



**H. Councill Trenholm State Community College**  
**1225 Air Base Blvd.**  
**Post Office 10048**  
**Montgomery, Al. 36108**  
**(334) 420-4200**

**Bid Invitation # 779**

H. Councill Trenholm State Community College (TSCC) will receive sealed bids in its Business Office until **2:15 p.m. January 31, 2019**, for the items described in the bid invitation. Bids will be publicly opened and evaluated for the best value proposal as soon thereafter as practical. All bids received by TSCC are subject to approval of purchase by the Alabama Community College Board of Trustees.

Submit bid proposal to:

**Bid Number 779: Respiratory Therapy Supplies**

Trenholm State Community College  
**Business Office**  
1225 Air Base Blvd.  
Post Office Box 10048  
Montgomery, Al. 36108

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	Disclosure Statement

**All signed and notarized certificates and completed and signed forms and statements must be returned with bid. Alabama Law (Act 2001-955) requires us to have on file a Disclosure Statement from vendors for bids and contracts in excess of \$5,000 during a year.**

## **GENERAL CONDITIONS AND INSTRUCTIONS TO BIDDERS**

In accordance with Act No. 2001-637, when state funds are used to fund a contract, preference must be given to resident contractors. Resident contractors must be granted preference to nonresidents in awarding contracts in the same manner as the states of nonresident contractors.

1. All bids are to be in sealed envelopes with the above bid number and opening date on the outside of the envelope. All forms should be completed and included in the sealed envelope. **Mark your bid to the attention of the Business Office.**
2. Only written modifications to proposals will be accepted.
3. If bids on multiple items are sought, bidders may submit proposals on any one or all items listed. However, Trenholm State Community College, (TSCC), reserves the right to select and purchase individual items or as a group. This bid does not obligate TSCC to purchase any item listed or for which a bid was submitted.
4. All bid prices are to be quoted F.O.B. Trenholm State Community College (TSCC). It should be noted that TSCC does not have a loading dock and items too heavy or bulky to be handled by one person manually should be placed on a truck with a lift-gate. This cost must be included into the bid.
5. All items are to be new (***unless otherwise stated in the bid specifications***), free from defects in material and workmanship. If items are defective or damaged or do not meet the specifications, they are to be replaced immediately by the vendor at no additional cost to Trenholm State Community College.
6. The college reserves the right to accept or reject any bid or part thereof and waive informalities that may be deemed in the best interest of the College.
7. References in the specifications to name brands are for identification only and in no way are intended to eliminate or discourage the offering of substitute items which equal the specifications. Trenholm State Community College reserves the right to modify, correct or clarify specifications during the bid process.
8. Quantities listed on the specifications sheet are believed to be correct. However, Trenholm State Community College reserves the right to alter or vary the quantities.
9. No payments on partial shipments will be made until all items have been received in good condition.
10. Any and all damages caused to Trenholm State Community College by the successful bidder will be repaired promptly at no cost to Trenholm State Community.
11. If quotations are offered on substitute items, the bidder must include catalogues/brochures with complete descriptions and manufacturers' specifications. All substitute items must be clearly identified.
12. Guarantees/Warranties are to be furnished by the vendor as provided by the manufacturer.
13. All warranties must be clearly identified.

14. Trenholm is a State sponsored educational non-profit organization and as such is tax exempt. Bid prices are not to include tax. Tax exemption certificates furnished upon request.
15. No bid may be withdrawn after the scheduled closing time for receipt of bids for a period of thirty (30) days.
16. This proposal is to be made without connection with any other person, company, or parties making a bid or proposal and is to be in all respects fair and in good faith, without collusion or fraud.
17. The contractor must comply with all federal, state, and city laws regarding license fees and agreements.
18. Bidder must submit a completed and signed Disclosure Statement and W-9 Form, included in packet, with Bid.
19. All State of Alabama business entities must submit their E-verify MOU and Certification Statement prior to award.

**BID CERTIFICATE**

I hereby affirm I have not been in any agreement or collusion among bidders or in restraint of freedom of competition, by agreement to bid at a fixed price or to refrain from bidding, or otherwise.

\_\_\_\_\_  
Firm or Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signatures of Company Representative

**BID CERTIFICATE MUST BE NOTARIZED**

Sworn and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires

## **Nonresident Bidder Information**

Act Number 2001-637 of the 2001 Alabama Legislature, which became effective on May 21, 2001, and is codified as Code of Alabama, Section 39-3-5, provides as follows:

**Section 1:** In the letting of public contracts in which any state, county or municipal funds are utilized, except those contracts funded in whole or in part with funds received from a federal agency, preferences shall be given to resident contractors, and a non-resident bidder domiciled in a state having laws granting preference to local contractors shall be awarded Alabama public contracts only on the same basis as the nonresident bidder's state awards contract to Alabama contractors bidding under similar circumstances; and resident contractors in Alabama, as defined in Section 39-2-12, be they corporate, individuals or partnerships, are to be granted preference over nonresidents in awarding of contracts in the same manner and to the same extent as provided by the laws of the state domicile of the nonresident.

**Section 2:** A summary of this law shall be made a part of the advertised specifications of all projects affected by this law.

**CERTIFICATION PURSUANT TO ACT NUM. 2006-557**

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND / OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. **BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557. THEY** ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

\_\_\_\_\_  
Firm or Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signatures of Company Representative

**CERTIFICATE MUST BE NOTARIZED**

Sworn and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date my commission expires

# Trenholm State Community College

## Minimum Bid Specifications

Charges for postage/handling/delivery and set-up should be included in the bid price. **ALL ITEMS SHOULD BE BID AS NEW ITEMS.**

For questions regarding the bid specifications, please contact Shalanda Lee at (334) 420-4419.

	Item	Quantity	Unit Price	Total Bid Price
1.	Resuscitator BWM W/MASK-ADULT	4		
2.	Resuscitator BWM W/MASK-PEDS	4		
3.	Resuscitator BWM W/MASK-NEO	4		
4.	Acapella dh Vibratory PEP Therapy System w/Mouthpiece	2		
5.	Lung set with pathologies	1		
6.	Non-rebreather w/safety vent-Adult	5		
7.	Non-rebreather w/safety vent-PEDS	5		
8.	Select a vent mask kit	5		
9.	Isolation gowns with thumb hooks	100		
10.	Procedure mask yellow/ear loops	5		
11.	Mask n95	3		
12.	Bouffant Cap	5		
13.	Shoe covers non-conductive	5		
14.	Portable oxygen unit (Tank, cart, wrench, cannula)	1		
15.	Nylon wrench small	1		
16.	Incentive spirometer	5		
17.	Manikin Lubricant spray bottle	2		
18.	Durapore cloth tape 10 yards	1 bx		
19.	Cufflator	1		
20.	Cannula over the ear- adult	10		
21.	Cannula- PED	5		
22.	Sharps container 5 quart	2		
23.	Gloves S, M, L, XL	2 bxs. each		

24.	Sterile gloves S, M, L, XL	1 bx. each		
25.	TheraPEP Therapy System w/mouthpiece	1		
26.	Neocussor neonatal/infant percussor	1		
27.	Oxygen Analyzer	1		
28.	Laryngeal Mask AIRWAY size 1-5	2 ea.		
29.	Aerogen Nebulizer controller kit	1		
30.	Optiflow/airvo education kit	1		
31.	Covidien Nellcor Pulse oximeter	1		
32.	Donut Heater	1		
33.	Microloop Spirometer	1		
34.	Portable Nebulizer compressor kit	1		
35.	Beds ( <i>Dimensions: 85.75" x 40.75"</i> <i>Maximum Height: 30' for max under-bed clearance for lift usage; Maximum height 7";</i> <i>Maximum patient Weight: 500lbs; Central Pedal Lock; Collapsible side rails that can fold manually; Trendelenburg/reverse Trendelenburg Mattress; 1 Drawer/door cabinet; Bed table; IV Pole)</i>	3		
36.	Rapid Point BG Machine Cartridges	1		
37.	Flimm Fighter Chest Percussor	1		
38.	N95 Qualitative Fit Test	1		
	Total			



# State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

( )

This form is provided with:

Contract     Proposal     Request for Proposal     Invitation to Bid     Grant Proposal

**If there are any changes to the information herein prior to the September 30 following completion of this disclosure statement, the entity completing the form agrees to update the information herein by completing a new form and notifying H. Councill Trenholm State Community College.**

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
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Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
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OVER

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

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List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.***

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Signature

Date

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Notary's Signature

Date

Date Notary Expires

*Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*