SOLICITATION: 10950	OPENING DATE: June 1, 2021
PROJECT: BIOMEDICAL EQUIPMENT PREVENTIVE MAINTENANCE AND REPAIR SERVICES	

BIDDER	Basis of Award
Biomedical Equipment Solutions	$130,350.00
General Medical Equipment	$136,925.00

Date: 6/1/21 Bid Officer: _____ Bid Clerk: _____

This Notice of Intent to Award / Abstract ONLY indicates the APPARENT low bidder. Conditions that may displace an apparent low bidder include, but are not limited to: math errors, conditioning of bid, mistake in bid, failing pre-award Survey, and the bid being non responsive.

Bids Received

COUNTY CONTRACT NUMBER _____
AGREEMENT WITH [*#CONTRACTOR'S NAME]* FOR *BIOMEDICAL EQUIPMENT*
PREVENTIVE MAINTENANCE AND REPAIR SERVICES

BID COVER PAGE (PC-600)

SUBMITTAL INFORMATION

Submit this Completed Form as the Cover Page of Your Bid

DESCRIPTION

Request for Bids (RFB) 10950	Biomedical Equipment Preventive Maintenance and Repair Services

OFFEROR INFORMATION (TO BE COMPLETED BY OFFEROR)

Please Type or Print Clearly

BUSINESS INFORMATION

Biomedical Equipment Solutions
Company/Organization Name

1084 N. El Camino Real, Ste. B360
Encinitas, CA 92024
Address

(760) 943-8943
Telephone Number

Service@biomedicalequipmentsolutions.com
Website Address

(858) 876-1818
Fax Number (optional)

REPRESENTATIVE AUTHORIZED TO SIGN OFFER

Majid Seif
Authorized Representative Name

Owner
Authorized Representative Title

Service@biomedicalequipmentsolutions.com
Authorized Representative Email Address

(760) 331-9862
Authorized Representative Telephone Number

1084 N. El Camino Real, Ste. B360
Encinitas, CA 92024
Authorized Representative Mailing Address

AUTHORIZED POINT OF CONTACT (POC) (if different from Authorized Representative)
County communications to Offeror regarding this RFB will be sent to the POC. If no POC is provided, such communications will be sent to the Authorized Representative.

Same as authorized rep. POC Name	POC Email Address
POC Title	( ) POC Telephone Number

POC Mailing Address

ACKNOWLEDGEMENT OF ADDENDA

Bidder Acknowledges Addendum 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] additional _____

SIGNATURE

I certify under penalty of perjury under the laws of the State of California, that I am authorized to execute and submit this bid on behalf of the Offeror listed above; that all of the RFB instructions and rules, exhibits, addenda, explanations, and any other information provided by the County, including but not limited to, the diligence material, has been reviewed, understood and complied with; that all information in this submission is true, correct, and in compliance with the terms of the RFB; and Offeror agrees that if its bid is accepted, Offeror shall be bound by the Agreement included in the RFB.

Authorized Representative Signature	5/25/2021 Date

NOTICE OF ACCEPTANCE OF SUCCESSFUL BID
(This section for County use only)

ACCEPTANCE AS TO ITEM(S) NUMBERED:		COUNTY OF SAN DIEGO: By: JOHN M. PELLEGRINO, Director DATE
TOTAL AMOUNT:	AWARD NO.:	NAME & TITLE OF CONTRACTING OFFICER

PC 600 Form (PC-600b) Rev. 3-26-2021

County of San Diego
Department of Purchasing and Contracting

REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes bids, proposals, quotes or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
   ☑ For-profit ☐ Non-profit ☐ Government
   Attach proof of status for Non-profit.
2. **INTERLOCKING DIRECTORATE**
   In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit as indicated in paragraph 1 above, Offeror is required to identify any related for-profit subcontractors in which an interlocking directorate, management or ownership relationship exists. If Offeror is a non-profit and will be subcontracting with a related for-profit entity, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has no and will not enter into a subcontract relationship with a related for-profit entity.
3. **BUSINESS REPRESENTATION**
   Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
   3.1. Are you a local business with a physical address within the County of San Diego? ☑ Yes ☐ No
   3.2. Are you certified by the State of California as a:
   ☐ Disabled Veteran Business Enterprise (DVBE)
   Certification # _____
   ☑ Small Business Enterprise (SBE)
   Certification # 1058280
   3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
   ☐ Veteran Owned Small Business (VOSB)
   Certification # _____
   ☐ Service Disabled Veteran Owned Small Business (SDVOSB)
   Certification # _____
   3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego) _____ %
4. **DEBARMENT, SUSPENSION AND RELATED MATTERS**
   4.1. Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
   4.1.1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
   4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   4.2. Except as allowed for in Section 4.2.4, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
   4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
   4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.
   4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local law enforcement, licensing or certification body.
   4.2.4 If Offeror is unable to certify any of the facts set forth in Sections 4.2.1, 4.2.2 or 4.2.3, it certifies that is has listed on a separate sheet(s) attached to this Representations and Certifications each fact that it cannot certify and the reason it cannot do so. That information must include the specific relevant facts (date(s), contract(s) and individual(s) involved, status of action(s), and any other relevant information) that prevent it from making the requested certifications. The County reserves the right to disqualify an Offeror based upon information disclosed.
   4.3 Offeror has a continuing duty to disclose information until contract award/execution and shall report in writing to the County Department of Purchasing and Contracting within five business days of knowing or have any reason to know any change in status as certified in the preceding paragraphs 4.1 and 4.2.
   4.4 If Offeror or any of its subcontractors, agents or consultants have previously contracted with the County to perform related work on this project (e.g. preparing components of the statement of work or plans and specifications for this project), Offeror shall identify those previous agreement(s) and submit that list along with the proposal. Other than as may be submitted on said list, Offeror certifies to the best of its knowledge that it and its proposed subcontractors, agents and consultants have not previously contracted with the County to perform work on or related to this project.
5. **CURRENT COST OR PRICING**
   Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
6. **INDEPENDENT PRICING**
   Offeror certifies that in relation to this procurement:
   6.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
   6.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor; and
   6.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
7. **TAX INFORMATION**
   The Offeror understands that prior to receiving a contract award from the County, the Offeror must submit a completed IRS W-9 form to provide a Federal Tax ID number, or if not available, to provide a Social Security Number (SSN).

CERTIFICATION

The information furnished in Paragraphs 1 through 7 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Majid Seif
Signature: _____
Title: Owner
Date: 5/25/2021
Company/Organization: Biomedical Equipment Solutions

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 07-15-16

COUNTY CONTRACT NUMBER _____
AGREEMENT WITH [*#CONTRACTOR'S NAME]* FOR *BIOMEDICAL EQUIPMENT PREVENTIVE MAINTENANCE AND REPAIR SERVICES*

NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Biomedical Equipment Solutions ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT – CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
   a. Offeror fails to comply with the terms and conditions of this indemnification agreement; or
   b. Offeror provides the County with written notice that some or all of the records may be released; or
   c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	Biomedical Equipment Solutions
Authorized Representative Name:	Majid Seif
Authorized Representative Title:	Owner
Signature:	Date: 5/25/2021

COUNTY CONTRACT NUMBER _____
AGREEMENT WITH [*#CONTRACTOR'S NAME]* FOR *BIOMEDICAL EQUIPMENT PREVENTIVE MAINTENANCE AND REPAIR SERVICES*

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.
The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 USC §3801 et seq., apply to this certification and disclosure, if any.

Biomedical Equipment Solutions	Majid Seif
Name of Contractor	Printed Name of Person Signing for Contractor
(760)943-8943, (760)331-9862	
Contract Number	Signature of Person Signing for Contractor
5/25/2021	Owner
Date	Title

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY RFB 10950
FOR BIOMEDICAL EQUIPMENT SERVICES
FOR THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL
EXHIBIT C - PRICING SCHEDULE

Initial Term: July 1, 2021 - June 30, 2022

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 95.00	$ 475.00
Blanket Warmers	Enthermics Medical	1	1	$ 110.00	$ 110.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 85.00	$ 255.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 110.00	$ 330.00
Gurneys	Future Health Concepts	7	1	$ 110.00	$ 770.00
Nebulizer	Omron	1	1	$ 95.00	$ 95.00
Scales	Health-O-Meter	4	1	$ 95.00	$ 380.00
Suction Units	Laerdal Medical Corp.	4	1	$ 95.00	$ 380.00
Thermometer	Welch Allyn/Exergen	9	1	$ 95.00	$ 855.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 110.00	$ 5,170.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	**$ 8,820.00**
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 65.00	$ 13,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15	-	$ 65.00	$ 975.00
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 65.00	$ 975.00
		INITIAL CONTRACT TERM TOTAL			$ 23,770.00

*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.

County Option Year 1 Term: July 1, 2022 - June 30, 2023

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 95.00	$ 475.00
Blanket Warmers	Enthermics Medical	1	1	$ 110.00	$ 110.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 85.00	$ 255.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 110.00	$ 330.00
Gurneys	Future Health Concepts	7	1	$ 110.00	$ 770.00
Nebulizer	Omron	1	1	$ 95.00	$ 95.00
Scales	Health-O-Meter	4	1	$ 95.00	$ 380.00
Suction Units	Laerdal Medical Corp.	4	1	$ 95.00	$ 380.00
Thermometer	Welch Allyn/Exergen	9	1	$ 95.00	$ 855.00

Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 110.00	$ 5,170.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 70.00	$ 14,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 70.00	$ 1,050.00
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 70.00	$ 1,050.00
		COUNTY OPTION YEAR 1 TOTAL			$ 24,920.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 2 Term: July 1, 2023 - June 30, 2024

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 95.00	$ 475.00
Blanket Warmers	Enthermics Medical	1	1	$ 110.00	$ 110.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 85.00	$ 255.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 110.00	$ 330.00
Gurneys	Future Health Concepts	7	1	$ 110.00	$ 770.00
Nebulizer	Omron	1	1	$ 95.00	$ 95.00
Scales	Health-O-Meter	4	1	$ 95.00	$ 380.00
Suction Units	Laerdal Medical Corp.	4	1	$ 95.00	$ 380.00
Thermometer	Welch Allyn/Exergen	9	1	$ 95.00	$ 855.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 110.00	$ 5,170.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 75.00	$ 15,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 75.00	$ 1,125.00
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 75.00	$ 1,125.00
		COUNTY OPTION YEAR 2 TOTAL			$ 26,070.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 3 Term: July 1, 2024 - June 30, 2025

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 95.00	$ 475.00
Blanket Warmers	Enthermics Medical	1	1	$ 110.00	$ 110.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 85.00	$ 255.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 110.00	$ 330.00
Gurneys	Future Health Concepts	7	1	$ 110.00	$ 770.00
Nebulizer	Omron	1	1	$ 95.00	$ 95.00
Scales	Health-O-Meter	4	1	$ 95.00	$ 380.00

Suction Units	Laerdal Medical Corp.	4	1	$ 95.00	$ 380.00
Thermometer	Welch Allyn/Exergen	9	1	$ 95.00	$ 855.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 110.00	$ 5,170.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 80.00	$ 16,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 80.00	$ 1,200.00
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 80.00	$ 1,200.00
		COUNTY OPTION YEAR 3 TOTAL			$ 27,220.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 4 Term: July 1, 2025 - June 30, 2026

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 95.00	$ 475.00
Blanket Warmers	Enthermics Medical	1	1	$ 110.00	$ 110.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 85.00	$ 255.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 110.00	$ 330.00
Gurneys	Future Health Concepts	7	1	$ 110.00	$ 770.00
Nebulizer	Omron	1	1	$ 95.00	$ 95.00
Scales	Health-O-Meter	4	1	$ 95.00	$ 380.00
Suction Units	Laerdal Medical Corp.	4	1	$ 95.00	$ 380.00
Thermometer	Welch Allyn/Exergen	9	1	$ 95.00	$ 855.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 110.00	$ 5,170.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 85.00	$ 1,275.00
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 85.00	$ 1,275.00
		COUNTY OPTION YEAR 4 TOTAL			$ 28,370.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

PRICING SUMMARY

INITIAL CONTRACT TERM: JULY 1, 2021 - JUNE 30, 2022	**$ 23,770.00**
COUNTY OPTION YEAR 1: JULY 1, 2022 - JUNE 30, 2023	**$ 24,920.00**
COUNTY OPTION YEAR 2: JULY 1, 2023 - JUNE 30, 2024	**$ 26,070.00**
COUNTY OPTION YEAR 3: JULY 1, 2024 - JUNE 30, 2025	**$ 27,220.00**
COUNTY OPTION YEAR 4: JULY 1, 2025 - JUNE 30, 2026	**$ 28,370.00**
GRAND TOTAL (BASIS OF AWARD):	**$ 130,350.00**

Company Name: _Biomedical Equipment Solutions__

ACI AAMI Credentials Institute

901 N Glebe Rd Suite 300
Arlington, VA 22203

aci@aami.org
www.aami.org/aci

January 01, 2021

0032E00002tOPhLQAW
Majid Seif, CBET
1084 N El Camino Real Ste B,
Encinitas, California 92024
United States

Dear Majid,

Congratulations on the successfully renewing your ACI CBET

Please check the ACI Directory of Active Certificants periodically to make sure it reflects your information accurately. It can be found at: https://store.aami.org/s/searchdirectory?id=a2n2E000004VSwn.

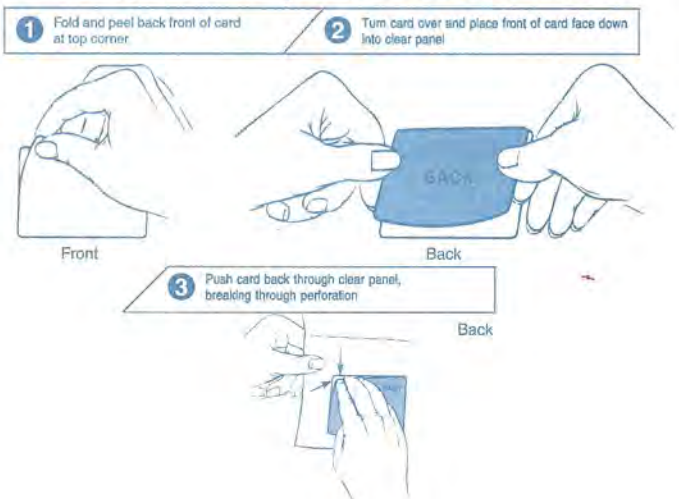
Should you have any questions or concerns please do not hesitate to contact us at (703) 525-4890 or send your email message to aci@aami.org.

Once again, congratulations, and thank you for your hard work.

Sincerely,

Stephen Grimes, FACCE FHIMSS FAIMBE AAMIF
Chair, AAMI Credentials Institute

Laminating the front of your card with Dual Laminate:



ACI AAMI Credentials Institute

The ACI records show that the bearer,
Majid Seif
(0032E00002tOPhLQAW)

is certified as a: CBET

Effective Date: 01/01/2021 Expiration Date: 12/31/2023

The AAMI Foundation

The International Certification Commission (ICC)

&

The United States Certification Commission (USCC)

for

Clinical Engineering and Biomedical Technology

attests that

Majid Seif,

has met all of the requirements for the certification
of Biomedical Equipment Technician, has passed the certification examination,
and is authorized to use the title of
Certified Biomedical Equipment Technician (CBET)

Identification Number: 382052

Date Certified: 6/4/02

Richard W. Eliason

Richard W. Eliason, Chair, U. S. BMET Board of Examiners

William A. Short

William A. Short, Chair, United States Certification Commission

Adriana Velazquez, Chair, International Certification Commission

The AAMI Credentials Institute

attests that

Majid Seif Asgari Barkosarai

has met all of the requirements for the ACI certification
of Certified Biomedical Equipment Technician,
has passed the certification examination,
and is authorized to use the title of CBET.

Identification Number: 382052
Date Certified: 02 November 2019

Martin J. McLaughlin
Director of Education Programming, AAMI

AAMI CREDENTIALS INSTITUTE
ACI
2015

Louis Leibow, CLES
Chair, AAMI Credentials Institute

This certificate is valid only with a current renewal card after December 31, 2020.
Property of ACI

Next

Bid

COUNTY CONTRACT NUMBER _____
AGREEMENT WITH [*#CONTRACTOR'S NAME]* FOR *BIOMEDICAL EQUIPMENT*
PREVENTIVE MAINTENANCE AND REPAIR SERVICES

BID COVER PAGE (PC-600)

SUBMITTAL INFORMATION

Submit this Completed Form as the Cover Page of Your Bid

DESCRIPTION

Request for Bids (RFB) 10950	Biomedical Equipment Preventive Maintenance and Repair Services

OFFEROR INFORMATION (TO BE COMPLETED BY OFFEROR)

Please Type or Print Clearly

BUSINESS INFORMATION

General Medical Equipment
Company/Organization Name

2099 S State College Blvd Anaheim, CA 92806
Address

(844) 860-8584
Telephone Number

www.gmequipment.com
Website Address

(714) 398-8188
Fax Number (optional)

REPRESENTATIVE AUTHORIZED TO SIGN OFFER

Janelle Elsisy
Authorized Representative Name

Vice President of Operations
Authorized Representative Title

jelsisy@gmequipment.com
Authorized Representative Email Address

(949) 933-2155
Authorized Representative Telephone Number

2099 S State College Blvd Anaheim, CA 92806
Authorized Representative Mailing Address

AUTHORIZED POINT OF CONTACT (POC) (if different from Authorized Representative)
County communications to Offeror regarding this RFB will be sent to the POC. If no POC is provided, such communications will be sent to the Authorized Representative.

same as authorized representative
POC Name

POC Email Address

POC Title

( )
POC Telephone Number

POC Mailing Address

ACKNOWLEDGEMENT OF ADDENDA

Bidder Acknowledges Addendum 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] additional _____

SIGNATURE

I certify under penalty of perjury under the laws of the State of California, that I am authorized to execute and submit this bid on behalf of the Offeror listed above; that all of the RFB instructions and rules, exhibits, addenda, explanations, and any other information provided by the County, including but not limited to, the diligence material, has been reviewed, understood and complied with; that all information in this submission is true, correct, and in compliance with the terms of the RFB; and Offeror agrees that if its bid is accepted, Offeror shall be bound by the Agreement included in the RFB.

Authorized Representative Signature

Date

NOTICE OF ACCEPTANCE OF SUCCESSFUL BID
(This section for County use only)

ACCEPTANCE AS TO ITEM(S) NUMBERED:

Janelle Elsisy

COUNTY OF SAN DIEGO:
By:
JOHN M. PELLEGRINO, Director DATE

TOTAL AMOUNT:	AWARD NO.:	NAME & TITLE OF CONTRACTING OFFICER
$136,925.00		

PC 600 Form (PC-600b) Rev. 3-26-2021

County of San Diego
Department of Purchasing and Contracting

REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes bids, proposals, quotes or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
   ☒ For-profit ☐ Non-profit ☐ Government
   Attach proof of status for Non-profit.
2. **INTERLOCKING DIRECTORATE**
   In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit as indicated in paragraph 1 above, Offeror is required to identify any related for-profit subcontractors in which an interlocking directorate, management or ownership relationship exists. If Offeror is a non-profit and will be subcontracting with a related for-profit entity, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has no and will not enter into a subcontract relationship with a related for-profit entity.
3. **BUSINESS REPRESENTATION**
   Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
   3.1. Are you a local business with a physical address within the County of San Diego? ☐ Yes ☒ No
   3.2. Are you certified by the State of California as a:
   ☐ Disabled Veteran Business Enterprise (DVBE)
   Certification #: _____
   ☒ Small Business Enterprise (SBE)
   Certification #: SC19808
   3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
   ☐ Veteran Owned Small Business (VOSB)
   Certification # _____
   ☐ Service Disabled Veteran Owned Small Business (SDVOSB)
   Certification # _____
   3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %
4. **DEBARMENT, SUSPENSION AND RELATED MATTERS**
   4.1. Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
   4.1.1. Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
   4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   4.2. Except as allowed for in Section 4.2.4, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
   4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
   4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;
   4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local law enforcement, licensing or certification body.
   4.2.4 If Offeror is unable to certify any of the facts set forth in Sections 4.2.1, 4.2.2 or 4.2.3, it certifies that is has listed on a separate sheet(s) attached to this Representations and Certifications each fact that it cannot certify and the reason it cannot do so. That information must include the specific relevant facts (date(s), contract(s) and individual(s) involved, status of action(s), and any other relevant information) that prevent it from making the requested certifications. The County reserves the right to disqualify an Offeror based upon information disclosed.
   4.3 Offeror has a continuing duty to disclose information until contract award/execution and shall report in writing to the County Department of Purchasing and Contracting within five business days of knowing or have any reason to know any change in status as certified in the preceding paragraphs 4.1 and 4.2.
   4.4 If Offeror or any of its subcontractors, agents or consultants, have previously contracted with the County to perform related work on this project (e.g. preparing components of the statement of work or plans and specifications for this project), Offeror shall identify those previous agreement(s) and submit that list along with the proposal. Other than as may be submitted on said list, Offeror certifies to the best of its knowledge that it and its proposed subcontractors, agents and consultants have not previously contracted with the County to perform work on or related to this project.
5. **CURRENT COST OR PRICING**
   Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
6. **INDEPENDENT PRICING**
   Offeror certifies that in relation to this procurement:
   6.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
   6.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor; and
   6.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
7. **TAX INFORMATION**
   The Offeror understands that prior to receiving a contract award from the County, the Offeror must submit a completed IRS W-9 form to provide a Federal Tax ID number, or if not available, to provide a Social Security Number (SSN).

CERTIFICATION

The information furnished in Paragraphs 1 through 7 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Janelle Elsisy
Signature: Janelle Elsisy
Title: Vice President of Operations
Date: 6/1/2021
Company/Organization: General Medical Equipment

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 01-15-16

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.
The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 USC §3801 et seq., apply to this certification and disclosure, if any.

General Medical Equipment	Janelle Elsisy
Name of Contractor	Printed Name of Person Signing for Contractor
	Janelle Elsisy
Contract Number	Signature of Person Signing for Contractor
6/1/2021	Vice President of Operations
Date	Title

COUNTY CONTRACT NUMBER _____
AGREEMENT WITH [#*CONTRACTOR'S NAME]* FOR *BIOMEDICAL EQUIPMENT PREVENTIVE MAINTENANCE AND REPAIR SERVICES*

NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: _____ ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT – CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
   a. Offeror fails to comply with the terms and conditions of this indemnification agreement; or
   b. Offeror provides the County with written notice that some or all of the records may be released; or
   c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY.*
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	General Medical Equipment
Authorized Representative Name:	Janelle Elsisy
Authorized Representative Title:	Vice President of Operations
Signature: Janelle Elsisy	Date: 6/1/2021

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY RFB 10950
FOR BIOMEDICAL EQUIPMENT SERVICES
FOR THE SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL
EXHIBIT C - PRICING SCHEDULE

Initial Term: July 1, 2021 - June 30, 2022

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 85.00	$ 425.00
Blanket Warmers	Enthermics Medical	1	1	$ 65.00	$ 65.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 65.00	$ 195.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 85.00	$ 255.00
Gurneys	Future Health Concepts	7	1	$ 65.00	$ 455.00
Nebulizer	Omron	1	1	$ 65.00	$ 65.00
Scales	Health-O-Meter	4	1	$ 65.00	$ 260.00
Suction Units	Laerdal Medical Corp.	4	1	$ 65.00	$ 260.00
Thermometer	Welch Allyn/Exergen	9	1	$ 65.00	$ 585.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 85.00	$ 3,995.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
		INITIAL CONTRACT TERM TOTAL			$ 27,385.00

*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.

County Option Year 1 Term: July 1, 2022 - June 30, 2023

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 85.00	$ 425.00
Blanket Warmers	Enthermics Medical	1	1	$ 65.00	$ 65.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 65.00	$ 195.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 85.00	$ 255.00
Gurneys	Future Health Concepts	7	1	$ 65.00	$ 455.00
Nebulizer	Omron	1	1	$ 65.00	$ 65.00
Scales	Health-O-Meter	4	1	$ 65.00	$ 260.00
Suction Units	Laerdal Medical Corp.	4	1	$ 65.00	$ 260.00
Thermometer	Welch Allyn/Exergen	9	1	$ 65.00	$ 585.00

Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 85.00	$ 3,995.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 127.50	$ 1,912.50
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
		COUNTY OPTION YEAR 1 TOTAL			$ 27,385.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 2 Term: July 1, 2023 - June 30, 2024

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 85.00	$ 425.00
Blanket Warmers	Enthermics Medical	1	1	$ 65.00	$ 65.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 65.00	$ 195.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 85.00	$ 255.00
Gurneys	Future Health Concepts	7	1	$ 65.00	$ 455.00
Nebulizer	Omron	1	1	$ 65.00	$ 65.00
Scales	Health-O-Meter	4	1	$ 65.00	$ 260.00
Suction Units	Laerdal Medical Corp.	4	1	$ 65.00	$ 260.00
Thermometer	Welch Allyn/Exergen	9	1	$ 65.00	$ 585.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 85.00	$ 3,995.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 127.50	$ 1,912.50
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
		COUNTY OPTION YEAR 2 TOTAL			$ 27,385.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 3 Term: July 1, 2024 - June 30, 2025

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 85.00	$ 425.00
Blanket Warmers	Enthermics Medical	1	1	$ 65.00	$ 65.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 65.00	$ 195.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 85.00	$ 255.00
Gurneys	Future Health Concepts	7	1	$ 65.00	$ 455.00
Nebulizer	Omron	1	1	$ 65.00	$ 65.00
Scales	Health-O-Meter	4	1	$ 65.00	$ 260.00

Suction Units	Laerdal Medical Corp.	4	1	$ 65.00	$ 260.00
Thermometer	Welch Allyn/Exergen	9	1	$ 65.00	$ 585.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 85.00	$ 3,995.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 127.50	$ 1,912.50
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
		COUNTY OPTION YEAR 3 TOTAL			$ 27,385.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

County Option Year 4 Term: July 1, 2025 - June 30, 2026

ANNUAL/SEMIANNUAL PREVENTATIVE MAINTENANCE (PM) SERVICE CHARGE PER ITEM

DESCRIPTION	MANUFACTURER	ESTIMATED QUANTITY	# OF PM CHECKS ANNUALLY	*PM SERVICE CHARGE $ PER YEAR	EXTENDED PRICE
AED (Automated External Defibrillator)	Cardiac Science Corp.	5	1	$ 85.00	$ 425.00
Blanket Warmers	Enthermics Medical	1	1	$ 65.00	$ 65.00
Blood Glucose Monitor	Arkrey USA	3	1	$ 65.00	$ 195.00
EKGs	Hill Rom/Welch Allyn/GE	3	1	$ 85.00	$ 255.00
Gurneys	Future Health Concepts	7	1	$ 65.00	$ 455.00
Nebulizer	Omron	1	1	$ 65.00	$ 65.00
Scales	Health-O-Meter	4	1	$ 65.00	$ 260.00
Suction Units	Laerdal Medical Corp.	4	1	$ 65.00	$ 260.00
Thermometer	Welch Allyn/Exergen	9	1	$ 65.00	$ 585.00
Vital Signs Monitors	Hill Rom/Welch Allyn	47	1	$ 85.00	$ 3,995.00
Addition Costs		**ESTIMATED # OF HOURS**		**UNIT PRICE PER HOUR**	
Regular Time Repairs (Mon-Fri 8am-5pm)	Hourly rate	200	-	$ 85.00	$ 17,000.00
Weekend (Saturday/Sunday)/Holiday Repairs	Hourly rate	15		$ 127.50	$ 1,912.50
Emergency Call/After Hour Repairs	Hourly rate	15	-	$ 127.50	$ 1,912.50
		COUNTY OPTION YEAR 4 TOTAL			$ 27,385.00
*The PM rate is a flat rate all inclusive. Hourly rates are for repairs only.					

PRICING SUMMARY

INITIAL CONTRACT TERM: JULY 1, 2021 - JUNE 30, 2022	**$ 27,385.00**
COUNTY OPTION YEAR 1: JULY 1, 2022 - JUNE 30, 2023	**$ 27,385.00**
COUNTY OPTION YEAR 2: JULY 1, 2023 - JUNE 30, 2024	**$ 27,385.00**
COUNTY OPTION YEAR 3: JULY 1, 2024 - JUNE 30, 2025	**$ 27,385.00**
COUNTY OPTION YEAR 4: JULY 1, 2025 - JUNE 30, 2026	**$ 27,385.00**
GRAND TOTAL (BASIS OF AWARD):	**$ 136,925.00**

Company Name: General Medical Equipment