units of measurement. Box, case, each, etc.
- Vendor must be able to provide high quality alternative options to items that are out of stock or discontinued.
- Vendor must have FDA certified, in-house kitting facility to provide custom kitting solutions as needed.
- All products must be delivered with at least a 12-month expiration date from date of receipt. Only exceptions will be pre-approved by Durham County EMS representative.

Electronic Access and Online Ordering Requirements:

- Vendor must offer online, secure ordering.
- Vendor's website must be able to provide historical reporting data.
- Vendor's website must provide real time availability.
- Vendor is highly preferred to be integrated with Operative IQ for ordering.

Sales Representative Requirements:

- Vendor must provide a local or regional sales representative familiar with EMS products.
- Vendor sales representative must be able to provide on site meetings quarterly, at minimum.
- Vendor must be able to provide training on all products offered.

General Requirements:

- Vendor must be able to ship products palletized when appropriate.
- Vendor must be able to provide free shipping on all products and orders.
- Vendor must quote and supply all items within the section(s) bid.
- Alternate products are not acceptable for this bid unless the stated product has been discontinued. **No substitutions will be accepted.**
- The vendor **must provide** a Business Continuity Plan or Disaster Recovery Plan explaining how services and products will continue in the event of natural or man-made disaster.



BID FORM

Medical Supplies for Durham County Emergency Medical Services IFB No. 24-008

In accordance with the attached Instructions to Bidders and Specifications, we submit the following bid to the County of Durham. **DELIVERY TO BE F. O. B. DESTINATION.**

See Attachment 1- Excel Spread Sheet

	Total Bid Price
Section 1 - Airway Management	\$ No Bid
Section 2 - Monitor Supplies	\$ 428,671.00
Section 3 - CPAP and DVM	\$ 108,900.00
Section 4 - EZ IO	\$ No Bid
Section 5 - IV	\$ No Bid
Section 6 - IV Supplies	\$ No Bid
Section 7 - Trauma Supplies	\$ No Bid

DELIVERY POINT:

2330 Presidential Drive, Ste 114
Durham, NC 27703

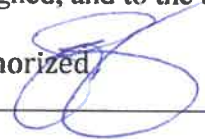
I certify that no one knows the contents of this bid outside the undersigned, and to the best of my knowledge all requirements have been complied with.

Date 10/17/2023

Medline Industries, LP
Name of Company

3 Lakes Drive.
Address
Northfield, IL 60093

Telephone No.: 1(800)633-5463
Fax No.: N/A

Authorized Signature 

Chris Powers
Print Name

VP National Field Sales
Title

ADDENDUM ACKNOWLEDGMENT
Medical Supplies for Durham County Emergency Medical Services
IFB No. 24-008

Receipt of the following Addendum is acknowledged:

Addendum No. 1 Date: 10/11/2023

Addendum No. 2 Date: 10/12/2023

Addendum No. 3 Date: 10/12/2023

Signature: _____



Date: 10/17/2023

Printed Name Chris Powers

Title VP National Field Sales

Name of Company Medline Industries, LP

**COUNTY OF DURHAM
NON-COLLUSION AFFIDAVIT**

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

Chris Powers, being first duly sworn, deposes and says that:

1. He/She is the VP National Field Sales of Medline Industries, LP, the bidder that has submitted the attached bid;
2. He/She is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
3. Such bid is genuine and is not a **collusive** or **sham** bid;
4. Neither the said bidder nor any of its officers, partners, owners agents, representatives, employees, parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other bidder, firm or person to submit a **collusive** or **sham** bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element of the bid price of any other bidder or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Durham or any person interested in the proposed contract; and
5. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



TITLE

Subscribed and sworn before me,
this 17 day of October 20 23.

(SEAL)

Notary Public JACQUELINE JASINSKI
My Commission Expires July 19, 2027





MWBE FORMS

(Affidavits A-D and Appendix E)

Affidavit A

ATTACH TO BID

State of North Carolina AFFIDAVIT A - List of the Good Faith Effort

COUNTY OF DURHAM

Affidavit of Medline Industries, LP

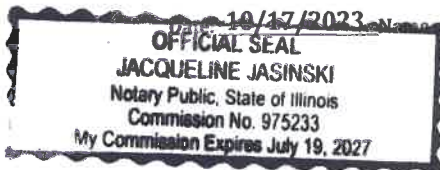
(Name of Bidder)

I have made a good faith effort to comply under the following areas checked:
(A minimum of 5 areas must be checked in order to have achieved a "good faith effort")

- ☐ 1-Contacted minority businesses that reasonably could have expected to submit a quote and that were known to the contractor, or available on State or local government-maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed.
- ☐ 2-Made the construction plans, specifications and requirements available for review by prospective minority businesses or providing these documents to them at least 10 days before the bids are due.
- ☐ 3-Broken down or combined elements of work into economically feasible units to facilitate minority participation.
- ☐ 4-Worked with minority trade, community, or contractor organizations identified by the Office of Historically Underutilized Businesses and included in the bid documents that provide assistance in recruitment of minority business.
- ☐ 5-Attended pre-bid meetings scheduled by the public owner.
- ☐ 6-Provided assistance in getting required bonding or insurance or provided alternatives to bonding or insurance for subcontractors.
- ☐ 7-Negotiated in good faith with interested minority businesses and did not reject them as unqualified without sound reasons based on their capabilities. Any rejection of a minority business based on lack of qualification should have the reasons documented in writing.
- ☐ 8-Provided assistance to an otherwise qualified minority business in need of equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letters of credit, including waiving credit that is ordinarily required. Assisted minority businesses in obtaining the same unit pricing with the Bidder's suppliers in order to help minority businesses in establishing credit.
- ☐ 9-Negotiated joint venture and partnership arrangements with minority businesses in order to increase opportunities for minority business participation on a public construction or repair project when possible.
- ☐ 10-Provided quick pay agreements and policies to enable minority contractors and suppliers to meet cashflow demands.

In accordance with GS 143-128.2(d) the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of the minority business commitment and is authorized to bind the bidder to the commitment herein set forth.



Date: 10/17/2023 Name of Authorized Officer: Chris Powers
Signature: [Signature]
Title: VP National Field Sales

State of North Carolina, County of Cook
Subscribed and sworn to before me this 17 day of October 2023
Notary Public Jacqueline Jasinski
My commission expires July 19, 2027

Affidavit B

ATTACH TO BID – IF YOU ARE NOT UTILIZING SUBCONTRACTORS

State of North Carolina AFFIDAVIT B - Intent to Perform Contract with Own Workforce

COUNTY OF DURHAM

Affidavit of Medline Industries, LP
(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for
the IFB 24-008 - Medical Supplies for DCo Emergency Medical Services contract.
(Name of Project)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and agrees to provide any additional information or documentation requested by the owner in support of the above statement.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: 10/17/2023

Name of Authorized Officer: Chris Powers

Signature: [Signature]

Title: VP National Field Sales



State of North Carolina, County of COOK
Subscribed and sworn to before me this 17 day of October 2023
Notary Public JACQUELINE JASINSKI
My commission expires July 19th 2027

Non-
APPLICABLE

Affidavit C

ATTACH TO BID - IF YOU HAVE MWBE PARTICIPATION

State of North Carolina AFFIDAVIT C - Portion of the Work to be Performed by Minority Firms

COUNTY OF DURHAM

Durham County Goals for MWBE Participation in the Procurement of Goods, Services and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____ I do hereby certify that on the
(Name of Bidder)

(Project Name)
Project ID No. _____ Amount of Bid \$ _____

I will expend a minimum of _____% of the total dollar amount of the contract with minority businesses enterprises.
Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Firm Name (Street Address/Zip/Telephone)	*Minority Category	Work Description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (B), Hispanic (H), Asian American (A), American Indian (I), Female (F)

Pursuant to GS 143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
Subscribed and sworn to before me this _____ day of _____ 20____
Notary Public _____
My commission expires _____

Affidavit D

DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID
(NOTE: This form is to be submitted only by the apparent lowest responsible, responsive bidder.)

If you do not meet the MWBE Goal, the Bidder shall provide the following documentation of his/her Good Faith Efforts within **72 hours** after notification.

State of North Carolina AFFIDAVIT D - Good Faith Efforts
COUNTY OF DURHAM

Durham County Goals for MWBE Participation in the Procurement of Goods, Services, and Construction

Categories		Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American		14.6	9.8	10.9	2.8	10.4%
Asian American		1.3	3.0	1.1	.43	1.3%
Hispanic American		4.2	1.8	1.1	.43	1.5%
American Indian		.65	.75	1.0	.5	.70%
White Female		13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =						25.0%

Affidavit of _____
 (Name of Bidder)

I do certify the attached documentation as true and accurate representation of my good faith efforts.

I will expend a minimum of ____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Name (Street Address/Zip/Telephone)	*Minority Category	Work description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (B), Hispanic (H), Asian American (A), American Indian (I), Female (F)

Documentation of the Bidder's good faith efforts to meet the goals set forth in the provisions. Examples of documentation include, but are not limited to, the following evidence:

- Copies of solicitation for quotes to at least three (3) minority business firms from the source list provided by the State for each subcontract to be let under this contract (if 3 or more firms are shown on the source list). Each solicitation shall contain a specific description of the work to be subcontracted, location where bid documents can be reviewed, representative of the Prime Bidder to contact, and location, date and time when quotes must be received
- Copies of quotes or responses received from each firm responding to the solicitation.
- A telephone log of follow-up calls to each firm sent a solicitation.
- For subcontracts where a minority business firm is not considered the lowest responsible sub-bidder, copies of quotes received from all firms submitting quotes for that particular subcontract.
- Documentation of any contacts or correspondence to minority business, community, or contractor organizations in an attempt to meet the goal.
- Copy of pre-bid roster.
- Letter documenting efforts to provide assistance in obtaining required bonding or insurance for minority business.
- Letter detailing reasons for rejection of minority business due to lack of qualification.

- I. Letter documenting proposed assistance offered to minority business in need to equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letter of credit, including waiving credit that is ordinarily required.

Failure to provide the documentation as listed in these provisions may result in rejection of the bid and award to the next lowest responsible and responsive bidder.

Pursant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____

Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
Subscribed and sworn to before me this ____ day of _____ 20____
Notary Public: _____
My commission expires _____

Appendix E

APPENDIX E

MWBE DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/Architect: _____

Address & Phone: _____

Project Name: _____

Pay Application #: _____ Period: _____

The following is a list of payments to be made to minority business contractors on this project for the above-mentioned period.

Firm Name	*Minority Category	Total Contract Amount	Amount Paid this Period	Total Payment Amount to date	Percentage of Work Completed	Scheduled Start Date	Scheduled End Date

*Minority categories: Black, African American (B), Hispanic (H), Asian American (A), American Indian (I), Female (F)

Date: _____ Approved/Certified By: _____ Name

_____ Title

_____ Signature

THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT

Non-APPLICABLE

AFFIDAVIT OF COMPLIANCE

STATE OF NORTH CAROLINA

COUNTY OF DURHAM

AFFIDAVIT OF COMPLIANCE with N.C. E-Verify Statutes

I, Chris Powers (hereinafter the "Affiant"), being duly authorized by and on behalf of Medline Industries, LP (hereinafter "Contractor") after first being duly sworn hereby swears or affirms as follows:

1. Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with Article 2 of Chapter 64 of the North Carolina General Statutes; and

2. Contractor understands that an "Employer", as defined in NCGS§64-25(4), is required by law to use E-Verify to verify the work authorization of its employees through E-Verify in accordance with NCGS§64-26(a). The term "Employer" does not include State agencies, counties, municipalities, or other governmental bodies.

3. Contractor is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in the state of North Carolina. (mark Yes or No)

a. YES X

b. NO _____

4. Contractor will ensure compliance with E-Verify to the extent applicable and will ensure compliance by any subcontractors subsequently hired by Contractor to perform work under Contractor's contract with Durham County.

This 17 day of October, 2023

[Signature]
Signature of Affiant

Print or Type Name: Chris Powers

State of Illinois

County of Cook

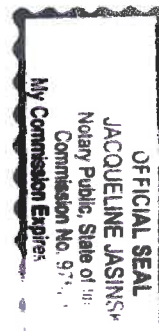
Signed and sworn to (or affirmed) before me, this the 17
day of October, 2023.

My Commission Expires:

July 19, 2027

Jacqueline Jasinski
Notary Public

(Affix Official/Notarial Seal)



NO BID REPLY FORM

TO: Durham County
Purchasing Division
201 East Main Street, 7TH Floor, Room 703
Durham, NC 27701

IFB NO. 24-008

BID TITLE: Medical Supplies for DCo Emergency
Medical Services

To assist us in obtaining good competition on our Invitation for bids, we ask that each firm that has received an invitation, but does not wish to bid, state their reason(s) below and return to this office. This information will not preclude receipt of future invitations unless you request removal from the Bidder's List by so indicating below, or do not return this form or bona fide bid.

Unfortunately, we must offer a "No Bid" at this time because:

- _____ 1. We do not wish to participate in the bid process.
- _____ 2. We do not wish to bid under the terms and conditions of the Invitation for bid document. Our objections are:

- _____ 3. We do not feel we can be competitive.
- _____ 4. We cannot submit a bid because of the marketing or franchising policies of the manufacturing company.
- _____ 5. We do not wish to sell to Durham County. Our objections are:

- _____ 6. We do not sell the items/services on which bids are requested.
- _____ 7. Other: _____

FIRM NAME

DATE

SIGNATURE

TELEPHONE

_____ We wish to remain on the Bidder's List.

_____ We wish to be deleted from the Bidder's List.

VENDOR APPLICATION FORM W/W9 FORM



VENDOR APPLICATION

IT IS CRITICAL TO THE COUNTY THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE
(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)

1. Vendor Name: Medline Industries, LP
Do you require a 1099? Yes ☐ No ☒
2. Mailing address for payments: Dept CH 14400
Palatine, IL 60055-4400
3. Mailing address for purchase orders, proposals and bids: 3 Lakes Drive.
Northfield, IL 60093
4. Contact Person Stephanie Gottschalk Phone #: 847-968-7779
Email: SGottschalk@medline.com Fax #: N/A
5. In what City and State is your firm licensed? Illinois
If licensed in NC, indicate County (for tax purposes) _____
Individual Partnership ☒ Corporation ☐ Governmental Agency ☐ Other ☐
6. Is your firm a large business? Yes ☒ No ☐ 7. Is your firm a small business? Yes ☐ No ☒
8. Is your firm 51 percent or more owned and operated by a woman? Yes ☐ No ☒
If yes, with what governmental agencies are you certified? _____
9. Is your firm 51 percent or more owned and operated by a minority? Yes ☐ No ☒
10. If yes, with what governmental agencies are you certified? _____
11. Identify appropriate minority group:
Black American ☐ Native American ☐ Hispanic ☐ Asian/Pacific ☐ Asian Indian ☐
12. Is your firm incorporated? Yes ☒ No ☐
13. Is your firm a not-for-profit concern? Yes ☐ No ☒
14. Is your firm a handicapped business concern? Yes ☐ No ☒
15. Give a brief description of goods or services your firm provides:
Medline Industries, LP is a supplier and manufacturer of medical supplies and equipment.

Signature: _____

Title: VP National Field Sales

Print name: Chris Powers

Date: 10/17/23

If you have any questions concerning this form, email Durham County Purchasing Division at purchasinggroup@dconc.gov

DCo DEPARTMENT TO COMPLETE (Prior to Vendor Distribution)

If the below info. is not completed, return this form to the email address of the DCo departmental contact that sent this form to you.

Email to: _____

or

Fax to: _____

(Department Contact Email)

(Department Contact Fax No.)

PURCHASING TO COMPLETE (when received from the department)

Listed as Debarred or Suspended Vendors?

<https://www.sam.gov>

Yes ☐

No ☐

<https://www.pandc.nc.gov/actions.asp>

Yes ☐

No ☐

Verified by: _____

Date: 10/17/23

Request for Taxpayer Identification Number and Certification

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

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

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.

Mozart Holdings, LP

2 Business name/disregarded entity name, if different from above

Medline Industries, LP

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.

3 Lakes Dr

6 City, state, and ZIP code

Northfield, IL 60093

7 List account number(s) here (optional)

Requester's name and address (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

8	7	-	2	4	7	8	0	3	1
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Tim L. Motte

Date ►

1-1-2023

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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Frequently Asked Questions
IRS Form W-9 of Medline Industries, LP**

1. Did Medline Industries, Inc. change names?

Yes, on September 7, 2021, Medline Industries, Inc. converted from an Illinois corporation to an Illinois limited liability company. Its converted name is **Medline Industries, LP**, an Illinois limited partnership.

Certified copies of the conversion are available to be provided, if needed.

2. Did the Federal Employer Identification number ("FEIN") of Medline Industries, LP change?

No. Medline Industries, LP's FEIN remains the same – 36-2596612. See attached IRS Form 147C as evidence of this change with the United States Internal Revenue Service.

3. Why is there a different name on line 1 of the IRS Form W-9?

The IRS Form W-9 requires us to list the name of the entity that appears on our income tax return. Due to a recent reorganization, Medline Industries, LP is now a disregarded entity for income tax purposes. This is why it appears on line 2.

4. Why is the FEIN above the signature different than before?

Please consider the following analogy:

When a parent files their income tax return, their children are included in the parent's return, under the parent's social security number. While the child is a minor, they do not file a separate income tax return.

In accordance with our newly reorganized legal and tax structure, Mozart Holdings, LP is analogous to the parent and Medline Industries, LP analogous to the child. Medline Industries, LP still has its own FEIN, but it no longer files its own return. Instead, it is included as part of in Mozart Holdings, LP tax return.

Mozart Holdings, LP is properly listed on line 1 with its FEIN listed above the signature (as the "parent"). Medline Industries, LP retains its own FEIN.

Accordingly, Medline Industries, LP remains the operating entity for commercial purposes.

5. My vendor/customer is doing business with Medline Industries, LP and expects a W-9 from Medline Industries, LP. What do I tell them?

While you are doing business with Medline Industries, LP, this entity is now disregarded for income tax purposes and will no longer be file its own income tax return. The results of buying from/selling to Medline Industries will now be included within the Mozart Holdings, LP income tax return (Medline Industries, LP's parent).

This is why Mozart Holdings, LP is listed on line 1 and Medline Industries, LP is listed on line 2 of the W-9.

Please refer to Question 4 for further details regarding this relationship.



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0152103085
Feb 03, 2022 LTR 147C
36-2596612

MEDLINE INDUSTRIES LP
3 LAKES DR
NORTHFIELD IL 60093-2753 032

Taxpayer Identification Number: 36-2596612

Form(s): 941, 1120S, 720, 940

Dear Taxpayer:

Thank you for your telephone inquiry of February 3rd, 2022.

Your Employer Identification Number (EIN) is 36-2596612. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

IRS EIN Customer Service
1002994530
Customer Service Representative

PURCHASE OF GOODS CONTRACT - SAMPLE

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

SAMPLE
PURCHASE OF GOODS CONTRACT

THIS CONTRACT, made and entered into this ____ day of ____, 202__, for the purchase of _____, by and between the **COUNTY OF DURHAM**, North Carolina, a political subdivision of the State of North Carolina, hereinafter referred to as "**PURCHASER**", and _____, hereinafter referred to as "**SELLER**".

1. TERMS.

- A. The Seller, in consideration of the sum of _____ (\$_____), hereby sells to Purchaser the goods and services at the times, in the manner, at the prices, and at the place(s), pursuant to the provisions and specifications as set forth herein. **No charges of any kind not appearing in this contract will be accepted or paid by Purchaser.** It is Purchaser's discretion to accept items shipped in excess of the quantity ordered and any over shipment may be returned at Seller's expense.
- B. The effective date of this Contract shall be the date first set forth above in the preamble to this Contract, irrespective of the date of execution by the parties. The first date written above is _____. All renewal or non-renewal periods or deadlines stated in this Contract, if any, shall be calculated based on the "effective date" indicated above.
- The Term of this Purchase of Goods contract is from _____ to _____, unless sooner terminated as provided herein.
- C. Shipments received prior to delivery date without previous approval by Purchaser may be returned or stored at Seller's expense.
- D. A Funds Reservation number may be assigned to encumber the funds associated with this contract and must appear on all crates, packages, packing slips, invoices, and correspondence shipped or mailed to Purchaser. All items will be accompanied by assembly instructions and operating and repair manuals, as applicable. Purchaser's count will be accepted as conclusive on all shipments not accompanied by a packing slip.
- E. The parts, material, and workmanship of all items are subject to inspection, testing and counting by Purchaser. Purchaser may reject for full credit or require prompt correction or replacement at Seller's expense, including the expense of unpacking, examining, repacking, storing and transporting of any item defective in material or workmanship or otherwise not in conformity with Bid No _____ (if applicable) or specifications provided by Purchaser. Goods will be delivered to the Purchaser in new condition and undamaged (unless otherwise specified by Purchaser).
- F. This order to Seller is not transferable or assignable without the written permission of Purchaser. Seller is an independent contractor and is not an agent or employee of Purchaser.
- G. Seller warrants that it is the sole owner of the described goods and that it has the unrestricted right to convey a clear title to the Purchaser free and clear of all encumbrances.

2. **CHANGE:** Purchaser reserves the right to change, modify and/or cancel this order upon issuance of a change order. If the Purchaser is not notified to the contrary in writing within 10 days after the issuance of the change order, the changed and/or modification and/or cancellation is considered accepted by the Seller.
3. **WARRANTY OF GOODS AND MATERIALS:** Seller expressly warrants that all goods, provided or used by the Seller will: conform to the drawings, specifications, samples or other descriptions furnished by the Purchaser or by the Seller; meet requirements detailed in the scope of work; be of good materials and workmanship and free from defect. This express warranty shall not be waived by reason of acceptance of the goods or payment made by the Purchaser. Seller also warrants that all items sold or furnished under this order have been produced, sold, delivered and furnished in compliance with all applicable laws and regulations.

THE SELLER WARRANTS THE MERCHANTABLE QUALITY OF THE GOODS SOLD HEREUNDER AND THAT SUCH GOODS ARE FIT FOR THE PURPOSES FOR WHICH THEY WERE PURCHASED. SUCH WARRANTIES ARE IN ADDITION TO ALL EXPRESS WARRANTIES AND WILL RUN TO THE BENEFIT OF THE PURCHASER. THE SELLER'S PERIOD OF WARRANTY WITH RESPECT TO EACH ITEM WILL BE AT LEAST AS LONG AS THAT OF THE MANUFACTURER OF SUCH ITEM, AND SELLER WILL HONOR SAME.

4. **INDEMNITY.** To the fullest extent permitted by law, PURCHASER hereby reserves the right to recover legal expenses including attorney fees, litigation expenses and court costs as well as actual damages or losses suffered by PURCHASER, if SELLER is found to be a proximate cause of damages or losses suffered by PURCHASER, resulting from SELLER's performance during the execution of this Contract.
5. **INSURANCE.** Seller shall procure and maintain for the duration of the contract the following insurance coverage from an insurance company(s) possessing a rating of A-VII or higher from the A.M. Best Company and licensed to do business in North Carolina. All of the policies required of the Seller shall contain a waiver of subrogation provision to waive all rights of recovery under subrogation or otherwise against the Purchaser. In the event Seller's Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "waiver of subrogation" this contract shall govern. Seller shall advise the Purchaser of any cancellation, non-renewal, or material change in any policy within ten (10) days of notification of such action and provide updated certificates of insurance evidencing renewals within fifteen (15) days of expiration. Seller's insurance shall be primary and any insurance or self-funded liability programs maintained by the Purchaser shall not contribute with respect to the Seller's insurance. Purchaser shall not be listed as an additional insured on any Insurance Policy or Certificate of Insurance of the Seller. In the event Seller's Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "additional insured" this contract shall govern.

5.1 Commercial General Liability: Insurance Services Office (ISO) Form CG 00 01 on an "occurrence" basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than **\$1,000,000** per occurrence and **\$2,000,000** aggregate.

5.2 Commercial Automobile Liability: ISO Form CA 00 01 covering any auto with limit not less than **\$1,000,000** per accident for bodily injury and property damage.

5.3 Worker's Compensation and Employers Liability: as required by The State of North Carolina, with statutory limits, and Employers Liability Insurance with a limit of no less than \$1,000,000 per occurrence.

By requiring insurance herein, the Purchaser does not represent that coverage and limits will necessarily be adequate to protect Seller, and such coverage and limits shall not be deemed as a limitation on Seller's liability under the indemnities granted to the Purchaser in this Contract. Seller shall provide the Purchaser a valid certificate of insurance, in advance of the performance of any work, exhibiting coverage required. Seller shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein.

The failure of the Purchaser at any time to enforce the insurance provisions, to demand such certificates of insurance, or to identify a deficiency shall not constitute a waiver of those provisions, nor reduce the obligations of the Seller to maintain such insurance or to meet its obligations under the indemnification provisions. Notwithstanding the foregoing, nothing contained in this section shall be deemed to constitute a waiver of the governmental immunity of the Purchaser, which immunity is hereby reserved to the Purchaser.

- 6. TERMINATION.** The Purchaser may, by written notice, terminate this contract in whole or in part, for failure of Seller to perform, including failure to deliver as and when specified. If so terminated, Seller shall be liable for all damages, including, without limitation, 1) the excess cost of re-procuring similar goods or services, 2) shipping charges for any items the Purchaser may at its option return to Seller, including items already delivered but for which Seller no longer has any use because of default, 3) amounts paid by Purchaser for any items it has received but returns to Seller, and 4) any other damages permitted by applicable law. Purchaser shall have the right to pursue any remedies provided by applicable laws.
- 7. EXISTENCE.** Seller warrants that it is a corporation or otherwise legal entity duly organized, validly existing, and in good standing under the laws of the State of ____ and is duly qualified to do business in the State of North Carolina and has full power and authority to enter into and fulfill all the terms and conditions of this Agreement.
- 8. COMPLIANCE WITH LAWS.** Seller shall abide by all statutes, rules, regulations, laws, and executive orders Federal, State and Local as they relate to, but are not limited to, (i) services in general, (ii) payment of employees, subcontractors and agents, (iii) the Occupational Safety and Health Administration, (iv) the Fair Labor Standards Act, and (v) the Wage and Hour Division. In the event Seller is determined by the final order of a court or appropriate agency to be in violation of any Federal, State or Local statute, rule, regulation, law or executive order or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY and Seller may be declared ineligible for further COUNTY contracts.
- 9. E-VERIFY.** As a condition of payment for services and/or goods received under this agreement, Seller shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Further, if Seller provides the services and/or goods to the County utilizing a subcontractor, Seller shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes as well. Seller shall verify, by affidavit, compliance of the terms of this section upon request by the Purchaser.
- 10. EMPLOYMENT ADVERTISING REQUIREMENTS.** Seller shall post local job openings, in connection with this contract, with the City of Durham's Office of Economic and Workforce Development, the North Carolina Department of Commerce-Division of

Employment Services (formerly ESC, Employment Security Commission) and with the Durham County Department of Social Services throughout term of this Agreement; provided that the foregoing requirement does not limit Seller's ability to advertise and/or otherwise post job openings with other organizations or media outlets.

- 11. SECURITY BACKGROUND CHECKS.** The Seller is responsible for requesting and paying for criminal history checks on all individuals providing services under this contract who will be obtaining County identification badges and allowed unescorted access to County facilities. Background checks can be provided by any vendor, or from a North Carolina State agency, providing that the criminal history check is done nationwide. The Sheriff's Office will conduct background investigations for those employees of the Seller who will be working at the Courthouse or Detention Center. A criminal history will not automatically disqualify a Seller employee from employment on a County contract unless explicitly mandated by law.

The Seller will send the results of the background checks, prior to commencing work at Durham County Government, to their County point of contact who will provide them to the Durham County Security Manager. The Security Manager will individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in Durham County buildings. The Security Manager will consult the Legal Office, as needed, on any negative determinations. The Security Manager will notify the Seller's County point of contact of the results of the review. A Seller can appeal a negative determination by the Security Manager to the County Manager or his designee for final disposition. Appeals need to be submitted in writing to the contract point of contact within 30 days of notice of a decision to remove or deny an individual from working the County contract due to adverse information in the background check.

This information shall be updated annually by the Seller, 90 days prior to the renewal or extension of the contract and submitted to their County point of contact who will provide them to the Durham County Security Manager. Personnel without a currently approved background check will have their access to those buildings disabled.

Additional background screening may be necessary at specific county buildings. The Seller shall provide names of all individuals in the Contractor communications log and to the County Representative. This information will be reviewed annually.

For those Seller's employees who will be working at the Courthouse or Detention Center, the Sheriff's Office will make the security determination. The Seller will provide the results of their background check to the Major for Support Services who will conduct an additional investigation and then individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in the Courthouse or Detention Facility. A Seller can appeal a negative determination to the Chief Deputy for final disposition. Appeals need to be submitted in writing to the Chief Deputy within 30 days of notice of a decision to remove or deny an individual from working the contract due to adverse information in the background check. While an appeal is pending, the employee will not be allowed access to the Courthouse or Detention Facility.

This information will be updated by the Seller and submitted to the Sheriff's Office annually, 90 days prior to the renewal or extension of the contract. Personnel without a currently approved background check will have their access to those buildings restricted.

- 12. DISPUTE RESOLUTION PROCEDURE.** To prevent disputes and litigation, it is agreed by the parties that any claim or dispute between the Purchaser and the Seller, arising from this Agreement or the services and/or goods being provided by the Seller, shall be sent to the Durham County Manager who shall appoint a qualified mediator to address the issue. Such request shall be submitted to the County Manager in writing within ten (10) days of the claim or dispute. Upon receipt of a timely written claim, the Manager, or his designee, shall notify the Mediator who will conduct a mediation and notify the Seller in writing of the decision within forty five (45) calendar days from the date of the submission of the claim or dispute, unless the Mediator requires additional time to gather information or allow the parties to provide additional information. The Mediator's orders, decisions and decrees shall be non-binding. Mediation, pursuant to this provision, shall be a pre-condition to initiating litigation concerning the dispute. During the pendency of any dispute and after a determination thereof, the parties to the dispute shall act in good faith to mitigate any potential damages including utilization of schedule changes and alternate means of providing the services and/or goods. The costs of the mediation shall be divided equally between the parties to the dispute.

The mediation session shall be private and shall be held in Durham County, North Carolina. Mediation under this provision shall not be the cause for a delay of services and/or goods being provided which is the focus of the dispute.

If the disputed issue cannot be resolved in mediation or either party disagrees with the results of the mediation, the parties may seek resolution in the General Court of Justice in the County of Durham and the State of North Carolina. If a party fails to comply in strict accordance with the requirements of this provision, the non-complying party specifically waives all of its rights provided hereunder, including its rights and remedies under State law.

- 13. NOTICES.** All notices which may be required by this contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

**COUNTY OF DURHAM
PURCHASING DIVISION
201 EAST MAIN STREET
DURHAM, NORTH CAROLINA, 27701**

SELLER

- 14. CORPORATE AUTHORITY.** By execution hereof, the person signing for Seller below certifies that he/she has read this contract and that he/she is duly authorized to execute this contract on behalf of the Seller.
- 15. HEADINGS:** The subject headings of the paragraphs are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This agreement shall be deemed to have been drafted by both parties and no purposes of interpretation shall be made to the contrary.
- 16. GOVERNING LAW.** This contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this contract shall be brought in the General Court of Justice in the County of Durham and the State of North Carolina.
- 17. REQUIRED PROVISIONS FOR CONTRACTS/AGREEMENTS/GRANTS UTILIZING FEDERAL FUNDS.** Pursuant to the Federal Uniform Guidance Appendix II to 2 CFR Part 200, if Federal Funds are involved in this Contract/Agreement/Grant Agreement, by executing this Contract/Agreement/Grant Agreement, the Contractor/Vendor/Grantee, certifies that it agrees to and is in compliance with the provisions specified in Exhibit B – Federal Uniform Guidance Contract Provisions Certification.

18. MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE (MWBE) PROGRAM. It is the policy of the County to provide minorities and women-owned businesses equal opportunity to participate in all aspects of the County's contracting programs, including but not limited to, the procurement of construction, goods and services consistent with law. The County has established an ordinance and implements an MWBE Program based on the ordinance, that promotes, increases, and works towards eradicating the underutilization of minorities and women-owned businesses in the County's contracting programs.

19. ENTIRE CONTRACT. This contract shall constitute the entire understanding between Purchaser and Seller and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.

IN TESTIMONY WHEREOF, the parties have expressed their agreement to these terms by causing this Purchase of Goods Contract to be executed by their duly authorized officer or agent.

Purchaser: COUNTY OF DURHAM

Seller:

Medline Industries, LP

Print Name and Title: _____ Print Name and Title: VP National Field Sales

Date of Signature: _____ Date of Signature: _____

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Crystally Wright, Interim Durham County Chief Financial Officer



Medline Industries, LP

Disaster preparedness and response plan for the continued availability of essential medical and surgical supplies.

Southeast Region Disaster Plan
Updated June 2023

PURPOSE AND SCOPE

Medline Industries, LP. is committed to our customers' needs in time of crisis. Our substantial investment in specialized equipment, systems and other resources has allowed us to actively and immediately respond to a wide range of disasters over the past years, playing a key or leading role for our customers in many of them. This Disaster Preparedness and Response Plan contains general, but key, information pertaining to Medline's readiness, capabilities, and service parameters in the event and/or anticipation of a disaster including a pandemic epidemic. Medline maintains a proprietary, internal, detailed plan that is used during activation of the Disaster Response Team.

This Disaster Preparedness and Response Plan provides guidance for customers who are developing their own response plan. This information should be used in conjunction with your own Internal Supply Chain Team and your Director of Emergency Preparedness, along with any of your other internal (Infection Control, Legal, Occupational Health, etc.) and external (Governmental, Homeland Security, State Police, Other 3rd Parties, etc.). Medline is available to coordinate with these internal and external teams and resources for discussion and planning purposes, in addition to working with them in times of disaster.

A Disaster Preparedness checklist can be found on Page 6 of this document. The checklist was developed to help customers prepare for a catastrophic event and includes pre- and post-event recommendations.

There is a Medline Customer Service and Operations Key Contact List on page 7. This list identifies individuals within our organization who are dedicated to meeting your needs. Branch information on page 8 is included to reassure you that Medline is well positioned to protect continuity of service. Combined, this information should help your customer partner with Medline before, during, and after catastrophic events.

Medline Operations and Inventory Management encourage you to escalate calls whenever you experience a breakdown in communication. Our expert team is dedicated to serving your needs.

Medline Capabilities

Medline's experience includes leading air and ground efforts to move both supplies and patients during Hurricane Katrina, middle of the night inventory replenishment for customers who have experienced floods and fires, as well as massive efforts to support customers in specific geographic regions who were hit by fire; floods, ice storms, tornados and hurricanes. We've assisted customers in bringing their own facilities back online after catastrophic damage.

Our greatest strengths include our network of 40+ distribution centers with nearly 26 million square feet of storage, thousands of dedicated Team Members, 1,600+ power units in our owned fleet, \$3+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

MedTrans is our private truck fleet, which can provide Medline with complete control over delivery capabilities, particularly in an emergency period when there is severe competition for transportation resources. In addition to our private fleet, Medline has contractual agreements with over 100 transportation providers throughout the country, including the highest-rated, same-day/emergency delivery carriers, both ground and air.

Medline's inventory management system helps us achieve the highest service levels in the Healthcare industry. In the event of a disaster the same system can be used to redirect any portion of more than \$3,000,000,000 of inventory into a targeted geographic area. For the Southeast, our distribution centers in Auburndale, FL; Medley, FL; Prattville, AR; Lincolnton, NC; Southaven, MS; Mt. Juliet, TN; and Mebane, NC; combined with the McDonough, GA distribution center (one of our largest central stocking locations or "Hubs"), as well as our distribution center in Puerto Rico, offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

We have also developed programs which allow our customers the option of stockpiling inventory on items of their choosing without incurring the additional expense of self-storage. Please let us know if you would like to review this option for your facility.

We have expanded our production facilities which are now strategically located across three continents. We also have exclusive partnerships with leading suppliers of domestic branded raw materials.

Medline is a major contractor with the Department of Defense, FEMA and the CDC National Stockpile programs.

From our Disaster Response Centers in Mundelein, IL and Dubuque, IA, we have repeatedly demonstrated our ability to successfully marshal action across our entire network of resources: products, facilities, trucks, and team members. In the event of a pandemic or other major disaster, Medline Industries, LP will work closely with your facility, as well as other medical facilities in the area, to ensure all customer needs are responded to as promptly as possible.

MEDLINE EMERGENCY ACTION PLAN

In the event of a disaster or other crisis, Medline will activate its Emergency Action Plan or EAP. The Corporate Disaster Response Team (DRT) is preapproved by the Medline Board of Directors to take whatever actions and commit whatever resources (financial and operational) are required to respond in a manner consistent with Medline's Mission, Vision, and Core Values.

Medline's Disaster Response Team (DRT)

The DRT will meet in our Disaster Response Center to determine the nature and scope of the event and initiate an appropriate response.

The DRT consists of the following: EVP, Supply Chain, CIO, Sales EVP, VPs' Operations, VP Inventory Management, VPs' Transportation, Director of Customer Service, and the Director Operations and Warehouse Manager of affected, distribution centers and their back-up centers.

The EVP Supply Chain or Region VP Operations will lead the DRT and utilize the detailed internal disaster plan for the specific disaster and assign action items to each member of the DRT, who will then engage all internal and external resources that are part of their response plan.

The DRT or members of the team will be dispatched to the affected site by air, if it is determined that would be more effective.

The DRT will continue to meet twice daily to reassess the situation and redirect resources when and where appropriate. This will include communications discussed below.

Customer Communications

1. Once the nature and scope of the event is determined, the VP of Operations and the local Distribution Center Director will contact Senior Sales person(s) for the geographical area. Please note that Medline Operations sends notifications to Customer Service and Field Sales in advance and tracks any disasters that can be anticipated.
2. The Senior Sales person and VP Operations will contact customers (contacts and methods of communication vary by Customer and Request) to determine short and long term critical needs.
3. Based on Customer requirements and intensity of event, plans will be developed to ensure the requested inventory is delivered as early as possible to ensure continuity of business. All members of the DRT will be utilized (Transportation, Inventory Management, IS, Customer Service.) Please note that before we even get customer orders (except for Standing Emergency Orders which we strongly encourage customers to consider), we have already begun redirecting additional inventory to the affected area.
4. If any portion of the plan changes for any reason, the Medline VP Operations is accountable to notify Medline Senior Sales and the customer to discuss cause of change and develop alternative actions. Most of these communications occur during the twice daily Internal Medline DRT Calls and pre or post calls can also be made to any Customers who so request.

Disaster Preparedness and Response Plan

In the event that a natural or other disaster destroys or renders a Medline facility inoperable, the following procedures are in place to maintain continuity of service:

1. One of three assigned back-up distribution centers will act as a temporary distribution center for a designated service area. Within 2 (two) hours all orders will be moved to the back-up branch until such time as the primary branch can resume operations.
2. MedTrans fleet assets, distribution personnel, and additional third party transportation assets may be repositioned to provide additional transportation and support services in areas with the most critical need.
3. As the situation dictates, inventory will be reallocated to the appropriate back-up distribution center to accommodate the increased demand.

Medline will extend its hours of operation in all appropriate locations to ensure all customers' needs are met. Medline has contractual agreements with both LTL (common) carriers and same-day express – ground and air delivery services – that will also flex their hours of operation as required.

Medline will continue to process orders and make deliveries as long as the safety of our employees is not jeopardized and local authorities do not impede service. Please note that there are varying levels of notification from local and state authorities and we monitor a number of web sources to help us make these decisions, in addition to contacting the respective agencies from our specific call list. We do move our trucks during times that agencies request all traffic to be off the roads, if there is an urgent need and after we discuss with the agencies. This need will be determined via customer discussions (Customer calls are initiated to Prime Vendor and other customers whose deliveries could be more critical) after discerning the anticipated timing of the road delay or closure and the customers determination of the criticality of their supply needs. This criticality could allow for a delay in delivery, could require a smaller part of an order to be expedited using available premium delivery methods or re-routing to other Medline DC's if delivery options are available. Our Customer Communication is preferred via our Customer Service Team or Sales Reps, but can also be delivered via email.

The DRT will provide updates to our Sales and Customer Service Teams twice daily, or any time there is a significant change in our service capabilities. These teams will then handle customer communications. As noted above, there are customers who may specifically request Medline and their DRT to provide direct updates or direct participation in their internal planning, and these will be handled as they arise.

In times of crisis, customer pickups will be available as long as the distribution facility is secure and operational. In the event of a pandemic, some other restrictions may apply in an effort to protect our employees, our customers, and their needs.

Disaster Preparedness Checklist

- ☐ Identify your needs now. What are the special needs of your patient population? Will that population change in the event of a disaster (i.e. more long-term care needs vs. outpatient surgery)? What happens when the nursing home around the corner gets shut down or can no longer accommodate patients?
- ☐ Establish product formularies for multiple contingencies. Try to have alternates or pre-approved or "qualified" substitutes for the most critical items.
- ☐ Work with your Medline rep to prepare a pre-approved substitution list for any critical custom sterile or non-sterile kit.
- ☐ Prepare your emergency order(s) in advance. Your Medline rep can help you develop a par level of commonly ordered items or those most likely needed in responding to a particular disaster. Medline has systems in place to block, for review, orders that exceed historical usage for a customer, distribution center or geographic region. This mechanism is in place to prevent hoarding during the response phase of any disaster. Stockpiling in preparation of a disaster is encouraged and your Medline rep can help you with programs designed to mitigate the expense of carrying additional inventory. Many customers prefer the security of having additional inventory on-hand but lack the storage space to "stock-up". Medline can help arrange a trailer with supplies of your choosing and stage it at your facility. (Account will be responsible for trailer detention and appropriate return/restocking fees should the inventory not be utilized.)
- ☐ Place standing purchase orders. Medline will retain standing orders to release under a set of prior agreed to circumstances unless otherwise notified.
- ☐ Make copies! Keep hardcopies of all product formularies and their corresponding par levels, emergency orders ready to be placed and standing PO's you may have already placed. Make sure others that need to know will know where to find them and what needs to be done.
- ☐ If a disaster is imminent place your orders early - 96 hours in advance if possible, 72 hours at the latest. The closer we get to an impending disaster or a known danger the more difficult it becomes for us to do everything for everyone.
- ☐ Consolidate your orders. Multiple orders can potentially slow operations.
- ☐ Think about how supplies will get to you. Identify a back-up receiving area. Make sure other plans don't get in the way of your own. Are you prepared to handle alternate or flexible delivery times (after hours, weekends, etc.)?
- ☐ Designate a point person. Who in your facility is responsible for your disaster preparedness plan? Who is the person that will lead your facility's response? Who in your facility is responsible for coordinating with your suppliers for supply chain continuity? Your Medline rep will continue to be your primary contact for the coordination of all orders, deliveries, backorder relief as well as special needs just as they are today. Make sure your rep knows who to contact and how, and if that person isn't available, and that person, ...
- ☐ Provide a list of all facility emergency contact numbers to your Medline representative. This will ensure communication channels remain open.
- ☐ Know who to call at Medline. In addition to your Medline sales rep the only number you need is 1-800-MEDLINE.

Key Contacts

Name	Organization/Position	Primary	Secondary
Customer Service	Monday – Friday 8:00 AM – 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday – Friday 8:00 PM – 8:00 AM (EST) & 24 Hours Sat. – Sun.	563-543-0558	
Steve Miller	EVP, Supply Chain	847-949-2002	440-876-7875
Joel Bain	VP, Operations – Transships	209-239-0020	209-587-3382
Brian Bevers	SVP, Operations	847-643-4830	847-708-7676
Jeff Brennan	SVP, Transportation – Outbound	847-643-4147	847-372-7352
Duane Carter	VP, Operations – West	360-491-0241	253-888-2297
Chris Goodenough	VP - Operations – Southwest	706-302-5437	
Efrem Hawkins	VP, Operations – Islands/Bus. Support	909-429-4734	951-317-2769
Paul Niederkorn	VP, Operations – Southeast	224-931-7668	214-762-6385
Ben Roedl	VP, Operations – Central	224-931-1067	920-210-0447
Shawn Simpson	VP, Operations – Northeast	224-327-9273	502-930-3766

Medline Customer Service

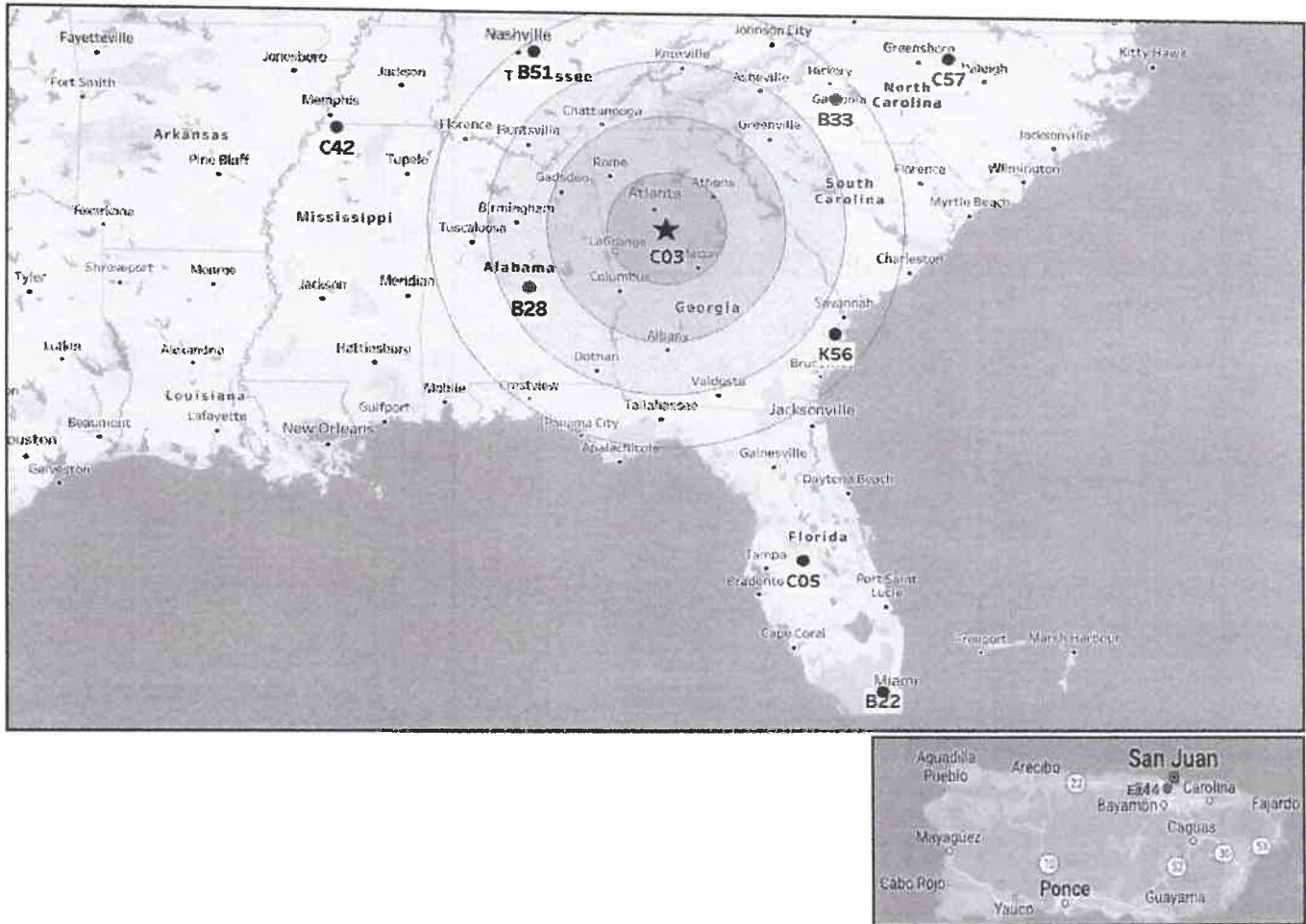
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

Customer service representatives have access to all DRT members as well as the most senior management of the company. Rest assured these representatives will get you to the right person within Medline to handle your special needs during a crisis.

Often the ability to dial toll-free exchanges is disrupted following a service outage. If you are unable to connect with a service representative using the toll-free number please use the secondary (direct exchange number).

Disaster Preparedness and Response Plan

SOUTHEAST REGION DISTRIBUTION CENTERS



McDonough, GA – C03
1500 Medline Drive
McDonough, GA 30253

Auburndale, FL – C05
1062 Old Dixie Highway
Auburndale, FL 33823

Medley, FL – B22
9670 NW 112th Ave.
Medley, FL 33178

Prattville, AL – B28
735 County Road 4 East
Prattville, AL 36067

Lincolnton, NC – B33
917 E. Powell Drive
Lincolnton, NC 28092

Southaven, MS – C42
3446 Highway 51 N
Southaven, MS 38671

Mount Juliet, TN – B51
60 Athlete's Way
Mount Juliet, TN 37122

Mebane, NC – C57
5511 W. Ten Road
Mebane, NC 27302

Catano, PR – E14
KM 2.0 Building #3
Catano, PR 00962

Durham County EMS Medical Supply Bid Section 1 - Airway Management					
Bid Item #	Product Description	Current Item #	UOM	Annual Usage Estimate	Part Number if different than current
1	Nonrebreathing Oxygen Mask with Safety Vent, 7ft Tubing, Adult	020603	CS	26	
2	Rusch® Fixed Nasopharyngeal Airway, 14Fr	023314	BX	5	
3	Rusch® Fixed Nasopharyngeal Airway, 85mm x 16fr	023316	BX	5	
4	Rusch® Fixed Nasopharyngeal Airway, 105mm x 18fr	023318	BX	5	
5	Rusch® Fixed Nasopharyngeal Airway, 115mm x 20fr	023320	BX	6	
6	Rusch® Fixed Nasopharyngeal Airway, 125mm x 22fr	023322	BX	11	
7	Rusch® Fixed Nasopharyngeal Airway, 125mm x 22fr	023322	BX	5	
8	Rusch® Fixed Nasopharyngeal Airway, 130mm x 24fr	023324	BX	15	
9	Rusch® Fixed Nasopharyngeal Airway, 140mm x 26fr	023326	BX	24	
10	Rusch® Fixed Nasopharyngeal Airway, 140mm x 26fr	023326	BX	8	
11	Rusch® Fixed Nasopharyngeal Airway, 155mm x 28fr	023328	BX	19	
12	Rusch® Fixed Nasopharyngeal Airway, 155mm x 28fr	023328	BX	8	
13	Rusch® Fixed Nasopharyngeal Airway, 165mm x 30fr	023330	BX	8	
14	Rusch® Fixed Nasopharyngeal Airway, 170mm x 32fr	023332	BX	8	
15	Amsure® Ear/Ulcer Bulb Syringe, 2oz, Sterile	044-AS00502SEA	CS	1	
16	Rusch® Cushion Face Masks Without Valve, Neonate, Size 0	11911	BX	2	
17	Polycarbonate Cylinder Wrench	13-WR-1	PK	10	
18	Curaplex® Click Style All Brass Oxygen Regulator, CGA870, 0 to 25 LPM, 1 Barb Outlet, 2 DISS Outlets	14288	EA	15	
19	Oxygen Regulator, CGA 870 Standard, 0 to 25lpm, with Hose Barb and 2 DISS	14363	EA	15	
20	Smart Capnoline® Plus, Oral-Nasal, 6.5ft O2 Tubing Female Connector, Adult/Intermediate, 100/box	177268	BX	68	
21	Curaplex® Select Endotracheal Tube with Stylet, Cuffed, 9mm Size	2113-10290	BX	2	
22	Cuffed Endotracheal Tube with Stylette, 24fr, 6.0mm	2113-36024	BX	6	
23	Cuffed Endotracheal Tube with Stylette, 28fr, 7.0mm	2113-37028	BX	6	
24	Cuffed Endotracheal Tube with Stylette, 30fr, 7.5mm	2113-37530	BX	6	
25	Cuffed Endotracheal Tube with Stylette, 34fr, 8.5mm	2113-38534	BX	10	
26	i-gel® Supraglottic Airway, Size 1, Neonatal	2114-08201	CS	6	
27	i-gel® Supraglottic Airway, Size 2, Small Pediatric	2114-08202	CS	4	
28	i-gel® Supraglottic Airway, Size 1.5, Infant	2114-08215	CS	9	

29	i-gel® Supraglottic Airway, Size 2.5, Large Pediatric	2114-08225	CS	6		
30	i-gel®O2 Resus Pack, Size 3, Small Adult	2114-87301	CS	29		
31	i-gel®O2 Resus Pack, Size 4, Medium Adult	2114-87302	CS	42		
32	i-gel®O2 Resus Pack, Size 5, Large Adult	2114-87303	CS	12		
33	King Vision Video Laryngoscope Blade, Channeled, Disp,18mm, w/White LED, Digital CMOS Camera 10ea/cs	2144-KV033	CS	8		
34	Curaplex® DART, No Syringe	2170-20300	CS	22		
35	Suction Catheter, SSCOR DuCanto Catheter®	2211-00002	CS	8		
36	Vacuum Tube, for use with LCSU 4 800mL	2211-10688	EA	41		
37	AC/DC Adapter Charger with AC Plug Kit	2223-86111	EA	10		
38	Salem Sump™ Dual Lumen Stomach Tube, 12fr x 48in L	2231-92912	CS	4		
39	Oxygen Nasal Cannula, Curved, Non-Flare, Infant	2353-13079	CS	10		
40	Double Swivel Elbow Oxygen Connector, 15M-22M/15F	2422-97000	CS	2		
41	Exel Syringe, 1ML, TB, Luer Lock, Box of 100	26050	CS	3		
42	Curaplex® Nasal Cannula, Pediatric	30056	CS	6		
43	Curaplex® Nasal Cannula, Clear, Adult	301-107EA	CS	20		
44	Curaplex® Suction Catheter, 8fr	36091	CS	2		
45	Curaplex® Suction Catheter, 10fr	36092	CS	2		
46	Curaplex® Suction Catheter, 12fr	36093	CS	2		
47	Curaplex® Suction Catheter, 14fr	36094	CS	2		
48	Curaplex® Suction Catheter, 18fr	36096	CS	1		
49	Elongated Aerosol Mask without Tubing, Pediatric	411085	CS	5		
50	Smart Bag® MO with Cuffed Mask, Oxygen Reservoir and Tubing, Child	674-01BM3211MOEA	CS	4		
51	Click Style Oxygen Dial Flowmeter, 0 to 15LPM, 1/8 NPT Female Inlet Connector	715-7MFA1001	EA	15		
52	Cuffed Endotracheal Tube, 34fr Size	792-1-7333-85EA	BX	6		
53	Cuffed Endotracheal Tube with Stylette, 26fr, 6.5mm	792-1-7343-65EA	BX	6		
54	Cuffed Endotracheal Tube with Stylette, 36fr, 9.0mm	792-1-7343-90EA	BX	8		
55	Endotracheal Tube Introducer, Adult, 15fr x 70cm, Coude Tip	9-01212-70	PK	21		
56	Elongated Aerosol Mask without Tubing, Adult	A03751-1	CS	20		
57	Rusch® Cushion Face Masks Without Valve, Infant, Size 1	A49917	BX	3		
58	Argyle™ Suction Tubing with Molded Connector, 1/4in x 6ft	B490201	CS	8		
59	Oxygen Regulator, 0 to 25lpm, Barb and 2 DISS Power Take-offs	CRAAREG8725B2D	EA	20		

60	Nonrebreathing Oxygen Mask with Safety Vent, 7ft Tubing, Pediatric	D6141	CS	3		
61	Suction Canister, Disposable, 800cc	DY4672	CS	33		
62	FilterLine® H Set CO2 Sampling Line, Disposable, Adult/Pediatric	M1921A	BX	58		
63	Curaplex® Miller Laryngoscope Blade- Size 0	2145-13501	BX	1		
64	Curaplex® Miller Laryngoscope Blade- Size 1	2145-13502	BX	1		
65	Curaplex® Miller Laryngoscope Blade- Size 2	2145-13503	BX	1		
66	Curaplex® Miller Laryngoscope Blade- Size 3	2145-13504	BX	1		
67	Curaplex® Miller Laryngoscope Blade- Size 4	2145-13505	BX	1		

Durham County EMS Medical Supply Bid Section 2 - Monitor Supplies						
Bid Item #	Product Description	Current Item #	UOM	Annual Usage Estimate	Part Number if different than current	
1	Zoll Medical Multi-Function Defibrillator Pad, Leads In, Pediatric (Infant) < 10kg (22 lbs)	16380	CS	18	BND16380	
2	Ambu® Bluesensor SP, 50 Pouch	230500	CS	110	AMBMD00A50	
3	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 9 Child, 15 to 21cm	2615-21309	EA	30	W-AREUS092MQ	
4	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 10 Small Adult, 20 to 26cm	2615-21310	EA	25	W-AREUS102MQ	
5	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 11 Adult, 25 to 34cm	2615-21311	EA	25	W-AREUS112MQ	
6	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Adult Long, Size 11L	2615-21311L	EA	30	W-AREUS11L2MQ	
7	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 12 Large Adult, 32 to 43cm	2615-21312	EA	45	W-AREUS122MQ	
8	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 13 Thigh, 40 to 55cm	2615-21313	EA	8	W-AREUS132MQ	
9	Rainbow® Reusable DCI Spot-Check Sensor, 3ft Cable	2712-26963	EA	10	MMO2696	
10	Stat-Pad® HVP Multi-function CPR Electrodes, Adult	2742-40289	PR	496	ZOL80000402	
11	Rainbow RC-4 Compatible Cable, 4ft L	2743-02406	EA	10	MMO2406	
12	Curaplex® ECG Chart Paper, Grid, X Series, 80mm	2745-90080	CS	15	BND274590080	
13	Kendall™ Medi-Trace® 133 Series Foam Electrodes, Pediatric, 1-1/4in Diameter Size	54133	CS	5	LTP31439725	
14	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 7 Infant, 9 to 13cm	662160	EA	15	W-AREUS072MQ	
15	FlexiPort® Reusable Blood Pressure Cuff with 2 Tube Locking Connector, Size 8 Small Child, 12 to 16cm	662161	EA	15	W-AREUS082MQ	
16	Rainbow® R20 Pediatric Adhesive Sensors for Patients 10-50kg, Box of 10	MA2222	BX	23	MMO2222	

Durham County EMS Medical Supply Bid Section 3 - BVM & CPAP

Bid Item #	Product Description	Current Item #	UOM	Annual Usage Estimate	Part Number if different than current
1	Flow-Safe CPAP Lg Adult	10-57318	BX	75	MCM1057318
2	Flow-Safe CPAP SM/MD	10-57319	BX	75	MCM1057319
3	Small Adult CPR-2 Bag with LiteSaver Manometer	10-58502	BX	160	MCM1058502

Durham County EMS Medical Supply Bid Section 4 - EZ IO						
Bid Item #	Product Description	Current Item #	UOM	Annual Usage Estimate	Part Number if different than current	Unit Price
1	EZ IO 25MM	9001-VC-005	BX	120		\$
2	EZ IO 45MM	9079-VC-005	BX	60		\$
3	EZ IO Drill	9058	BX	15		\$
4	EZ IO Stabilizer	9066-VC-005	BX	80		\$
						\$

Durham County EMS Medical Supply Bid Section 5 - IV Supplies

Bid Item #	Product Description	Current Item #	UOM	Annual Usage Estimate	Part Number if different than current
1	Curaplex® Alcohol Prep Pad, Sterile, 2 Ply, Medium	1330-85300	CS	10	
2	Insyte™ Autoguard™ BC Shielded Non-winged IV Catheters w/ Blood Control Technology, 22ga x 1in L, Blue	1612-52322	CS	20	
3	Insyte™ Autoguard™ BC Shielded Non-winged IV Catheters w/ Blood Control Technology, 20ga x 1in L, Pink	1612-53320	CS	45	
4	Insyte™ Autoguard™ BC Shielded Non-winged IV Catheters w/ Blood Control Technology, 18ga x 1.16in L, Green	1612-54418	CS	30	
5	Insyte™ Autoguard™ BC Shielded Non-winged IV Catheters w/ Blood Control Technology, 16ga x 1.16in L, Gray	1612-55416	CS	8	
6	SafetyGlide™ Shielding Hypodermic Needle, 18ga x 1-1/2in	1641-91830	CS	11	
7	Curaplex® I.V. Admin Set, 15 Drop, 89in, Roll Clamp, PP Y-site, Sure-Lok Needle-free Y-Site, Attached Extension Set	1712-15830	CS	200	
8	Curaplex® IV Extension Set, 8in, Removable Sure-Lok, NeedleFree Connect, Pinch Clamp, Rotating Male Luer-Lock	1714-31081	CS	270	
9	Curaplex® Tourniquet, Blue	1841-14000	CS	36	
10	7in H	1860-08702	CS	5	
11	Primary Gravity IV Set with 2 ULTRASITE® Injection Site, 15 Drop, 86in L, 16ml Priming Volume	352222	CS	92	
12	Veni-Gard® TM IV Stabilization Dressing, Adult	354431	CS	6	
13	Curaplex® IV Guard IV Dressing, Breathable Foam Dressing	36002MS	CS	21	
14	IV Flush Syringe, Normal Saline, 10 ml, Prefilled 12 cc Syringe, Sterile 100ea/bx 4bx/cs	600-10	EA	95	
15	Curaplex® Sharps Solo, Compact Size	64250	CS	10	
16	Chlorascrub Swab, 1ml, 70% Isopropyl Alcohol Pad	B10800	CS	15	
17	Catheter-Tip Syringe with Cap, 50 to 60cc	13314	BX	3	
18	OmniFix® Luer Lock Tip Syringe without Needle, 10mL	1633-10010	CS	1	
19	General Purpose Syringe w/ Cap, Luer Lock Tip, 3mL	1633-20003	CS	18	
20	3-Way Stopcock, 0.26mL, Spin-lock Connector	1811-03456	CS	6	
21	IV Flush Syringe Normal Saline, 10mL Prefilled Syringe	1920-01010	CS	80	

22	Curaplex® Infu-Stat™ Pressure Infuser, 1000ml	350310	CS	8		
23	Container	357500	CS	93		
24	IV Solution, Lactated Ringers 500ML Bag	602323	CS	2		
25	IV Solution, Lactated Ringers 500ML Bag	602323	CS	1		
26	Lactated Ringers, 1000ml Bag	602324X	CS	475		
27	General Purpose Syringe w/ Cap, Luer Lock Tip, 5 to 6ml	620230	CS	2		
28	SafetyGlide™ Shielding Hypodermic Needle, 25ga x 1in	62305916	CS	4		
29	SafetyGlide™ Shielding Hypodermic Needle, 21ga x 1-1/2in	62305917	CS	7		