

MANDATORY BID FORM

Bidders **must** download the Mandatory Bid Form in its entirety (open, save, or print documents(s) on their own computer system), enter pricing where indicated, complete any other required information, sign all appropriate forms, and attach (upload) the completed Mandatory Bid Form to their HlePRO online bid submission.

BID CHECKLIST

THE FOLLOWING ITEM IN THIS TABLE MUST BE ADDRESSED AND THE COMPLETED BID CHECKLIST SHALL BE UPLOADED WITH THE BIDDERS HIEPRO SUBMISSION.

REQUIREMENT DESCRIPTION	ACTION REQUIRED	COMPLETE
Notice to Bidders	Read and understood	
Bid Requirements	Read and understood	
Technical Specifications	Read and understood	
General and Special Provisions	Read and understood	
Bid Checklist	Complete, sign and attach to HlePRO	
Bid Price List	Complete, sign, and attach to HlePRO*	
Bid Signature Page	Complete, sign, and attach to HlePRO	
Business Classification Statement	Complete, sign, and attach to HlePRO	

* The University is not responsible for any errors in bid calculations or extensions not attributed to a system error.

BID PRICE LIST

Line Item #	QTY	Manufacturer	Model / Part No.	Proposed Substitution (if applicable)	Delivery Lead Time (# of Days)	Specification (DO NOT ALTER)	Unit Price	Total Price
1	5					<p>Furnish and Deliver five (5) Certified refurbished hospital beds</p> <p>a. Motorized Lift: Head, Feet, Height</p> <p>b. 4 rails: Head, Foot, and side rails.</p> <p>c. CPR Lever for bed lockout</p> <p>d. Trendelenburg and reverse Trendelenburg angle indicators for degree of head section</p> <p>e. Four dual-locking casters keep the bed in place.</p> <p>f. Built-in bed extender.</p> <p>g. Mattress included</p> <p>h. Minimum width: 36 inches wide</p> <p>i. Minimum length: 80 inches length</p> <p>Patient Weight, All Surfaces up to 500 lb (227 kg)</p> <p>Overall Length Extended 94.5"(240.0 cm) with standard foot board</p> <p>Overall Width - Siderails Up 40" (102.0 cm)</p> <p>Max Head of Bed Angle 0°- 60°</p>		
2	3					<p>Furnish and Deliver three (3) Certified refurbished hospital gurney</p> <p>a. Retractable side rails with full extension bumper.</p> <p>b. Knee section articulation crank.</p> <p>c. Oxygen tank holder.</p> <p>d. Hi/low and Trendelenburg/reverse Trendelenburg control pedals.</p>		

						<p>e. Brake/steer pedals - head and foot.</p> <p>f. Minimum width: 24 inches wide</p> <p>g. Minimum length: 76 inches</p>		
3	10					<p>Furnish and Deliver ten (10) New hospital OverbedTables.</p> <p>a. Variable height adjustment ranging from 28.5" to 42.5"</p> <p>b. U-base design for fit and function with beds & furniture</p> <p>c. Roll casters with 2 locking casters</p> <p>d. Low base compatible with beds & furniture</p> <p>e. Minimum dimensions. 15" x 24" for the base and 15" x 30" for the tabletop, with a height that adjusts from roughly 28" to 45".</p> <p>Single Top Tables:</p> <ul style="list-style-type: none"> ● Table Top: 17" x 32" ● Height Adjustable: 28"-42" ● Dual/Flip Top Tables Table Top: 17" x 45.5" <p>Height Adjustable: 28"-42"</p>		
4	8					<p>Furnish and Deliver eight (8) New Bedding items for Hospital beds</p> <p>a. Set Includes: 1 pillow case, 1 fitted sheet for hospital bed, 1 cover sheet, and 1 blanket; All components of the hospital bed sheet set are machine washable</p>		
5	12					<p>Furnish and Deliver twelve (12) New Hospital pillows for bed and gurney</p> <p>a. Pillows are resistant to fluids and stains for durability and easy maintenance</p>		

6	3				<p>FURNISH AND DELIVER THREE (3) NEW COMPLETE SOT PACKAGES</p> <p>Each package shall include the following components:</p> <ul style="list-style-type: none"> a. Connection Type DISS hand-tight connection b. Complete SOT Accessories Package, including: <ul style="list-style-type: none"> i. Oxygen ii. Medical air flowmeters iii. Reusable humidifier iv. Three (3)-mode analog vacuum regulator with both continuous and intermittent suction capability <ul style="list-style-type: none"> • Must include a single-prong wall connection • Must include a compatible suction canister with ring holder <p>In addition, the following equipment shall be provided for the three (3) new in-wall units. All components must be fully compatible and provided in the quantities specified below:</p>		
7	6	Infusomat B Braun IV pumps			<p>Furnish and Deliver six (6) Certified refurbished Infusomat B Braun IV pumps or Approved substitution. Including: (24 quantity) New IV Set (6 quantity) IV Pump pole clamp</p>		

8	8	Laerdal Male IV Trainer Arm Kit				<p>Furnish and deliver eight (8) New Iv Trainer Arm Kit, Laedal Mal IV Trainer Arm Kit or Approved substitution.</p> <p>Features:</p> <ul style="list-style-type: none"> ● Venipuncture possible in the antecubital fossa or dorsum of the hand ● Peripheral IV line insertion and removal ● Palpable veins enable site selection and preparation ● Infusible veins allow peripheral therapy with IV bolus or push injection method ● Peripheral IV line maintenance including assessment and rotation of site an dressing, solution and tubing change ● Replaceable skin and veins ensure longevity of model ● Articulates to many adult manikins <p>Kits include: Arm, Replacement Skin & Vein Set, Simulated Blood, Blood Bag with Tubing and Connector, Clamp and Hook, 5 Syringes, Manikin Lubricant, Carry Case, and Directions for Use.</p>		
9	1	Laerdal Nursing Kid Simulation Manikin				<p>Furnish and D eliver one (1) New Child Simulation Manikin or Approved substitution.</p> <ol style="list-style-type: none"> a. Pediatric Manikin for Nursing Lab (specifications) b. Manikin representing a six-year old to ten-year old child c. Full range of motion 		

						<p>for realistic patient handling</p> <p>d. Non-tethered (run by SIM pad or PC) without pressure lines or electric lines</p> <p>e. Pediatric transfer techniques possible (not ridged body)</p> <p>f. Interchangeable male and female genitalia</p> <p>g. Urinary catheterization and enema capacity</p> <p>h. NG tube insertion, care and removal</p> <p>i. IV training capable</p> <p>j. Injection capable: Thigh, deltoid, and gluteal intramuscular injections (unilateral)</p> <p>k. Heart sounds synchronized with ECG</p> <p>l. Auscultated lung sounds synchronized with breathing, 0 - 60 BPM</p> <p>m. Individual lung sound selection : Normal or abnormal bowel sounds</p> <p>n. Generated carotid and peripheral pulses</p> <p>o. software and simpad for simulation</p>		
10	2	Gaumard 1-Year-Old Patient, Heart and Lung Sounds Skills Trainer				<p>Furnish and Deliver two (2) New 1-Year-Old Patient, Heart and Lung Sounds Skills Trainer or Approved substitution.</p> <p>a. 1-year-old heart and lung sounds skill trainer with intubatable airway</p> <p>b. Full size pediatric manikin with palpable anatomic landmarks</p> <ul style="list-style-type: none"> ● Sensor network hidden beneath the skin ● Hear the appropriate heart or lung sound as bell of stethoscope is moved across the 		

						<p>front and back of the torso Includes:</p> <ul style="list-style-type: none"> ● Full-body trainer ● Virtual Stethoscope with multiple heart & lung sounds ● External speaker plugs into the Virtual Stethoscope so a classroom can hear what the student hears ● Instruction manual ● Carrying bag 		
11	2					<p>Furnish and Deliver two (2) New Adult Heart and Lung sound trainer</p> <ol style="list-style-type: none"> a. Invisible Auscultation Sites b. Palpable Landmarks c. Heart and Lung Sounds Vary at Different Sites <ul style="list-style-type: none"> ● Allows students to hear and compare different heart and lung sounds in different locations. ○ Invisible auscultation sites ○ No internal speakers ○ Palpable landmarks ○ Replicates 11 lung conditions and 11+ heart conditions Lung conditions to select with the remote: <ul style="list-style-type: none"> ○ Bronchovesicular ○ Bronchial ○ Cavernous ○ Coarse crackle ○ Egophony ○ Fine crackle ○ Friction rub ● Infant ○ Mono wheeze ○ Normal lung ○ Pectoriloquy ○ Pulmonary edema ○ Rhonch ○ Stridor ○ Vesicular ○ Wheeze ● Heart conditions to 		

						<ul style="list-style-type: none"> select with remote: ○ Aortic regurgitation ○ Atrial septal defect ○ Holosystolic ○ Midsystolic ○ Mitral stenosis ○ Normal ○ PDA ○ Pulmonary ○ Stenosis ○ S3 gallup ○ S4 gallup ○ Systolic click ○ VSD ● Includes: ○ Wireless remote control ○ Hard carrying case 		
12	1	Verathon Bladder Scanner				<p>Furnish and Deliver one (1) New Bladder scanner or Approved substitution.</p> <p>a. Non-invasive urinary bladder volume measurement</p> <ul style="list-style-type: none"> ● BladderTraq™/ Precision Aiming ● Vmode® 3D Quantification ● Live Pre-Scan Aiming ● No Periodic Calibration Needed ● Onboard Video Tutorial ● Pubic Bone Indication ● EdgeScan ● Passes MIL-STD Drop Test ● PHI and Setting Protection ● EHR Charting ● Quick Transfer of Configuration Settings ● User-Replaceable Battery ● Onboard Charging ● Single Handed Probe Docking 		
13	2	Care-e-Vac 3 Portable Suction Aspirator				<p>Furnish and Deliver two(2) New Portable Suction Unit or Approved substitution.</p> <p>a. Minimum: 300 ml reservoir canister</p> <p>b. Patient Port</p> <p>c. Air Flow at Vacuum</p>		

						Inlet (all configurations): 27 LPM (free flow) typical d. Vacuum - Max.: 550+ mmHg (73.3 kPa) e. Vacuum - Range: 50 - 550+ mmHg (6.7 - 73.3 kPa)		
14	1	3M V.A.C. Ultra Therapy Unit				<p>Furnish and Deliver one (1) Negative Pressure Wound Vacuum Therapy NPWT or Approved substitution.</p> <p>a. Minimum 400cc Canister</p> <ul style="list-style-type: none"> ● One device, four therapies: V.A.C.® Therapy, Veraflo™ Therapy, AbThera™ Therapy and Prevena™ Therapy. ● Help promote granulation tissue formation and reduce edema for wounds with V.A.C.® Therapy and Veraflo Therapy. ● Use Veraflo Therapy to cleanse with cyclic delivery of topical solutions, dilute and solubilize infectious material and wound debris. ● Combining Smart Instill™ Feature with Veraflo Therapy helps you automatically determine the volume of topical wound solution to instill, offering programmed therapy settings that are aligned to global advisory recommendations. 1 ● Create a wound healing environment that helps manage the open abdomen by actively removing fluid and providing medial tension with AbThera Therapy. 		

						<ul style="list-style-type: none"> ● Manage closed surgical incision environments and the surrounding soft tissue with ease using Prevena Therapy. ● Provides animated troubleshooting and a postpone feature. 		
15	1	Kendall SCD SmartFlow Compression System				<p>Furnish and Deliver one (1) New SCD Machine venous thromboembolism (VTE) Trainer or Approved substitution.</p> <ul style="list-style-type: none"> ● Vascular Refill Detection (VRD) Technology customizes compression cycles to match a patient's specific venous refill time. ● Sequential, circumferential, gradient sleeve design moves more blood per hour than uniform compression.1 ● Patented Patient Sensing™ Technology automatically detects if compression therapy is being applied. ● The device's Therapy Tracker allows care teams to track true therapy time and adherence in up to six-day intervals. ● The Therapy Tracker features a shift Look Back option to allow clinicians to check patient therapy time in 8-, 12- and 24-hour increments. ● Improved design for enhanced clinician and patient experience ● Weighs 4.8 lbs ● Quiet operation 		

						<ul style="list-style-type: none"> ● Four buttons to pause therapy, backlight and toggle between menus ● IPX rating (IPX4) to prevent liquid and contaminant ingress ● Night mode ● Pause therapy to help ensure therapy time is accurately measured ● Redesigned smooth tubing ● Push button and reversible connector 		
16	1	Nursing Anne Simulator Geriatric				<p>Furnish and Deliver one (1) New Geriatric Simulator or Approved substitution.</p> <p>a. Full range of motion for realistic patient handling</p> <p>b. Non-tethered (run by SIM pad or PC)</p> <p>c. Dressing and bandaging techniques</p> <p>d. Geriatric transfer techniques possible (not ridged body)</p> <p>e. Interchangeable male and female genitalia</p> <p>f. Urinary catheterization and enema</p> <p>g. NG tube insertion</p> <p>h. IV training capable</p> <p>i. Injection capable: Thigh, deltoid, and gluteal intramuscular injections</p> <p>j. Heart sounds synchronized with ECG</p> <p>k. Auscultated lung sounds synchronized with breathing, 0 - 60 BPM</p> <p>l. Individual lung sound selection : Normal or abnormal bowel sounds</p> <p>m. Manually generated carotid and peripheral pulses</p> <p>n. software and simpad for simulation</p>		

- Failure to clearly identify the product offered, including manufacturer and model/part number, may result in a determination that the bid is nonresponsive if the University cannot determine exactly what is being offered.
 - Award may be made by individual line item. Total Price for each line item shall include all costs associated with furnishing, delivery, installation (if applicable), and any other charges necessary to provide the item in full compliance with the specifications.
 - Prices submitted shall be firm-fixed and not subject to escalation, adjustment, or negotiation after bid opening. By submitting a bid, the bidder certifies that all pricing is accurate, complete, and inclusive of all costs required to meet the specifications.
 - Bidders must provide pricing and product information for the complete line item as specified. Partial bids, incomplete configurations, or omission of required components may result in the bid being deemed nonresponsive.
 - Where a brand name is referenced, it is intended to establish a standard of quality, performance, and functional characteristics. Bidders may offer an equivalent product; however, the burden of proof rests with the bidder to demonstrate that the product meets or exceeds all specified requirements.
 - Bidders shall provide sufficient technical documentation (e.g., product specifications, cut sheets, manufacturer literature) to demonstrate compliance with all requirements. Failure to provide adequate documentation may result in the bid being deemed nonresponsive.
 - The University will evaluate bids based solely on the information provided in the bid submission. Assumptions, implied features, or statements not explicitly documented will not be considered.
 - Any deviations from the specifications must be clearly identified and described in the bid submission. Failure to disclose deviations may result in rejection of the bid.
 - In the event of a discrepancy between unit price and total price, the unit price shall prevail. The University reserves the right to correct mathematical errors.
 - Award will be made to the lowest responsive and responsible bidder for each line item, whose bid meets all specifications and requirements.
 - Bidders shall specify delivery lead time for each line item. Failure to provide delivery information may impact responsibility determination.
 - By submitting a bid, the bidder certifies that all items provided will meet or exceed the warranty requirements specified in this solicitation.
 - All refurbished equipment must be certified by the manufacturer or an authorized refurbisher, fully tested, and in like-new operating condition. Documentation supporting refurbishment and certification shall be provided upon request.
 - By submitting a bid, the bidder acknowledges that all communications regarding this solicitation shall be conducted exclusively through HIEPRO. Unauthorized communication may result in disqualification.
 - The undersigned certifies that they have reviewed the specifications in their entirety and that the products offered fully comply with all requirements unless explicitly noted. The bidder further certifies that all information provided is accurate and complete.
- PRICES FOR ALL ITEMS SHALL INCLUDE COST OF TRANSPORTATION, DELIVERY FEES (IF ANY), LABOR, OVERHEAD, AND ALL APPLICABLE TAXES. PRICE SHALL BE F.O.B. DESTINATION.
 - THE TOTAL BID AMOUNT ABOVE SHALL BE ENTERED INTO HIEPRO.
 - THE TOTAL BID AMOUNT ENTERED INTO HIEPRO MUST BE IDENTICAL TO THE NUMBER SHOWN ABOVE.

REMITTANCE ADDRESS

In the event that the undersigned is awarded this contract and its remittance address differs

MANDATORY BID FORM

from the address shown above, please indicate remittance address below:

Street Address or P. O. Box

City State Zip Code

(IF BY INDIVIDUAL)

	NAME (Signature)	TYPED NAME
	D.B.A.	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	ADDRESS	
	CITY	STATE ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

(IF BY PARTNERSHIP)

	OFFICIAL/LEGAL NAME OF FIRM	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	NAME (Signature)	TYPED NAME
	PARTNER	
EMAIL ADDRESS	ADDRESS	
	CITY	STATE ZIP CODE
	TELEPHONE NUMBER	FAX NUMBER

(IF BY CORPORATION)

	OFFICIAL/LEGAL NAME OF COMPANY	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	*OFFICER (Signature)	TYPED NAME
EMAIL ADDRESS	TITLE	
	ADDRESS OF COMPANY	
	CITY	STATE ZIP CODE
	TELEPHONE NUMBER	FAX NUMBER

(SEAL)

IF LICENSED OR INCORPORATED TO DO BUSINESS WITHIN THE STATE OF HAWAII AND SUBJECT TO THE PROVISIONS OF THE HAWAII GENERAL EXCISE TAX LAWS, INDICATE GENERAL EXCISE TAX LICENSE NUMBER

_____.

**For Corporations include evidence of the authority of this officer to submit a bid on behalf of the corporation, giving also, the address and names and addresses of the other officers.*

NOTE: FILL IN ALL BLANK SPACES WITH INFORMATION ASKED FOR OR BID MAY BE INVALIDATED.

BUSINESS CLASSIFICATION CERTIFICATION STATEMENT

CONTRACTORS: Please complete the information below. Terms used are taken from the U.S. Small Business Administration (SBA) Rules and Regulations (<https://www.sba.gov/>) and the U.S. Code of Federal Regulations (CFR). The term “controlled” refers to the management and daily operation of the business concern.

The company identified below (check all that apply):

1. _____ **IS NOT** a small business concern as defined in the regulations
(If you checked here, STOP. GO TO CERTIFICATION BELOW.)

_____ **IS a small business concern**, defined as one that is independently owned and operated, is organized for profit, is not dominant in its field, meets the SBA size standard eligibility (see reverse side of this form for examples of size standards), is registered and has its status represented in the U.S. Government’s System for Award Management (SAM) database. See <http://www.sba.gov/content/what-sbas-definition-small-business-concern>.
2. _____ IS a **small disadvantaged business concern** of which at least 51% is unconditionally and directly owned and controlled by one or more socially disadvantaged and economically disadvantaged persons who are U.S. citizens. See 13 CFR 124.105 for exceptions.
3. _____ IS a **women-owned small business concern** of which at least 51% is unconditionally and directly owned and controlled by one or more women who are U.S. citizens. See 13 CFR 127.
4. _____ IS a **HUBZone small business concern** that meets the certification eligibility requirements set by the U.S. SBA. See 13 CFR 126.
5. _____ IS a **veteran-owned small business concern** of which at least at least 51% is unconditionally and directly owned by one or more veterans or service-disabled veterans. See 38 CFR 74.
6. _____ IS a **service-disabled veteran-owned small business concern** of which at least 51% is unconditionally and directly owned by one or more service-disabled veterans. In the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more service-disabled veterans. The management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a veteran with a permanent and severe disability, a spouse or permanent caregiver of such veteran. See 13 CFR 125.11 et al.

CERTIFICATION

I hereby certify the information supplied herein to be true and correct. (Any misrepresentation shall be subject to the provisions stated in item B on the next page.)

Company Name: _____

Signature of Company Officer

Company Address: _____

Print Name: _____

Title: _____

Date: _____

Type of Goods/Services: _____

North American Industry Classification System (NAICS) Code: _____

- A. A small business concern is one that is independently owned and operated, is organized for profit, is not dominant in its field, has a place of business in the U.S., and operates primarily within the U.S. or makes a significant contribution to the U.S. economy. Size standard eligibility is based on the average number of employees for the preceding 12 months or on sales volume averaged over a 3-year period. See 13 CFR 121.201 for size standards identified by NAICS codes. The size standards for a few industries are shown below and are subject to change at any time.
1. SPECIALTY TRADE CONTRACTORS – “Small” if average annual receipts for preceding 3 years do not exceed \$15 million.
 2. CONSTRUCTION, GENERAL CONTRACTORS – “Small” if average annual receipts for preceding 3 years do not exceed \$36.5 million.
 3. MANUFACTURING – “Small” if 500 employees or less, except for some specific products which will increase the complement of employees to 750 or 1,000.
 4. TRANSPORTATION – “Small” if average annual receipts for preceding 3 years do not exceed the amount shown for specific services.
\$27.5 million – general freight trucking, local.
 5. WHOLESALE TRADE, DURABLE AND NON-DURABLE GOODS – “Small” if 100 employees or less.
 6. RETAIL TRADE – “Small” if average annual receipts for preceding 3 years do not exceed the amount shown for specific products.
\$7.5 million – hardware stores.
 7. SERVICES – “Small” if average annual receipts for preceding 3 years do not exceed the amount shown for specific services:
 - a) \$27.5 million – computer systems design services, custom computer programming services
\$20.5 million – security guards and patrol services
 - b) \$18 million – janitorial services
 - c) \$38.5 million – passenger car rental
 - d) \$32.5 million – office machinery and equipment rental & leasing
 - e) \$7.5 million – general automotive repair

Annual receipts of a concern which has been in business for less than 3 complete fiscal years means the total receipts for the period the concern has been in business divided by the number of weeks in business, multiplied by 52. See 13 CFR 121.104.

- B. Notice. Under 15 U.S.C. 645(d), any person who misrepresents a firm’s status as a small business concern, a qualified HUBZone small business concern, a small business concern owned and controlled by socially and economically disadvantaged individuals, or a small business concern owned and controlled by women in order to obtain a contract to be awarded under the preference programs established pursuant to 15 U.S.C. sections 637(a), 637(d), 638, 644, or 657(a), shall:
1. Be punished by imposition of fine, imprisonment, or both;
 2. Be subject to administrative remedies including suspension and debarment; and
 3. Be ineligible for participation in a program conducted under the authority of the Small Business Investment Act of 1958.