Bid Opening Results For:

IFB NUMBER	22720
BID OPENING	10/9/2013
GROUP NUMBER	10100
PURCHASING OFFICER	Sharon Featherstone
TELEPHONE	(518) 473-2193

DESCRIPTION

Basic Medical Supplies and Equipment
(Statewide)

State of New York Executive Department
Office of General Services - New York State Procurement
Corning Tower - 38thFloor
Empire State Plaza
Albany, NY 12242

INVITATION FOR BIDS

REVISED 8-22-13

IMPORTANT: SEE "NOTICE TO BIDDERS" CLAUSES HEREIN
BIDS MAY BE SENT TO THE ABOVE ADDRESS ONLY
(E-Mail or Facsimile Bid Submissions Are NOT Acceptable)

BID OPENING **DATE:** 10/1/2013 **TIME:** 11:00 AM ET	**TITLE:** 10100 Basic Medical Supplies and Equipment (Statewide) **Classification Codes:** 42
INVITATION FOR BIDS NUMBER: 22720	**SPECIFICATION REFERENCE:** As Incorporated in the Invitation For Bids
CONTRACT PERIOD: **Three years with two optional one-year renewals**	

DESIGNATED CONTACTS

PRIMARY CONTACT	SECONDARY CONTACT	TERTIARY CONTACT
Sharon Featherstone	William Reilly	Tyler Feane

E-mail address: SST_MedLabSupplies@ogs.ny.gov

The bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:
Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html

Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* **36-4095186**	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)*

Legal Business Name of Company Bidding:
Cardinal Health 200 LLC

D/B/A - Doing Business As (if applicable):

Street	City	State	County	Zip Code
7000 Cardinal Place	**Dublin**	**OH**	**US**	**43017**

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ NYS Small Business # Employees ☐ NYS Minority Owned Business ☐ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS X Partially Manufactured Outside NYS 90 %

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature: Title: **National Account Manager**	Printed or Typed Name: **Rob Irwin** Date: **10/7/2013**
Phone: 6612956112 Extension	Toll Free Phone: 8884445440 Extension **CS**
Fax: 6145539633 Extension	Toll Free Fax: Extension
E-mail Address: **ROB.IRWIN@CARDINALHEALTH.COM**	Company Website: **WWW.CARDINAL.COM**

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Corning Tower - 38thFloor
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DATE: 10/1/2013 TIME: 11:00 AM ET	Classification Codes: 42
INVITATION FOR BIDS NUMBER: 22720	SPECIFICATION REFERENCE: As Incorporated in the Invitation For Bids
CONTRACT PERIOD: Three years with two optional one-year renewals	

DESIGNATED CONTACTS

PRIMARY CONTACT	SECONDARY CONTACT	TERTIARY CONTACT
Sharon Featherstone	William Reilly	Tyler Feane

E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html

Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* **22-3168342**	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)* **22-3168342**

Legal Business Name of Company Bidding:
Cen-Med Enterprises, Inc.

D/B/A - Doing Business As (if applicable):

Street	City	State	County	Zip Code
121 Jersey Ave.	**New Brunswick**	**NJ**	**Middlesex**	**08901**

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): X NYS Small Business 23 # Employees X NYS Minority Owned Business X NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS X Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature: Title: **Account Executive**	Printed or Typed Name: **Larry Bitacolo** Date: **09/ /2013**

Phone: 7324471100	Extension **116**	Toll Free Phone: 8004703570	Extension
Fax: 7322490008	Extension	Toll Free Fax:	Extension
E-mail Address: **Larry.Bitacolo@cenmed.com**		Company Website: **www.cenmed.com**	

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INVITATION FOR BIDS NUMBER: 22720	SPECIFICATIONREFERENCE: As Incorporated in the Invitation For Bids
CONTRACT PERIOD:	Three years with two optional one-year renewals

DESIGNATED CONTACTS

PRIMARY CONTACT
Sharon Featherstone

SECONDA
Willia
E-mail address: SST_M

ACT

Sharon email?
Check street Address and zip please and get back to me - Thanks!!

The bid must be fully and properly executed by an authori
sign on behalf of yourself, your company, or other entity
BIDS, Appendix A (Standard Clauses For New York State
State Finance Law §139-j and §139-k (Procurement Lobby
accurate. By signing, bidder affirms that it understands
permissible contacts as required by State Finance Law §13
Procurement Lobbying: http://www.ogs.ny.gov/aboutC

authority to
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relative to
ssed at:

Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* 27-4406890	clause)
Legal Business Name of Company Bidding: Dealmed	
D/B/A - Doing Business As (if applicable):	
Street 3512 Quentin Rd. City Brooklyn State N.Y. County Kings Zip Code USA	
If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☒ NYS Small Business 24 #Employees ☐ NYS Minority Owned Business ☐ NYS Women OwnedBusiness	
If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %	
If you are not bidding, place an "x" in the box and return this page only. ☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:	
Bidder's Signature:	Printed or Typed Name: Michael Einhorn
Title: Executive V.P.	Date: 10/07/2013
Phone: 718-838-1390 Extension	Toll Free Phone: 800-569-0590 Extension
Fax: 718-332-5633 Extension 201	Toll Free Fax: Extension
E-mail Address:	Company Website: www.dealmed.com

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INVITATION FOR BIDS NUMBER: 22720	SPECIFICATION REFERENCE: As Incorporated in the Invitation For Bids
CONTRACT PERIOD: Three years with two optional one-year renewals	

DESIGNATED CONTACTS

PRIMARY CONTACT	SECONDARY CONTACT	TERTIARY CONTACT
Sharon Featherstone	William Reilly	Tyler Feane

E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html

Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)*	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)*

Legal Business Name of Company Bidding: GLOBAL MEDICAL SERVICES LLC

D/B/A - Doing Business As (if applicable):

Street	City	State	County	Zip Code
707 Davis Road, Suite 102B	Elgin	IL	Cook	60123

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ NYS Small Business # Employees ☐ NYS Minority Owned Business ☐ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☒ Partially Manufactured Outside NYS 20%

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature:	Printed or Typed Name: KELVIN UDOGU
Title: (CEO)	Date: 10/7/13
Phone: 847-460-8086 Extension	Toll Free Phone: 224-238-3273 Extension
Fax: 224-535-8197 Extension	Toll Free Fax: Extension
E-mail Address: kudogu@gmail.com	Company Website: www.globalmedsllc.net

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RETURN THIS PAGE AS PART OF BID OR NO-BID

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INVITATION FOR BIDS

REVISED 8-22-13

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INVITATION FOR BIDS NUMBER: 22720	**SPECIFICATION REFERENCE:** As Incorporated in the Invitation For Bids
CONTRACT PERIOD:	**Three years with two optional one-year renewals**

DESIGNATED CONTACTS

PRIMARY CONTACT	SECONDARY CONTACT	TERTIARY CONTACT
Sharon Featherstone	William Reilly	Tyler Feane

E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* **36-2596612**	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)* **1000009182**

Legal Business Name of Company Bidding:
Medline Industries

D/B/A - Doing Business As (if applicable):

Street	City	State	County	Zip Code
One Medline Place	**Mundelein**	**IL**	**Lake**	**60060**

If applicable, place an "**x**" in the appropriate box(es) (***check all that apply***): ☐ NYS Small Business 6,000 # Employees ☐ NYS Minority Owned Business ☐ NYS Women Owned Business

If applicable, place an "**x**" in the appropriate box(es) (***check all that apply***): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature:	Printed or Typed Name: **James Abrams**
Title: **Chief Operating Officer**	Date: **October 7, 2013**
Phone: 8476434759 Extension	Toll Free Phone: 18006335463 Extension
Fax: 8479492497 Extension	Toll Free Fax: 18003511512 Extension
E-mail Address: **GovBids@Medline.com**	Company Website: **www.medline.com**

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E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Procurement Lobbying: http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html

Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)*	NYS Vendor Identification Number: *(See "New York State Vendor File Registration" clause)*
11-2659063	

Legal Business Name of Company Bidding:
Healthcare Equipment and Parts Co., Inc.

D/B/A - Doing Business As (if applicable):
Med-Part

Street	City	State	County	Zip Code
1901 10th Avenue	**Brooklyn**	**NY**	**Kings**	**11215**

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ NYS Small Business # Employees ☐ NYS Minority Owned Business ☐ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature:	Printed or Typed Name: **Israel Minzer**
Title: **President**	Date: **10/8/2013**
Phone: 7184365100 Extension	Toll Free Phone: 8002588680 Extension
Fax: 7184363680 Extension	Toll Free Fax: Extension
E-mail Address: **israel@medpart.com**	Company Website: **www.medpart.com**

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E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* **11-2841438**	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)*

Legal Business Name of Company Bidding:
Metropolitan Home Health Products

D/B/A - Doing Business As (if applicable):
Metrostar home health Products

Street	City	State	County	Zip Code
5359 Kings Highway	**Brooklyn**	**N.Y**	**Kings**	**11203**

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ NYS Small Business ~~24~~ 46 # Employees ☐ NYS Minority Owned Business ☐ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %

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☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature: Title: **Vice President**	Printed or Typed Name: **Isaac Newman** Date:

Phone: 7188383333	Extension **198**	Toll Free Phone:	Extension
Fax: 7187059870	Extension	Toll Free Fax:	Extension
E-mail Address: **Marcel@metrostardme.com**		Company Website: **www.Metrostardme.com**	

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PRIMARY CONTACT	SECONDARY CONTACT	TERTIARY CONTACT
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E-mail address: SST_MedLabSupplies@ogs.ny.gov

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Bidder's Federal Tax Identification Number: *(Do Not Use Social Security Number)* 030477430	**NYS Vendor Identification Number:** *(See "New York State Vendor File Registration" clause)* 47-3659 8-2

Legal Business Name of Company Bidding: Zams, Inc

D/B/A - Doing Business As (if applicable):

Street	City	State	County	Zip Code
200 N. Main St	Freeport	NY	Nassau	11520

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☒ NYS Small Business 2 # Employees ☒ NYS Minority Owned Business ☒ NYS Women Owned Business

If applicable, place an "x" in the appropriate box(es) (*check all that apply*): ☐ Manufactured Within NYS ☐ Solely Manufactured Outside NYS ☐ Partially Manufactured Outside NYS %

If you are not bidding, place an "x" in the box and return this page only.
☐ WE ARE UNABLE TO BID AT THIS TIME BECAUSE:

Bidder's Signature:	Printed or Typed Name: Maryum Choudri
Title: Managing Director	Date: 10-8-13
Phone: 516 378 3140 Extension	Toll Free Phone: 1 800. 645 2848 Extension
Fax: 516 623-7679 Extension	Toll Free Fax: Extension
E-mail Address: Zamsinc@aol.com	Company Website:

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