

REVISED BID PROPOSAL FORM

Contractor's Name:

CADNAC LIFE PRODUCTS, INC

The Contractor listed above agrees to provide all Defibrillator (AED) Services in accordance with the specifications of this Invitation for Bid No. 1969. Furthermore the Contractor's rates are to be inclusive of any and all ancillary costs of performing the services. Contractors are required to complete, date, sign and submit four (4) original copies of this Bid Proposal form.

Item 1: Tracking System

Monthly cost for a tracking system \$ 0 No Cost x 12 months =

Item 1 \$ 0 No Cost

Item 2: Monthly Charges

Monthly cost for 1 Physician Oversight/Medical Director \$ 1012⁸⁰ per month x 12 Months =

Item 2 \$ 12,145

Item 3: Annual Maintenance and Inspection

Per unit rate for maintenance and inspection of all AED listed in Attachment 3 – AED Equipment to be Serviced \$ 85 x 347 units =

Item 3 \$ 29,495

Item 4: CPR and AED Training

Per class rate for CPR and AED Training \$ 750 X an estimated 24 classes per year =

Item 4 \$ 18,000

Item 5: Additional Services

Per floor site survey rate for site surveys \$ 100 X an estimated 5 floors per year =

Item 5 \$ 500

Item 6: Additional AED Units

Per unit rate for maintenance and inspection of additional AED Units not currently listed in Attachment 3 – AED Equipment to be Serviced \$ 85 x 50 units =

Item 6 \$ 4250

Item 7: Yearly Grand Total

Item 1 \$ 0 + Item 2 \$ 12,145 + Item 3 \$ 29,495 + Item 4 \$ 16,000 + Item 5 \$ 5,000 +
Item 6 \$ 4,750 =

Item 7 \$ 64,390

NOTE: Bid submitted must include a value for each Item amount listed on the Bid Form. Failure to do so will result in the rejection of the Bid.

SIGN BID HERE


Authorized Signature

PRINT NAME

ROBIN VOGT

TITLE

DIRECTOR

REVISED BID PROPOSAL FORM

Contractor's Name:

Emergency Skills, Inc.

The Contractor listed above agrees to provide all Defibrillator (AED) Services in accordance with the **specifications of this Invitation for Bid No. 1969**. Furthermore the Contractor's rates are to be inclusive of any and all ancillary costs of performing the services. **Contractors are required to complete, date, sign and submit four (4) original copies of this Bid Proposal form.**

Item 1: Tracking System

Monthly cost for a tracking system \$ 495.00 x 12 months =

Item 1 \$ 5,940.00

Item 2: Monthly Charges

Monthly cost for 1 Physician Oversight/Medical Director \$ 945.00 per month x 12 Months =

Item 2 \$ 11,340.

Item 3: Annual Maintenance and Inspection

Per unit rate for maintenance and inspection of all AED listed in Attachment 3 – AED Equipment to be Serviced \$ 75.00 x 347 units =

Item 3 \$ 26,025.00

Item 4: CPR and AED Training

Per class rate for CPR and AED Training \$ 1,008.00 X an estimated 24 classes per year =

Item 4 \$ 24,192.00

Item 5: Additional Services

Per floor site survey rate for site surveys \$ 150.00 X an estimated 5 floors per year =

Item 5 \$ 750.00

Item 6: Additional AED Units

Per unit rate for maintenance and inspection of additional AED Units not currently listed in Attachment 3 – AED Equipment to be Serviced \$ 119.00 x 50 units =

Item 6 \$ 5,950.00

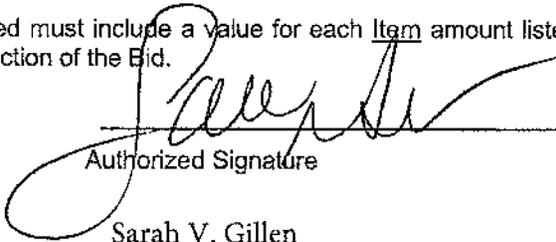
Item 7: Yearly Grand Total

Item 1 \$5,940. + Item 2 \$ 11,340. + Item 3 \$ 26,025. + Item 4 \$ 24,192+ Item 5 \$ 750. +
Item 6\$ _____ =
5,950.

Item 7 \$ 73,597.00

NOTE: Bid submitted must include a value for each Item amount listed on the Bid Form. Failure to do so will result in the rejection of the Bid.

SIGN BID HERE



Authorized Signature

PRINT NAME

Sarah V. Gillen

TITLE

President
