



# Collin County Purchasing

**2023-176**

## **Veterinary and Animal Care Supplies**

Issue Date: 9/26/2023

Questions Deadline: 10/10/2023 05:00 PM (CT)

Response Deadline: 10/19/2023 02:00 PM (CT)

Collin County Purchasing

### **Contact Information**

Contact: Christina Criswell

Address: Purchasing

Admin. Building

Ste.3160

2300 Bloomdale Rd.

Ste. 3160

McKinney, TX 75071

Phone: 1 (972) 548-4124

Fax: 1 (972) 548-4694

Email: [ccriswell@co.collin.tx.us](mailto:ccriswell@co.collin.tx.us)

## Event Information

Number: 2023-176  
Title: Veterinary and Animal Care Supplies  
Type: Invitation for Bid  
Issue Date: 9/26/2023  
Question Deadline: 10/10/2023 05:00 PM (CT)  
Response Deadline: 10/19/2023 02:00 PM (CT)  
Notes: Whenever the name of a manufacturer is mentioned, it is strictly for the purpose of establishing a standard of quality. A generic or alternate brand product of equal specifications may be proposed as an alternative for the item identified. However, if bidding an alternate item, the bidder must also attach manufacturer's printed specifications and literature. Collin County shall be the sole authority to determine if item/make/model, etc. is equal to the item specified. If you are bidding an alternate item select "Add Alternate" for that line item and place your bid in the space provided.

## Ship To Information

Address: See Purchase Order  
McKinney, TX 75071

## Billing Information

Contact: Accounts Payable  
Address: Auditor  
Jack Hatchell Admin. Bldg  
Ste. 3100  
2300 Bloomdale Rd  
Ste. 3100  
McKinney, TX 75071  
Phone: 1 (972) 548-4733  
Email: [accountspayable@co.collin.tx.us](mailto:accountspayable@co.collin.tx.us)

## Bid Attachments

### **General\_Instructions\_Bid\_07.18.2022.docx**

1.0 General Instructions IFB

[View Online](#)

### **Terms\_of\_Contract\_Bid\_-\_2.10.21.docx**

2.0 Terms of Contract - Bid

[View Online](#)

### **Insurance\_Requirements.doc**

3.0 Minimum Insurance Requirements

[View Online](#)

### **Specifications.doc**

4.0 Special Conditions and Specifications

[View Online](#)

### **HB23-CIQ.docx**

Information Regarding Conflict of Interest Questionnaire

[View Online](#)

### **CIQ\_113015.pdf**

Conflict of Interest Questionnaire

[View Online](#)

### **Recycled\_Material\_Content\_Questionnaire\_and\_Affidavit\_6.23.22.xlsx**

Recycled Material Content Questionnaire and Affidavit

[View Online](#)

## Requested Attachments

### W-9

*(Attachment required)*

### Conflict of Interest Questionnaire

### Recycled Material Content Questionnaire and Affidavit

## Bid Attributes

### 1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

*(Required: Maximum 1000 characters allowed)*

### 2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

*(Required: Maximum 4000 characters allowed)*

### 3 Delivery

Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination. Please state delivery in calendar days from date of order.

*(Required: Maximum 1000 characters allowed)*

**4 Exceptions (for IFB/Quote)**

If you take any exceptions to the specifications, you must submit the exception/s as a Question via the public eBid portal before the Question Cutoff Date for County consideration. The County will review and publish a response via eBid. If you would like to offer any substitutions, please review the General Instructions Document §1.17 and submit by separate attachment. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**5 Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**6 Subcontractors**

State the business name of all subcontractors and the type of work they will be performing under this contract. If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 4000 characters allowed)*

**7 Reference No. 1**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 4000 characters allowed)*

**8 Reference No. 2**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**9 Reference No. 3**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**10 Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

Yes  No

*(Required: Check only one)*

**1**  
**1** **Preferential Treatment**

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A).

1. Is your principal place of business in the State of Texas?
2. If your principal place of business is not in Texas, in which State is your principal place of business?
3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage?
4. If your state favors resident bidders, state by what dollar amount or percentage.

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*(Required: Maximum 4000 characters allowed)*

**1**  
**2** **Debarment Certification**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**1**  
**3** **Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**1**  
**4** **Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

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*(Required: Maximum 1000 characters allowed)*

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**Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

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**Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

\_\_\_\_\_  
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\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

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**Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

- Plano Star Courier     Plan Room     Collin County eBid Notification     Collin County Website
- Other

*(Required: Check only one)*

1  
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**Bidder Acknowledgement**

Bidder acknowledges, understands the specifications, any and all addenda, and agrees to the bid terms and conditions and can provide the minimum requirements stated herein. Bidder acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid submittal resulting from Bidder's failure to do so. Bidder acknowledges the prices submitted in this Bid have been carefully reviewed and are submitted as correct and final. If Bid is accepted, vendor further certifies and agrees to furnish any and all products upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**19 Critical Infrastructure Affirmation**

Pursuant to section 2274.0102 of the Texas Government Code, Respondent certifies that neither it nor its parent company, nor any affiliate of Respondent or its parent company, is: (1) majority owned or controlled by citizens or governmental entities of China, Iran, North Korea, Russia, or any other country designated by the Governor under Government Code Section 2274.0103, or (2) headquartered in any of those countries. Please initial.

*(Required: Maximum 1000 characters allowed)*

**20 Energy Company Boycotts**

Pursuant to Section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies, and (2) will not boycott energy companies during the term of the contract. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

*(Required: Maximum 1000 characters allowed)*

**21 Firearm Entities and Trade Associations Discrimination**

Pursuant to section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent verifies that: (1) it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

*(Required: Maximum 1000 characters allowed)*

**22 Recycling Preference**

Pursuant to Texas LGC 262.005, Health and Safety Code 361.426 and Texas Administrative Code 328.203 the County shall give preference in purchasing to products made of recycled materials in certain solicitations. To participate in the County's Purchasing Preference for Recycled Products Program, Suppliers must sign and complete the Recycled Content Questionnaire and Affidavit provided in the Solicitation, and submit this form in the response to the Solicitation. Please initial.

*(Required: Maximum 4000 characters allowed)*

**Bid Lines**

**1 Section I - Medications: Pyrantel Pamoate 50 mg/ml Suspension, 32 Ounce**  
*(Response required)*

Quantity: 30 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**2 Section I - Medications: Fenbendazole 100 mg/ml Suspension, 1,000 ml**  
*(Response required)*

Quantity: 10 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**3 Section I - Medications: Praziquantel 56.8 mg/ml Injectable Solution, 10 ml**  
*(Response required)*

Quantity: 4 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**4 Section I - Medications: Praziquantel 23 mg, 50 Tablets**  
*(Response required)*

Quantity: 4 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**5** Section I - Medications: Praziquantel 34 mg, 50 Tablets

(Response required)

Quantity: 4 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**6** Section I - Medications: Ivermectin 1% Injectable, 50 ml

(Response required)

Quantity: 2 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

(Required: Maximum 1000 characters allowed)

**7** Section I - Medications: Canine Chewable Tablet Dewormer, 50 Tablets

(Response required)

Quantity: 2 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**8** Section I - Medications: Canine Chewable Tablet Dewormer, 50 Tablets  
*(Response required)*

Quantity: 2 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**9** Section I - Medications: Pentobarbital Sodium 390 mg/ml Solution, 250 ml  
*(Response required)*

Quantity: 20 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**10** Section I - Medications: Canine/Feline Xylazine 100 mg/ml Injection, 50 ml  
*(Response required)*

Quantity: 30 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**11** Section I - Medications: Ketamine 100 mg/ml Injection, 10 ml  
*(Response required)*

Quantity: 60 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

<b>1</b> <b>2</b>	Section I - Medications: Acepromazine 10 mg/ml Injection, 50 ml <i>(Response required)</i>		
Quantity: <u>  4  </u>	UOM: <u>  bottle  </u>	Price: \$ <input style="width: 100px;" type="text"/>	Total: \$ <input style="width: 100px;" type="text"/>
Manufacturer:	<input style="width: 90%; border: 1px solid black;" type="text" value="Boehringer Ingelheim"/>		
Manufacturer #:	<input style="width: 90%; border: 1px solid black;" type="text" value="136059"/>		
Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
Supplier Notes:	<input style="width: 90%; border: 1px solid black;" type="text"/>		
			<input type="checkbox"/> No bid <input type="checkbox"/> Alternate specification <i>(Attach separate sheet)</i> <input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i>

<b>1</b> <b>3</b>	Section I - Medications: Acepromazine 10 mg Tablet, 500 Tablets <i>(Response required)</i>		
Quantity: <u>  2  </u>	UOM: <u>  bottle  </u>	Price: \$ <input style="width: 100px;" type="text"/>	Total: \$ <input style="width: 100px;" type="text"/>
Manufacturer:	<input style="width: 90%; border: 1px solid black;" type="text" value="Boehringer Ingelheim"/>		
Manufacturer #:	<input style="width: 90%; border: 1px solid black;" type="text" value="136061"/>		
Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
Supplier Notes:	<input style="width: 90%; border: 1px solid black;" type="text"/>		
			<input type="checkbox"/> No bid <input type="checkbox"/> Alternate specification <i>(Attach separate sheet)</i> <input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i>

<b>1</b> <b>4</b>	Section I - Medications: Acepromazine 25 mg Tablet, 500 Tablets <i>(Response required)</i>		
Quantity: <u>  2  </u>	UOM: <u>  bottle  </u>	Price: \$ <input style="width: 100px;" type="text"/>	Total: \$ <input style="width: 100px;" type="text"/>
Manufacturer:	<input style="width: 90%; border: 1px solid black;" type="text" value="Boehringer Ingelheim"/>		
Manufacturer #:	<input style="width: 90%; border: 1px solid black;" type="text" value="136063"/>		
Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
Supplier Notes:	<input style="width: 90%; border: 1px solid black;" type="text"/>		
			<input type="checkbox"/> No bid <input type="checkbox"/> Alternate specification <i>(Attach separate sheet)</i> <input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i>

<b>1</b> <b>5</b>	Section I - Medications: Uniprim Powder, 400 gm <i>(Response required)</i>		
Quantity: <u>  10  </u>	UOM: <u>  bottle  </u>	Price: \$ <input style="width: 100px;" type="text"/>	Total: \$ <input style="width: 100px;" type="text"/>
Manufacturer:	<input style="width: 90%; border: 1px solid black;" type="text" value="Neogen Vet"/>		
Manufacturer #:	<input style="width: 90%; border: 1px solid black;" type="text" value="UP400"/>		
Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
Supplier Notes:	<input style="width: 90%; border: 1px solid black;" type="text"/>		
			<input type="checkbox"/> No bid <input type="checkbox"/> Alternate specification <i>(Attach separate sheet)</i> <input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i>

**1** Section I - Medications: Sodium Chloride 0.9% IV Solution, 1000 ml Bag

**6** (Response required)

Quantity: 10 UOM: bag Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**1** Section I - Medications: Lactated Ringers, 1000 ml Bag

**7** (Response required)

Quantity: 10 UOM: bag Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**18** Section I - Medications: Cephalexin 250 mg Capsule, 500 Capsules  
 (Response required)

Quantity: 20 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**  
 State the manufacturer or brand of item bid

\_\_\_\_\_

\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**  
 State the manufacturer item number of item bid

\_\_\_\_\_

\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**19** Section I - Medications: Albon 5% Oral Suspension, 16 Ounce  
 (Response required)

Quantity: 14 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**20** Section I - Medications: Phenylbutazone (Bute) Paste, 60 ml  
 (Response required)

Quantity: 10 UOM: each Price: \$  Total: \$

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**2** Section I - Medications: Clavamox 62.5 mg Tablet, 112 Tablets

**1** (Response required)

Quantity: 1 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**2** Section I - Medications: Clavamox 250 mg Tablet, 112 Tablets

**2** (Response required)

Quantity: 1 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**2** Section I - Medications: Clavamox 12.5 mg/ml Suspension, 15 ml

**3** (Response required)

Quantity: 168 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**2** Section I - Medications: Sulfamethoxazole-Trimethoprim 480 MG Tablets, 500 Tablets

**4** (Response required)

Quantity: 4 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**2  
5**

**Section I - Medications: Sulfamethoxazole-Trimethoprim DS 960 MG Tablets, 500 Tablets**

*(Response required)*

Quantity:   4   UOM:   bottle   Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes:

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**2  
6**

**Section I - Medications: Livestock Penicillin Injectable, 100 ml**

*(Response required)*

Quantity:   2   UOM:   bottle   Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes:

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**2** Section I - Medications: Enrofloxacin Injectable Solution, 250 ml

**7** *(Response required)*

Quantity: 4 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**2** Section I - Medications: Nalbuphine Hydrochloride 20 mg/ml Injection, 1 ml

**8** *(Response required)*

Quantity: 30 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes:

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**2** Section I - Medications: Triple Antibiotic Ointment, 50 Gram

**9** (Response required)

Quantity: 10 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**3** Section I - Medications: Gentamicin Sulfate 100 mg/ml Solution, 100 ml

**0** (Response required)

Quantity: 4 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**3**  
**1** Section I - Medications: Isoflurane, 250 ml  
*(Response required)*

Quantity: 16 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**3**  
**2** Section I - Medications: Ketofen 100 mg/ml Injectable Solution, 100 ml  
*(Response required)*

Quantity: 1 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**3**  
**3** Section I - Medications: Yohimbine HCl 2 mg/ml Injectable Solution, 30 ml  
*(Response required)*

Quantity: 10 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**3**  
**4** Section I - Medications: Ear Cleanser, 8 Ounce  
(Response required)

Quantity: 4 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**3**  
**5** Section I - Medications: Dexamethasone 2 mg/ml Injection, 100 ml  
(Response required)

Quantity: 30 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**3**  
**6** Section I - Medications: Cefovecin Sodium 80 mg/ml, 10 ml  
(Response required)

Quantity: 2 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**3**  
**7** Section I - Medications: Vitamin B-12 (Cyanocobalamin) 1,000 mcg/ml Injectable Solution, 100 ml  
(Response required)

Quantity: 6 UOM: bottle Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**3  
8**

**Section I - Medications: Neo Poly Dex Ophthalmic Suspension, 5 ml**

*(Response required)*

Quantity:   4   UOM:   bottle   Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes:

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

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*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

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*(Required: Maximum 1000 characters allowed)*

**3  
9**

**Section I - Medications and Vaccines: Ampicillin 25g Injectable Suspension, 25 Gram**

*(Response required)*

Quantity:   2   UOM:   bottle   Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**40** Section I - Medications: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section I

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes  
*(Attach separate sheet)*

**41** Section II - Vaccines: Feline Rhinotracheitis, Calicivirus, Panleukopenia, Chlamydomphila Felis Vaccine, 25 Doses  
*(Response required)*

Quantity: 60 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**42** Section II - Vaccines: Canine Intranasal Parainfluenza, Bordetella Bronchiseptica, and Adenovirus Type 2 Vaccine, 25 Doses  
*(Response required)*

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**43** Section II - Vaccines: Canine Intranasal Parainfluenza, Bordetella Bronchiseptica, and Adenovirus Type 2 Vaccine, 25 Doses  
*(Response required)*

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**4** Section II - Vaccines: Canine/Feline Rabies Vaccine, 50 Doses  
**4** *(Response required)*

Quantity: 40 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

**4** Section II - Vaccines: Percentage off catalog/pricelist on any similar items required by Collin County not  
**5** specifically named in Section II

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes *(Attach separate sheet)*

**4** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 4 Doses  
**6** *(Response required)*

Quantity: 12 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

**4** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 4 Doses  
**7** *(Response required)*

Quantity: 12 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

**48** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 4 Doses  
(Response required)

Quantity: 12 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**49** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 4 Doses  
(Response required)

Quantity: 12 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**50** Section III - Parasite Protection: Canine Flea and Tick Protection Chew for Puppies, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**51** Section III - Parasite Protection: Canine Flea and Tick Protection Chew for Puppies, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**52** Section III - Parasite Protection: Canine Flea and Tick Protection Chew for Puppies, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**53** Section III - Parasite Protection: Canine Flea and Tick Protection Chew for Puppies, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**54** Section III - Parasite Protection: Canine Flea and Tick Protection Chew, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**55** Section III - Parasite Protection: Canine Flea and Tick Protection Chew, 1 Chew  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**56** Section III - Parasite Protection: Canine Flea and Tick Protection Chew, 1 Chew  
 (Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**57** Section III - Parasite Protection: Canine Flea and Tick Protection Chew, 1 Chew  
 (Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**58** Section III - Parasite Protection: Canine Flea and Tick Protection Chew, 1 Chew  
 (Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**59** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 1 Dose  
 (Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**60** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**61** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**62** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**63** Section III - Parasite Protection: Canine Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**64** Section III - Parasite Protection: Feline Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**65** Section III - Parasite Protection: Feline Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**66** Section III - Parasite Protection: Feline Flea and Tick Protection Topical, 1 Dose  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**67** Section III - Parasite Protection: Canine Nitenpyram Oral Flea Treatment, 6 Tablets  
(Response required)

Quantity: 20 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**68** Section III - Parasite Protection: Canine Nitenpyram Oral Flea Treatment, 6 Tablets  
 (Response required)

Quantity: 20 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**69** Section III - Parasite Protection: Feline Nitenpyram Oral Flea Treatment, 6 Tablets  
 (Response required)

Quantity: 20 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**70** Section III - Parasite Protection: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section III

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes (Attach separate sheet)

**71** Section IV - Testing Supplies: Canine Heartworm Rapid Test Kit, 25 per Pack  
 (Response required)

Quantity: 40 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**7**  
**2** Section IV - Testing Supplies: SNAP Canine Parvo Test Kit, 5 Tests per Pack  
*(Response required)*

Quantity: 20 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**7**  
**3** Section IV - Testing Supplies: SNAP FIV/FelV Combo Test Kit, 30 Tests per Pack  
*(Response required)*

Quantity: 20 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**7**  
**4** Section IV - Testing Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section IV

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes  
*(Attach separate sheet)*

**7**  
**5** Section V - Surgical Supplies: Veterinary Tattoo Ink Paste in Tube, Green, 5 Ounce  
*(Response required)*

Quantity: 2 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**7**  
**6** Section V - Surgical Supplies: Tissue Glue, 3 ml  
(Response required)

Quantity: 20 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**7**  
**7** Section V - Surgical Supplies: Veterinary Bandaging Tape, 4 inch wide x 5 yards long  
(Response required)

Quantity: 48 UOM: roll Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**7**  
**8** Section V - Surgical Supplies: Absorbable Polyglyconate Suture with Needle, Size 2-0, 30 inch length, 36 per pack  
(Response required)

Quantity: 50 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**7**  
**9** Section V - Surgical Supplies: Absorbable Polyglyconate Suture with Needle, Size 3-0, 30 inch length, 36 per pack  
(Response required)

Quantity: 50 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**80** Section V - Surgical Supplies: Absorbable PGCL Suture with Needle, Size 3-0, 36 inch length, 12 per pack  
(Response required)

Quantity: 50 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**81** Section V - Surgical Supplies: Absorbable PGCL Suture with Needle, Size 2-0, 36 inch length, 12 per pack  
(Response required)

Quantity: 50 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**82** Section V - Surgical Supplies: Sterile Neoprene Glove, Powder Free, Latex Free, 50 Gloves per Box  
(Response required)

Quantity: 18 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**83** Section V - Surgical Supplies: Chlorhexidine 2% Solution, 1 Gallon  
(Response required)

Quantity: 6 UOM: bottle Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**84** Section V - Surgical Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section V

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes  
*(Attach separate sheet)*

**85** Section VI - Syringes/Needles: Syringe 3cc Luer-Lock Tip, 100 per Box  
*(Response required)*

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**86** Section VI - Syringes/Needles: Syringe 20cc Luer-Lock Tip, 50 per Box  
*(Response required)*

Quantity: 20 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**87** Section VI - Syringes/Needles: Tuberculin Syringe 1cc Luer-Slip Tip, 100 per Box  
*(Response required)*

Quantity: 120 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**88** Section VI - Syringes/Needles: Tuberculin Syringe 3cc Luer-Slip Tip, 100 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**89** Section VI - Syringes/Needles: Tuberculin Syringe 3cc Luer-Lock Tip, 100 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**90** Section VI - Syringes/Needles: Tuberculin Syringe 6cc Luer-Slip Tip, 50 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**91** Section VI - Syringes/Needles: Tuberculin Syringe 6cc Luer-Lock Tip, 50 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**9**  
**2** Section VI - Syringes/Needles: Tuberculin Syringe 12cc Luer-Lock Tip, 80 per Box  
(Response required)

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**9**  
**3** Section VI - Syringes/Needles: Tuberculin Syringe 20cc Luer-Lock Tip, 50 per Box  
(Response required)

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**9**  
**4** Section VI - Syringes/Needles: Tuberculin Syringe 60cc Luer-Lock Tip, 20 per Box  
(Response required)

Quantity: 50 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**9**  
**5** Section VI - Syringes/Needles: Needle 18G x 1-1/2" Luer-Lock, 100 per Box  
(Response required)

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**96** Section VI - Syringes/Needles: Needle 19G x 1-1/2" Luer-Lock, 100 per Box  
(Response required)

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**97** Section VI - Syringes/Needles: Needle 20G x 1" Luer-Lock, 100 per Box  
(Response required)

Quantity: 200 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**98** Section VI - Syringes/Needles: Needle 22G x 1" Luer-Lock, 100 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**99** Section VI - Syringes/Needles: Needle 23G x 1" Luer-Lock, 100 per Box  
(Response required)

Quantity: 200 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

<b>100</b>	<b>Section VI - Syringes/Needles: Needle 25G x 5/8" Luer-Lock, 100 per Box</b> <i>(Response required)</i>			
	Quantity: <u>200</u>	UOM: <u>box</u>	Price: \$ <input type="text"/>	Total: \$ <input type="text"/>
	Manufacturer:	<input type="text" value="Cardinal Health / Monoject"/>		
	Manufacturer #:	<input type="text" value="8881250313"/>		
	Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
	Supplier Notes:	<input type="text"/>		

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

<b>101</b>	<b>Section VI - Syringes/Needles: Syringe with Luer-Lock Needle 3cc 22G x 1", 100 per Box</b> <i>(Response required)</i>			
	Quantity: <u>200</u>	UOM: <u>each</u>	Price: \$ <input type="text"/>	Total: \$ <input type="text"/>
	Manufacturer:	<input type="text" value="Cardinal Health / Monoject"/>		
	Manufacturer #:	<input type="text" value="8881513231"/>		
	Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
	Supplier Notes:	<input type="text"/>		

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

<b>102</b>	<b>Section VI - Syringes/Needles: Syringe with Luer-Lock Needle 3cc 22G x 3/4", 100 per Box</b> <i>(Response required)</i>			
	Quantity: <u>200</u>	UOM: <u>box</u>	Price: \$ <input type="text"/>	Total: \$ <input type="text"/>
	Manufacturer:	<input type="text" value="Terumo / Sur-Vet"/>		
	Manufacturer #:	<input type="text" value="100276"/>		
	Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
	Supplier Notes:	<input type="text"/>		

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

<b>103</b>	<b>Section VI - Syringes/Needles: Syringe with Luer-Slip Needle 1cc 25G x 5/8", 100 per Box</b> <i>(Response required)</i>			
	Quantity: <u>100</u>	UOM: <u>box</u>	Price: \$ <input type="text"/>	Total: \$ <input type="text"/>
	Manufacturer:	<input type="text" value="Terumo / Sur-Vet"/>		
	Manufacturer #:	<input type="text" value="100281"/>		
	Item Notes:	If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.		
	Supplier Notes:	<input type="text"/>		

No bid  
 Alternate specification *(Attach separate sheet)*  
 Additional notes *(Attach separate sheet)*

**104** Section VI - Syringes/Needles: Tuberculin Syringe with Fixed Needle 1cc 28G x 1/2", 100 per Box  
(Response required)

Quantity: 100 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**105** Section VI - Syringes/Needles: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section VI

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes (Attach separate sheet)

**106** Section VII - Handling and Capture Supplies: Snake Tongs  
(Response required)

Quantity: 8 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**107** Section VII - Handling and Capture Supplies: Nylon Muzzles - Set of Assorted Sizes, Set of 10  
(Response required)

Quantity: 2 UOM: set Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**108** Section VII - Handling and Capture Supplies: Feral Cat Den with Slide-up Front Door and Side Porthole Door  
(Response required)

Quantity: 10 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**109** Section VII - Handling and Capture Supplies: Replacement Slide-up Front Door for Feral Cat Den  
(Response required)

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**110** Section VII - Handling and Capture Supplies: Remote Delivery Device Dart, Type P, 1cc capacity, 1.5 inch needle  
(Response required)

Quantity: 5 UOM: each Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**111** Section VII - Handling and Capture Supplies: Remote Delivery Device Dart, Type P, 4cc capacity, 1.5 inch needle  
(Response required)

Quantity: 5 UOM: each Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**1**  
**1**  
**2**

Section VII - Handling and Capture Supplies: Remote Delivery Device Dart, Type P, 6cc capacity, 1.5 inch needle  
(Response required)

Quantity:   5   UOM:   each   Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**1**  
**1**  
**3**

Section VII - Handling and Capture Supplies: Pole Syringe 3 ml  
(Response required)

Quantity:   5   UOM:   each   Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**1**  
**1**  
**4**

Section VII - Handling and Capture Supplies: Pole Syringe 6 ml  
(Response required)

Quantity:   4   UOM:   each   Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**1**  
**1**  
**5**

Section VII - Handling and Capture Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section VII

Supplier Notes: \_\_\_\_\_

Total:  %

No bid  
 Additional notes (Attach separate sheet)

**116** Section VIII - Digital Animal Identification: Pet Microchip, 25 per Box

(Response required)

Quantity: 70 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**117** Section VIII - Digital Animal Identification: Pet Microchip Reader

(Response required)

Quantity: 4 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**118** Section VIII - Digital Animal Identification: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section VIII

Total:  %

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

- No bid
- Additional notes (Attach separate sheet)

1  
1  
9

Section IX - Livestock/Poultry Supplies: Hay, 2-String Bale, Coastal Bermuda, Minimum 40 lb

(Response required)

Quantity: 521 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
(Attach separate sheet)
- Additional notes  
(Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

1  
2  
0

Section IX - Livestock/Poultry Supplies: Hay, 3-String Bale, Alfalfa, Minimum 100 lb

(Response required)

Quantity: 10 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
(Attach separate sheet)
- Additional notes  
(Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

1  
2  
1

**Section IX - Livestock/Poultry Supplies: Cattle Breeder Cubes, 20% Protein, 50 Pounds**

*(Response required)*

Quantity: 76 UOM: bag Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
2  
2

**Section IX - Livestock/Poultry Supplies: White Salt Block**

*(Response required)*

Quantity: 2 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**1** Section IX - Livestock/Poultry Supplies: Trace Mineral Salt Block

*(Response required)*

**2** Quantity:   2   UOM:   each   Price: \$  Total: \$

**3** Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**1** Section IX - Livestock/Poultry Supplies: Scratch Poultry Grain, 40 Pounds

*(Response required)*

**2** Quantity:   4   UOM:   bag   Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
2  
5

Section IX - Livestock/Poultry Supplies: Poultry Layer Feed Crumbles, 50 Pounds

(Response required)

Quantity: 4 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

1  
2  
6

Section IX - Livestock/Poultry Supplies: Swine Feed, 50 Pound

(Response required)

Quantity: 10 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

1  
2  
7

Section IX - Livestock/Poultry Supplies: Equine Senior Gastric Support Supplement with Outlast, 40 Pounds

(Response required)

Quantity: 4 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

1  
2  
8

Section IX - Livestock/Poultry Supplies: 14% All Stock Pellets, 50 Pounds

(Response required)

Quantity: 20 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes:

- No bid
- Alternate specification (Attach separate sheet)
- Additional notes (Attach separate sheet)

**1**  
**2**  
**9**

Section IX - Livestock/Poultry Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section IX

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

Total:  %

No bid  
 Additional notes  
(Attach separate sheet)

**1**  
**3**  
**0**

Section X - Pet Food/Litter: Canine Dry Food, Balanced Nutrition for All Ages, 40 Pounds  
(Response required)

Quantity: 140 UOM: bag Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

No bid  
 Alternate specification  
(Attach separate sheet)  
 Additional notes  
(Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**  
State the manufacturer or brand of item bid  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**  
State the manufacturer item number of item bid  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1**  
**3**  
**1**

Section X - Pet Food/Litter: Canine Dry Food, Formulated for High Physical Demands, Puppies, Pregnant or Lactating Females, 40 Pounds  
(Response required)

Quantity: 20 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

No bid  
 Alternate specification  
(Attach separate sheet)  
 Additional notes  
(Attach separate sheet)

**1**  
**3**  
**2**

**Section X - Pet Food/Litter: Canine Dry Food, Formulated for Puppies, 40 Pounds**  
(Response required)

Quantity: 10 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**1**  
**3**  
**3**

**Section X - Pet Food/Litter: Feline Dry Food, Balanced Nutrition for All Ages, 50 Pounds**  
(Response required)

Quantity: 20 UOM: bag Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**Item Attributes**

**1. Manufacturer / Brand**  
State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**2. Manufacturer Item Number**  
State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Required: Maximum 1000 characters allowed)

**1**  
**3**  
**4**

**Section X - Pet Food/Litter: Clay Cat Litter, Unscented, 40 Pounds**  
(Response required)

Quantity: 500 UOM: bag Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

No bid  
 Alternate specification (Attach separate sheet)  
 Additional notes (Attach separate sheet)

**135** Section X - Pet Food/Litter: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section X

Total:  %

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Additional notes  
*(Attach separate sheet)*

**136** Section XI - Pet Supplies: Nylon Flat Dog Lead with Ring, 12 per Pack  
*(Response required)*

Quantity: 200 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**137** Section XI - Pet Supplies: Nylon Braided Dog Lead with Ring, 12 per Pack  
*(Response required)*

Quantity: 100 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**138** Section XI - Pet Supplies: Cardboard Pet Carrier,40 per Pack  
*(Response required)*

Quantity: 480 UOM: pack Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

1  
3  
9

**Section XI - Pet Supplies: Pet Waste Bags**

*(Response required)*

Quantity: 8000 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
4  
0

**Section XI - Pet Supplies: Clipper Lubricating Oil, 4 Ounce**

*(Response required)*

Quantity: 20 UOM: each Price: \$  Total: \$

Manufacturer:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

1  
4  
1

**Section XI - Pet Supplies: Cadaver Bag, Min 3.0 mil thickness, Crematable/Non-Chlorinated, Approx 30" x 50", 25 Bags per Roll**

*(Response required)*

Quantity: 30 UOM: roll Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**142** Section XI - Pet Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section XI

Total:  %

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

No bid  
 Additional notes  
*(Attach separate sheet)*

**143** Section XII - Disinfectants: Concentrated Disinfectant, Cleaner, & Deodorizer, 5 Gallon  
*(Response required)*

Quantity: 10 UOM: bucket Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**144** Section XII - Disinfectants: Broad Spectrum Disinfectant, Virucide, & Fungicide, 10 Pound  
*(Response required)*

Quantity: 70 UOM: bucket Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**145** Section XII - Disinfectants: Surface Disinfectant Spray, 32 Ounce  
*(Response required)*

Quantity: 40 UOM: bottle Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**146** Section XII - Disinfectants: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section XII

Total:  %

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Additional notes  
*(Attach separate sheet)*

**147** Section XIII - Miscellaneous Supplies: Disposable Aluminum Pan, Approximately 9x13 inch  
*(Response required)*

Quantity: 17600 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**  
 State the manufacturer or brand of item bid

\_\_\_\_\_  
 \_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**  
 State the manufacturer item number of item bid

\_\_\_\_\_  
 \_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**148** Section XIII - Miscellaneous Supplies: Coated Paper Food Tray, Approximately 8 oz  
*(Response required)*

Quantity: 40000 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
 \_\_\_\_\_

No bid  
 Alternate specification  
*(Attach separate sheet)*  
 Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**  
 State the manufacturer or brand of item bid

\_\_\_\_\_  
 \_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
4  
9

**Section XIII - Miscellaneous Supplies: Plastic Snap Hook with Swivel End Split Keychain Attached**

*(Response required)*

Quantity: 1300 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
5  
0

**Section XIII - Miscellaneous Supplies: Reclosable Clear Pouch to Hold Paperwork, Approx 6 x 9 Inch**

*(Response required)*

Quantity: 300 UOM: each Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
5  
1

**Section XIII - Miscellaneous Supplies: Nylon Cable Tie, Medium Duty, 11 Inch Length Minimum, 50 lb Tensile Strength Minimum, 100 per Pack**

*(Response required)*

Quantity: 30 UOM: pack Price: \$  Total: \$

Item Notes: Bidder must attach manufacturer's printed specifications/literature for item bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

**Item Attributes**

**1. Manufacturer / Brand**

State the manufacturer or brand of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**2. Manufacturer Item Number**

State the manufacturer item number of item bid

\_\_\_\_\_  
\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

1  
5  
2

**Section XIII - Miscellaneous Supplies: Insulated Shipping Container**

*(Response required)*

Quantity: 100 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

1  
5  
3

Section XIII - Miscellaneous Supplies: Refrigerant Ice Packs

(Response required)

Quantity: 480 UOM: each Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

1  
5  
4

Section XIII - Miscellaneous Supplies: Polyethylene Disposable Glove, 500 Gloves per Box

(Response required)

Quantity: 24 UOM: box Price: \$  Total: \$

Manufacturer:

Manufacturer #:

Item Notes: If not bidding the exact item listed above click "Add Alternate" and fill in item information. Bidder must also attach manufacturer's printed specifications/literature for alternate items bid.

Supplier Notes: \_\_\_\_\_

- No bid
- Alternate specification  
*(Attach separate sheet)*
- Additional notes  
*(Attach separate sheet)*

1  
5  
5

Section XIII - Miscellaneous Supplies: Percentage off catalog/pricelist on any similar items required by Collin County not specifically named in Section XIII

Total:  %

Supplier Notes: \_\_\_\_\_

- No bid
- Additional notes  
*(Attach separate sheet)*

**Supplier Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Supplier Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby certifies the foregoing bid submitted by the company listed below hereinafter called "bidder" is the duly authorized agent of said company and the person signing said bid has been duly authorized to execute same. Bidder affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder or other person or persons engaged in the same line of business; and that the contents of this bid as to prices, terms and conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

## **1.0 GENERAL INSTRUCTIONS**

### 1.0.1 Definitions

1.0.1.1 Bidder: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Bidder/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by a Bidder.

1.0.1.4 IFB: refers to Invitation For Bid.

1.1 If Bidder does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of Submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your Submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addenda which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A bid may not be withdrawn or canceled by the bidder prior to the ninety-first (91<sup>st</sup>) day following public opening of Submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids for any or all products and/or services covered in an Invitation For Bid (IFB), and to waive informalities or defects in Submittals or to accept such Submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFBs submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB number and name. A hard copy paper form Submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 Submittals via email, oral, telegraphic or telephonic will not be accepted. IFBs may be submitted in electronic format via Collin County eBid.

1.9 All IFBs submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all IFBs submitted in hard copy paper form only, no flash drives, CD-ROMs or any other form of “plug and play” portable storage device will be accepted as a Submittal. IFBs received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late Submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic Submittals.

1.11 For hard copy paper form Submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an IFB, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than the date specified in the solicitation. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountvtx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder's/Quoter's/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Bidders offering substitutions to the specifications shall do so at their own risk. By offering substitutions, Bidder shall state these in the section provided in the IFB or by attachment. Substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the substitution(s) deemed to be in the best interest of the County.

1.19 Minimum Standards for Responsible Prospective Bidders: A prospective Bidder must meet the following minimum requirements:

1.19.1 have adequate financial resources, or the ability to obtain such resources as required;

1.19.2 be able to comply with the required or proposed delivery/completion schedule;

1.19.3 have a satisfactory record of performance;

1.19.4 have a satisfactory record of integrity and ethics;

1.19.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Bidder's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of an IFB.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective Bidders during the bidding process is subject to release under the Act.

1.22 The Bidder shall comply with Commissioners Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful Bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County. Delivery to governmental entities located within Collin County will be at no additional charge or as otherwise provided for in the award document. Delivery charges, if any, for governmental entities located outside of Collin County shall be negotiated between the Vendor and each governmental entity.

1.24 Bid Openings: All bids submitted will be read at the County's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the County accepts such bid as responsive.

The County will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The County will notify the successful Bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

1.25 Bidder shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

## 2.0 TERMS OF CONTRACT

2.1 A bid, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of a Change Order.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County IFB is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall

be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid price. All components required to render the item complete, installed and operational shall be included in the total bid price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

2.20 All warranties shall be stated as required in the Uniform Commercial Code.

2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by Collin County prior to access being granted to Collin County facilities. Upon request, Vendor/Contractor/Provider shall provide list of individuals to the Collin County Purchasing Department within five (5) working days.
- 2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.
- 2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.
- 2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or “lockdown”; and (7) subjected to a search of your person or property. While the Collin County Sheriff’s Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

#### 2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor’s affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County, County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

2.38 Force Majeure: No party shall be liable or responsible to the other party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent such failure or delay is caused by or results from acts beyond the affected party's reasonable control, including, without limitation: acts of God; flood, fire or explosion; war, invasion, riot or other civil unrest; actions, embargoes or blockades in effect on or after the date of this Agreement; or national or regional emergency (each of the foregoing, a "Force Majeure Event"). A party whose performance is affected by a Force Majeure Event shall give notice to the other party, stating the period of time the occurrence is expected to continue and shall use diligent efforts to end the failure or delay and minimize the effects of such Force Majeure Event.

**NOTE:** All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB Solicitation documents as Special Terms, Conditions and Specifications.

**3.0 INSURANCE REQUIREMENTS**

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Umbrella/Excess Liability** insurance.

- Each Occurrence/Aggregate: \$1,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.2.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.2.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.3 All insurance shall be purchased from an insurance company that meets the following requirements:

3.3.1 A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.4.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.4.2 Sets forth the notice of cancellation or termination to Collin County.

## **4.0 SPECIAL CONDITIONS AND SPECIFICATIONS**

**4.1 Purpose:** The intended use/purpose is to establish contract(s) to purchase Veterinary and Animal Care Supplies to include, but not limited to, medications, vaccines, testing, parasite control, surgical, handling and capture supplies as needed by Collin County.

**4.2 Term:** Provide for a term contract commencing on date of award and continuing through and including September 30, 2024 with the option to renew for three (3) additional one (1) year renewals.

**4.3 Funding:** Funds for payment have been provided through the Collin County budget approved by the Commissioners Court for this fiscal year only. State of Texas statutes prohibit the County from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that may arise past the end of the current Collin County fiscal year shall be subject to budget approval.

**4.4 Price Reduction:** If during the life of the contract, the vendor's net prices to its customers for the same product(s) and/or services shall be reduced below the contracted price, it is understood and agreed that Collin County shall receive such price reduction.

**4.5 Price Redetermination:** A price redetermination may be considered by Collin County only at the anniversary date of the contract. All requests for price redetermination shall be in written form and shall include documents supporting price redetermination such as Manufacturer's direct cost, postage rates, Railroad Commission rates; Federal/State minimum wage law; Federal/State unemployment taxes; F.I.C.A.; Insurance Coverage Rates; etc. The request for price redetermination shall be submitted sixty (60) days prior to renewal date of the contract and may be considered by Collin County for the subsequent annual renewal option and shall be substantiated in writing. Price increases and decreases may be allowed on renewal terms, but shall remain firm for the entire redetermination period. Collin County reserves the right to accept or reject any/all of the price redetermination as it deems to be in the best interest of the County.

**4.6 Delivery Location:** Veterinary and Animal Care Supplies shall be delivered directly to Collin County Animal Services, 4750 Community Avenue, McKinney Texas, 75071, or as indicated on the Collin County Purchase Order. Collin County reserves the right to add or delete delivery locations as the needs arise or change throughout the contract period.

**4.7 Delivery/Completion/Response Time:** Vendor shall place product(s) listed in Section IX – Livestock/Poultry Supplies (Line Items 119-129) and Section X Pet Food/Litter (Line Items 130-135) at the ordering entity's designated location within 24 hours of order being placed at no additional charge. For product(s) listed in all other sections vendor shall place products(s) at the ordering entity's designated location within ten (10) working days. Delivery will be FOB to Collin County offices as specified on each purchase order. All delivery charges (i.e., packing, inside delivery, complete installation), are to be included in the bid price. Collin County will not accept any fuel surcharges on invoices. Collin County will not accept minimum order requirements.

**4.8 Approximate Usage:** Estimated annual quantities are given for each item. Approximate usage does not constitute an order, but only implies the probable quantity Collin County will use. Items will be ordered on an as-needed basis. Approximate value of this contract is \$200,000.00.

**4.9 Evaluation and Award:** Bids will be evaluated and awarded based on the lowest and best bid meeting specifications. The County intends to award by Section. Vendors do not have to bid on every Section, but preference may be given to vendors that bid on most or all lines within that Section, including the catalog discount line for that Section. Collin County reserves the right to award by item, section, or as a whole as deemed to be in the best interest of the County. Collin County further reserves the right to make a primary, secondary, and tertiary award on this contract. The bidder's past experience of honoring contracts at the bid price, past product availability, as well as past delivery history with Collin County will be an important consideration in the evaluation of the lowest and best bid.

**4.9.1 Manufacturer Information:** The name brand or manufacturer and manufacturer item number of each item being bid shall appear on the bid. Bidder's failing to provide the information necessary for the evaluation of the bid may be considered non-responsive.

**4.9.2 Package Size:** Package sizes referenced are preferred, but alternates will be considered. If bidding an alternate package size bidder shall indicate how the bid item is packaged, including the number of units per package and the unit of measure.

**4.9.3 Alternate Bids:** Whenever the name of a manufacturer is mentioned, it is strictly for the purpose of establishing a standard of quality. A generic or alternate brand product of equal specifications may be proposed as an alternative for the item identified. However, if bidding an alternate item, the bidder must also attach manufacturer's printed specifications and literature. Collin County shall be the sole authority to determine if item/make/model, etc. is equal to the item specified. If you are bidding an alternate item select "Add Alternate" for that line item and place your bid in the space provided.

#### **4.10 Specifications:**

**4.10.1 Item Condition:** All items must be in new and unused condition.

**4.10.2 Expiration Dates:** All items with expiration dates must be delivered with a minimum of six months before expiration unless prior approval is given to accept short-dated items. Items delivered with less than six months before expiration and no prior approval may be returned for full credit at the vendor's expense.

**4.10.3 Discount Line Items:** The purpose of the discount line items is to allow Collin County to purchase any item in the section from the manufacturer's catalog at the discounted price.

**4.10.4 Catalogs:** Catalog is requested to be submitted at time of bid or within five business days of Buyer request. All items must include specification sheet from current catalog to be submitted with bid. Failure to submit a catalog with bid may be reason for rejection of bid. Any catalog items not included in the percentage discount must be stated on the exception area of the bid form and will be considered in the overall evaluation. New catalogs/product schedule, if applicable, will be provided at the anniversary date.

**4.10.5 Substitutions:** Substitutions for item(s) shall be of equal quality and pricing shall be at same price as catalog item(s). The County shall have final approval of any substituted items prior to substitutions being made.

**4.10.6 Samples:** During the evaluation process, bidders may be requested to provide samples of items bid at no additional cost to the County. When requested, samples shall be furnished to the County within five (5) business days. These samples will be used to determine that the product bid does meet the specifications as listed in this invitation for bid. Samples of items not meeting the specifications will not be considered for award. If samples will need to be returned, vendor shall do so at their own expense.

**4.10.7 Product Code Number:** Bidder is requested to state in the spaces provided the supplier product code number assigned to each product by bidder's company for ordering purposes.

**4.11 Cooperative Purchasing:** Governmental entities utilizing governmental contracts with Collin County will be eligible, but not obligated, to purchase necessary materials and supplies under contract(s) awarded as a result of their solicitation. FOB Destination prices will apply only to delivery points specified in these documents. Delivery to other FOB points may include applicable freight charges. Any additional incremental costs for delivery must be clearly stated in quotes to participating entities before order is placed. All purchases by governmental entities other than Collin County will be billed directly to that governmental entity and paid by that governmental entity. Collin County will not be responsible for other governmental entity's debts. Each governmental entity will order their own material as needed. The quantities furnished in this bid document are for Collin County only. It does not include quantities for any other governmental jurisdiction.

## **INFORMATION REGARDING CONFLICT OF INTEREST QUESTIONNAIRE**

During the 79<sup>th</sup> Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84<sup>th</sup> Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

[http://www.ethics.state.tx.us/filinginfo/conflict\\_forms.htm](http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm)

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytx.gov/government/Pages/officials.aspx>

At the time of this solicitation being released, the following are known to be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Clarence Daugherty – Director of Engineering  
Misty Brown – Development Services Manager  
Kaley Robbins – Administrative Secretary  
Lisa Drummonds – Veterinary Technician

Purchasing:

Michelle Charnoski, NIGP-CPP, CPPB – Purchasing Agent  
Marci Chrismon, CPPB – Assistant Purchasing Agent  
Christina Criswell – Buyer II

Commissioners Court:

Chris Hill – County Judge  
Susan Fletcher – Commissioner Precinct No. 1  
Cheryl Williams – Commissioner Precinct No. 2  
Darrell Hale – Commissioner Precinct No. 3  
Duncan Webb – Commissioner Precinct No. 4

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.



