TABULATION SHEET			VENDOR #1		VENDOR #2		VENDOR #3	
			Infused Medical		Moore Medical LLC		Products Unlimited, Inc	
			Technology					
Bid No. 2015-076-6530			4559 S. Westmoreland		1690 New Britain ave		115 E. First street	
			Dallas, TX.		Farmington, CT 06032		P.O. Box 339	
Annual Contract for VanishPoint			Durren Henderson		Bonnie Samsel		Justin, TX 76247	
Syringes								
Opening Date: September 14, 2015			214.330.4000 Ph		800.234.1464 Ph		Janey Cooper	
					877.354.5916 Fax		800.865.4683 PH	
Buyer: Charles Price 214.653.6223			darren@infusedmedical.co		bsamsel@mooremedical.co		940.648.3407 Fax icooper@products-unlimited.com	
Contract Effective Period: September 29, 2015, thru September 28, 2016 with 3 options to extend							cooper@products-unlimited.com	
NCTRCA Certified Vendor			yes		not indicated			
Certified by other Agency			not indicated		not indicated		no	
EE0-1 Form Completed			Yes, not complete		yes		State of Texas Hub	
Dallas County Taxpayer?			yes		not indicated		yes not complete	
How were you notified?			dc website		Letter from Dallas County		other tax payer	
					Purchasing Department			
Addendum(s) Returned (if applicab	le)		no		no		Dallas County Website	
Samples			n/a		n/a		yes n/a	
			Unit Price	Extended Price	Unit Price	Extended Price	Iva	Extended Price
			Offic Frice	Exterided Frice	Offit Frice	Exterided File	Unit Price	
DESCRIPTION	EST. QTY	UOM					5,	
VanishPoint #10311 3cc syringe, 23x1	1,900	bxs	\$79.00	\$150,100.00	\$33.50	\$63,650.00	\$31.95	\$60,705.0
(100 syringes/box)	,		,	, ,	, in the second	, ,		, , , , , , , , , , , , , , , , , , , ,
VanishPoint #10301 3cc syringes,								
25x5/8	600	bxs	\$79.0	\$47,400.00	\$33.50	\$20,100.00	\$31.95	\$19,170.0
(100 syringes/box)								
Total				\$197,500.00		\$83,750.00		\$79,875.0
Specify Delivery ARO:			2-5 days		3-5 days ARO		2-5 days ARO	
Specify quantity of syringes in box			100		100		100	
Specify quantity of boxes per case			600		6		6	
Please answer the questions listed								
Is this an all or none bid?			Yes		Yes		Voo	
If your firm is awarded contract, what					NI		Yes	
part will be subcontracted			no comment		None			

TABULATION SHEET	VENDOR #1	VENDOR #2	VENDOR #3
	Infused Medical	Moore Medical LLC	Products Unlimited, Inc
	Technology		
Bid No. 2015-076-6530	4559 S. Westmoreland	1690 New Britain ave	115 E. First street
	Dallas, TX.	Farmington, CT 06032	P.O. Box 339
Annual Contract for VanishPoint	Durren Henderson	Bonnie Samsel	Justin, TX 76247
Syringes			
Opening Date: September 14, 2015	214.330.4000 Ph	800.234.1464 Ph	Janey Cooper
		877.354.5916 Fax	800.865.4683 PH
Buyer: Charles Price 214.653.6223	darren@infusedmedical.co	bsamsel@mooremedical.co	940.648.3407 Fax jcooper@products-unlimited.com
Contract Effective Period: September 29, 2015, thru September 28, 2016 with 3 options to extend			cooper@products-unimited.com
NCTRCA Certified Vendor	yes	not indicated	
Bidder are required to indicate whether they have the required products on hand at the time of the bid or whether they wil be required to obtain such upon award. Please indicate	We will be required to obtain the products upon award	yes	None
Specify any additional comments/cost/etc. included with your bid proposal if applicable	we have some of the product in stock, not the total amount on the bid	not indicated	yes
Specify Prompt Payment Discount Terms:	not indicated	net 30	not indicated
			0% of 30
Cooperative Purchasing	Yes	yes	
Does your company provide health insurance coverage to its employees?	no	yes	No
95% for employee only coverage	not indicated	please see affadavid benefit summary plan explanation	yes Small busines employees
85% for employee and children	not indicated	Not indicated	yes
73% for employee and spouse	not indicated	Not indicated	no
71% for employee	not indicated	Not indicated	no
Marine and an arrangement of the state of th			no
If your company provides health insurance coverage to its employees, is it comparable to Dallas County	no	Not indicated	
Does subcontractor have insurance if using one for the bid	no	Not indicated	Not indicated
specify the name/telephone number and email address of representative of account	Darren Henderson 214.330.4000 4559 S.westmoreland Dallas, TX	Bonnie Samsel 800.234.1464 1690 new Britain ave Farmington CT 06032	no
			800.865.4683

ı۱٦	TABULATION SHEET			VENDOR #4		VENDOR #5		VENDOR #6	
ı				Possible Missions, Inc		Supreme Medical		Henry Schein Medical(a	
								division of Henry Schein, Inc	
I.	D:4 N = 2045 070 0520			450 W. Douleon B.d. Cuite COO		D.O. Day 050047		425 Duming Dood 5070	
ľ	Bid No. 2015-076-6530			150 W. Parker Rd. Suite 602		P.O. Box 850247		135 Duryea Road E270	
İ				Houston TX 77076		Mobile, AL. 36685		Melville, NY 11747	
	Annual Contract for VanishPoint			Paula Mendoza		Cody Mason		Joanne Viggiano	
	Syringes								
1	Opening Date: September 14, 2015			713.271.3746 PH		800.461.1370 PH		800.851.0400 PH	
ı,	Buyer: Charles Price 214.653.6223			832.575.3746 FAX paula@possiblemissions.com		800.461.1277 FAX bids@suprememedical.com		866.738.8999 FAX biddept@henryschein.com	
ľ	Dayer. Charles I fice 214.055.0225			padia(a/possiblemissions.com		bids(&suprementedical.com		biddept(whenryschem.com	
9	Contract Effective Period: September 29, 2015, thru September 28, 2016 with 3 options to extend								
ľ									
I	NCTRCA Certified Vendor			yes		no		not indicated	
	Certified by other Agency			yes		no		not indicated	
	EE0-1 Form Completed			Yes, not complete		yes not complete		no	
	Dallas County Taxpayer?			other tax payer		other county tax payers		not indicated	
ŀ	How were you notified?			Letter from Dallas County		Dallas County Website		Dallas County Website	
١,	Addendum(s) Returned (if applicable	lo)		Purchasing Yes		no		yes	
	Samples	(C)		n/a		n/a		n/a	
ľ	Campies			11/4		174		174	
				Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price
	DESCRIPTION	EST.	UOM						
I		QTY							
l	VanishPoint #10311 3cc syringe,								
	23x1	1,900	0 bxs	\$82.26	\$156,294.00	\$33.24	\$63,156.00	\$67.35	\$127,965.0
	(100 syringes/box)					, i	, , , , , , ,	•	, , , , , , , ,
l	VanishPoint #10301 3cc syringes,								
	25x5/8	600	0 bxs	\$82.26	\$49,356.00	\$33.24	\$19,944.00	\$67.35	\$40,410.0
	(100 syringes/box)	000	O DAS	ψ02.20	ψ+9,330.00	ψ33.24	ψ13,344.00	ψ07.33	\$168,375.0
ľ	(100 Syllinges/DOX)								φ100,373.0
h	Total				\$205,650.00		\$83,100.00		\$168,375.0
Ş	Specify Delivery ARO:			2-5 business days		7-10 days		2-5 buisness days ships from	
I,	Charify avantity of avainage in her					-		Grapvine Texas	
1	Specify quantity of syringes in box			100 each		100		100/bx	
ľ	Specify quantity of boxes per case			6bxs/cs		6		6 bxs/cs	
ļ	Please answer the guestions listed								
Is th	·			Vaa		Voo		Vaa	
	Is this an all or none bid?			Yes		Yes		Yes	
	If your firm is awarded contract, what part will be subcontracted			no comment		None		N/A	
V F	Bidder are required to indicate whether they have the required products on hand at the time of the bid or whether they wil be required to obtain such upon award. Please			We will be required to obtain the products upon award		yes		yes	

TABULATION SHEET	VENDOR #4	VENDOR #5	VENDOR #6
	Possible Missions, Inc	Supreme Medical	Henry Schein Medical(a division of Henry Schein, Inc
Bid No. 2015-076-6530	150 W. Parker Rd. Suite 602	P.O. Box 850247	135 Duryea Road E270
	Houston TX 77076	Mobile, AL. 36685	Melville, NY 11747
Annual Contract for VanishPoint Syringes	Paula Mendoza	Cody Mason	Joanne Viggiano
Opening Date: September 14, 2015	713.271.3746 PH	800.461.1370 PH	800.851.0400 PH
	832.575.3746 FAX	800.461.1277 FAX	866.738.8999 FAX
Buyer: Charles Price 214.653.6223	paula@possiblemissions.com	bids@suprememedical.com	biddept@henryschein.com
Contract Effective Period: September 29, 2015, thru September 28, 2016 with 3 options to extend			
Specify any additional comments/cost/etc. included with your bid proposal if applicable	not indicated	see attached services and shipping policy	not indicated
Specify Prompt Payment Discount Terms:	0% of 0	net 30	N/A
Cooperative Purchasing	Yes	yes	yes
Does your company provide health insurance coverage to its employees?	yes	yes	yes
95% for employee only coverage	no	yes	Not indicated
85% for employee and children	no	Not indicated	Not indicated
73% for employee and spouse	no	Not indicated	Not indicated
71% for employee	no	Not indicated	Not indicated
If your company provides health insurance coverage to its employees, is it comparable to Dallas County	no	yes	Not indicated
Does subcontractor have insurance if using one for the bid	no	n/a	Not indicated
specify the name/telephone number and email address of representative of account	Paula Mendoza 713.271.3746 150 W. Parker Rd Suite 602 Houston, TX 77076	Copy Mason 800.461.1370 4497 Dawes Rd Theodore AL 36582	800.851.0400 biddept@henryschein.com 135 Dureyea Rd 270 Melville NY 11747