

Bid Opening Results For:

BID NUMBER	23164
BID OPENING	4/16/2019 11:00:00 AM
GROUP NUMBER	38708
CONTACT PERSON	Vivian Basile
TELEPHONE	(518) 474-0912

DESCRIPTION

In-Breath Alcohol Testing Equipment & Accessories
(Statewide)

Pursuant to State Finance Law § 139-j and § 139-k, the following individuals have been added as designated contacts for the above referenced solicitation.

MWBE
Lori Broadhead
Ashley Pallone
Alice Roberson
Tryphina Ramsey
MWBE@ogs.ny.gov

Insurance
Robert Hall, robert.hall@ogs.ny.gov
Peggy Beattie, peggy.beattie@ogs.ny.gov
Leighann Brown, leighann.brown@ogs.ny.gov

SDVOB
Anthony Tomaselli
Calisia Humphries
veteransdevelopment@ogs.ny.gov



Corning Tower, Empire State Plaza, Albany, NY 12242 | https://ogs.ny.gov/procurement | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164	TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42
---	--

CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.

DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

Email Address: <u>Vivian.Basile@ogs.ny.gov</u>		
Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: <u>Vivian.Basile@ogs.ny.gov</u>	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: <u>Ningbin.Kuo@ogs.ny.gov</u>	Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: <u>terri.allen@ogs.ny.gov</u>

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 36-2876877	NYS Vendor Identification Number: <i>(See New York State Vendor File Registration Clause)</i>
--	---

Legal Business Name of Company Bidding: ALCOHOL COUNTERMEASURE SYSTEMS

D/B/A – Doing Business As (if applicable): ALCOLOCK USA Inc.

Street 5776 Hoffner Avenue, Suite 303	City ORLANDO	State FL	County	Zip Code 32822
---	------------------------	--------------------	---------------	--------------------------

E-mail Address: sales@acs-corp.com	Company Web Site: www.acs-corp.com
--	--

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
---	--	--	---

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

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	



Coming Tower, Empire State Plaza, Albany, NY 12242 | https://ogs.ny.gov/procurement | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164		TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42	
CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.			
DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.			
Email Address: <u>Vivian.Basile@ogs.ny.gov</u>			
Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: <u>Vivian.Basile@ogs.ny.gov</u>	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: <u>Ningbin.Kuo@ogs.ny.gov</u>	Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: <u>terri.allen@ogs.ny.gov</u>	

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 61-1205273		NYS Vendor Identification Number: <i>(See New York State Vendor File Registration Clause)</i> 1000009592		
Legal Business Name of Company Bidding: CMT, Inc.				
D/B/A – Doing Business As (if applicable):				
Street 316 East Ninth Street	City Owensboro,	State KY	County Daviness	Zip Code 42303
E-mail Address: <u>pjhagan@alcoholtest.com</u>		Company Web Site: <u>www.alcoholtest.com</u>		

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
--	---	---	--

If you are not bidding, place an "x" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	



**Office of
General Services**

**Procurement
Services**

Corning Tower, Empire State Plaza, Albany, NY 12242 | <https://ogs.ny.gov/procurement> | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164	TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42
---	--

CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.

DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

Email Address: Vivian.Basile@ogs.ny.gov

Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: Vivian.Basile@ogs.ny.gov	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: Ningbin.Kuo@ogs.ny.gov	Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: terri.allen@ogs.ny.gov
--	--	---

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 23-1699096	NYS Vendor Identification Number: <i>(See New York State Vendor File Registration Clause)</i> 2048630
--	--

Legal Business Name of Company Bidding: **Draeger, Inc.**

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

Street 3135 Quarry Road	City Telford	State PA	County Montgomery	Zip Code 18969
----------------------------	-----------------	-------------	----------------------	-------------------

E-mail Address: US-Safety-OE@draeger.com	Company Web Site: https://www.draeger.com/en-us_us/Home
---	--

If applicable, place an "x" in the appropriate box(es) (check all that apply)

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
---	--	--	---

If you are not bidding, place an "x" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	



Coming Tower, Empire State Plaza, Albany, NY 12242 | https://ogs.ny.gov/procurement | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164		TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42	
CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.			
DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.			
Email Address: Vivian.Basile@ogs.ny.gov			
Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: Vivian.Basile@ogs.ny.gov		Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: Ninqbin.Kuo@ogs.ny.gov	
		Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: terri.allen@ogs.ny.gov	

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 23-2139091		NYS Vendor Identification Number: <i>(See New York State Vendor File Registration Clause)</i> 100008907			
Legal Business Name of Company Bidding: Guth Laboratories, Inc.					
D/B/A – Doing Business As (if applicable):					
Street 420 North 67th Street		City Harrisburg	State PA	County Dauphin	Zip Code 17111
E-mail Address: t1pauley@guthlabs.com			Company Web Site: www.guthlabs.com		

If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
--	---	---	--

If you are not bidding, place an "x" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	

PR



Coming Tower, Empire State Plaza, Albany, NY 12242 | <https://ogs.ny.gov/procurement> | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164		TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42	
CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.			
DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.			
Email Address: Vivian.Basile@ogs.ny.gov			
Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: Vivian.Basile@ogs.ny.gov	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: Ningbin.Kuo@ogs.ny.gov	Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: terri.allen@ogs.ny.gov	

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 43-0906533		NYS Vendor Identification Number: <i>(See New York State Vendor File Registration Clause)</i> 1000009340		
Legal Business Name of Company Bidding: Intoximeters, Inc.				
D/B/A – Doing Business As (if applicable):				
Street 2081 Craig Road		City St. Louis		State MO
		County St. Louis		Zip Code 63146
E-mail Address: bids@intox.com			Company Web Site: www.intox.com	

If applicable, place an "x" in the appropriate box(es) *(check all that apply)*

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
--	---	---	--

If you are not bidding, place an "x" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	



Coming Tower, Empire State Plaza, Albany, NY 12242 | https://ogs.ny.gov/procurement | customer.service@ogs.ny.gov | 518-474-6717

Invitation for Bids (Revised April 8, 2019)

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164	TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42
---	--

CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.

DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.

Email Address: Vivian.Basile@ogs.ny.gov

Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: <u>Vivian.Basile@ogs.ny.gov</u>	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: <u>Ningbin.Kuo@ogs.ny.gov</u>	Terri L. Allen Assistant Director Telephone No. (518) 474-7795 E-mail address: <u>terri.allen@ogs.ny.gov</u>
--	--	---

Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) <u>45-2091900</u>	NYS Vendor Identification Number: (See New York State Vendor File Registration Clause) <u>1100054289</u>
--	---

Legal Business Name of Company Bidding: MOBILE DRUG TESTING OF NEW YORK CORP.

D/B/A – Doing Business As (if applicable): Upstate Drug Testing

Street <u>27 Fennell St, SUITE 125</u>	City <u>Skaneatele</u>	State <u>NY</u>	County <u>ONONDAGA</u>	Zip Code <u>13152</u>
---	---------------------------	--------------------	---------------------------	--------------------------

E-mail Address: <u>info@upstatedrugtesting.com</u>	Company Web Site: <u>www.upstatedrugtesting.com</u>
---	--

If applicable, place an "x" in the appropriate box(es) (check all that apply).

<input type="checkbox"/> NYS Small Business # Employees	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input checked="" type="checkbox"/> NYS Women Owned Business
---	--	--	--

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

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	# of Binders/Packages: _____
Documented by: _____				



Invitation for Bids

BID OPENING DATE: 04/16/2019 TIME: 11:00 A.M. EST INVITATION FOR BIDS NUMBER: 23164		TITLE: Group 38708 – IN-BREATH ALCOHOL TESTING EQUIPMENT AND ACCESSORIES (STATEWIDE) Classification Codes: 41 & 42	
CONTRACT PERIOD: Five (5) years with optional renewal up to five (5) years.			
DESIGNATED CONTACTS: In accordance with the Procurement Lobbying Law [State Finance Law § 139-j(2)(a)], the following individuals are the Designated Contacts for this Solicitation. All questions relating to this Solicitation must be addressed to the Designated Contacts.			
Email Address: <u>Vivian.Basile@ogs.ny.gov</u>			
Vivian Basile Contract Management Specialist Telephone No. (518) 474-0912 E-mail address: <u>Vivian.Basile@ogs.ny.gov</u>	Theresa Kuo Contract Management Specialist 2 Telephone No. (518) 474-0259 E-mail address: <u>Ningbin.Kuo@ogs.ny.gov</u>	Jennifer Kuhn Team Leader Telephone No. (518) 473-3625 E-mail address: <u>Jennifer.Kuhn@ogs.ny.gov</u>	

Bidder's Federal Tax Identification Number: <small>(Do Not Use Social Security Number)</small> <u>14-1384402</u>		NYS Vendor Identification Number: <small>(See New York State Vendor File Registration Clause)</small> <u>1000027285</u>	
Legal Business Name of Company Bidding: <u>Noble Gas Solutions, Inc.</u>			
D/B/A – Doing Business As (if applicable):			
Street <u>10 ERIC Blvd.</u>	City <u>Albany</u>	State <u>NY</u>	County <u>Albany</u>
E-mail Address: <u>PODONNELL@NOBLEGASOLUTIONS.COM</u>		Company Web Site: <u>www.NobleGasSolutions.com</u>	
Zip Code <u>12204</u>			

If applicable, place an "X" in the appropriate box(es) (check all that apply)

<input checked="" type="checkbox"/> NYS Small Business # Employees <u>33</u>	<input type="checkbox"/> Service Disabled Veteran Owned Business	<input type="checkbox"/> NYS Minority Owned Business	<input type="checkbox"/> NYS Women Owned Business
---	---	---	--

If you are not bidding, place an "X" in the box and return this page only.

WE ARE NOT BIDDING AT THIS TIME BECAUSE:

FOR PROCUREMENT SERVICES USE ONLY

LITERATURE <input type="checkbox"/>	LETTER <input type="checkbox"/>	USB FLASH DRIVE <input checked="" type="checkbox"/>	# of Binders/Packages: _____
PURC. MEMO <input type="checkbox"/>	OTHER <input type="checkbox"/>	Documented by: _____	