





CERTIFICATE OF BID OPENING

This is to certify that I have been duly authorized to open bids for IFB #2435 for Automatic External Defibrillator Services that were solicited and due on October 28, 2021 at 2:00 pm at the OGS Financial Administration/Agency Procurement Office.

All timely responses received are included in the tabulation.



Authorized Individual (Signature)



Witness (Signature)

<u>VENDOR</u>	<u>TOTAL AMOUNT BID</u>
Life Safe Services	\$ 453,268.65
Cardiac Life Products, Inc.	\$ 657,293.00

Attachment 1 – Bid Proposal Form

NYS Office of General Services
 Financial Administration / Agency Procurement Office
 32nd Floor, Corning Tower, ESP
 Albany, NY 12242

CONTRACT # _____
 (to be completed by agency)

Company's Name: LifeSafe Services LLC

Date: 10-19-21

The Bidder stated above agrees to provide Automatic External Defibrillator Services in accordance with the terms, conditions and specifications required by this solicitation. Furthermore, the Bidder's proposal is to be inclusive of any, and all ancillary cost of performing the services as specified in Section 2 – Scope of Work of this solicitation. The rates bid by the Contractor shall be equal to or lower than any rates provided by the Contractor to other clients for like services.

Bidders are required to complete, date, sign and return one (1) original and one (1) exact copy of the Bid Proposal Form.

Automatic External Defibrillator Services				
		Total Annual Cost		5 Year Total
A. Annual Maintenance and Inspection of all AED Units	Maintenance and Inspection Rate Per Unit <u>\$44.81</u> x estimated 483 units* = <u>\$ 21,643.23</u>	<u>\$ 21,643.23</u>	x5	<u>\$ 108,216.15</u>
B. Tracking System	Tracking System Rate Per Month \$ _____ x 12 months <u>Tracking & medical Direction combined</u>	<u>\$ 0⁰⁰ included</u>	x5	<u>\$ COST IN WITH OVERSIGHT</u>
C. Physician Oversight/Medical Director	Physician Oversight/Medical Director Rate Per Month <u>\$2817.50</u> x 12 months	<u>\$ 33,810⁰⁰</u>	x5	<u>\$ 169,050⁰⁰</u>
D. CPR and AED Training	CPR and AED Training Rate Per Class <u>\$472.50</u> x estimated 65 classes* per year	<u>\$ 30,712.50</u>	x5	<u>\$ 153,562.50</u>
E. Site Survey	Site Survey Daily Rate \$ _____ x estimated 35 days* per year = \$ _____	<u>\$ 4488.00</u>	x5	<u>\$ 22,440.00</u>
5 YEAR Grand Total (A + B + C + D + E)				<u>\$ 453,268.65</u>

***The estimated numbers are for bid evaluation purposes only. Contractor shall only be paid for actual services provided.**

(Continue to Next Page)

Early payment discounts offered NA % / ___ days after receipt of proper invoice

NA % / ___ days after receipt of proper invoice

Christine Hoene
(Print Name of Authorized Signatory in ink)↑


(Signature of Authorized Signatory)↑

MANAGER
(Title)↑

10-11-21
(Date of Signature)↑

Attachment 1 – Bid Proposal Form

NYS Office of General Services
 Financial Administration / Agency Procurement Office
 32nd Floor, Corning Tower, ESP
 Albany, NY 12242

CONTRACT # _____
 (to be completed by agency)

Company's Name: Cardiac Life Products, Inc Date: 10/24/2021

The Bidder stated above agrees to provide Automatic External Defibrillator Services in accordance with the terms, conditions and specifications required by this solicitation. Furthermore, the Bidder's proposal is to be inclusive of any, and all ancillary cost of performing the services as specified in Section 2 – Scope of Work of this solicitation. The rates bid by the Contractor shall be equal to or lower than any rates provided by the Contractor to other clients for like services.

Bidders are required to complete, date, sign and return one (1) original and one (1) exact copy of the Bid Proposal Form.

Automatic External Defibrillator Services				
		Total Annual Cost		5 Year Total
A. Annual Maintenance and Inspection of all AED Units	Maintenance and Inspection Rate Per Unit \$ <u>85.00</u> x estimated 483 units* = \$ <u>41,055.00</u>	\$ <u>41,055.00</u>	x5	\$ <u>205,275.00</u>
B. Tracking System	Tracking System Rate Per Month \$ <u>0</u> x 12 months	\$ <u>0</u>	x5	\$ <u>0</u>
C. Physician Oversight/Medical Director	Physician Oversight/Medical Director Rate Per Month \$ <u>1012.80</u> x 12 months	\$ <u>12,153.60</u>	x5	\$ <u>60,768.00</u>
D. CPR and AED Training	CPR and AED Training Rate Per Class \$ <u>1150.00</u> x estimated 65 classes* per year	\$ <u>74,750.00</u>	x5	\$ <u>373,750.00</u>
E. Site Survey	Site Survey Daily Rate \$ <u>100.00</u> x estimated 35 days* per year = \$ <u>3,500.00</u>	\$ <u>3,500.00</u>	x5	\$ <u>17,500.00</u>
5 YEAR Grand Total (A + B + C + D + E)				\$ <u>657,293.00</u>

*The estimated numbers are for bid evaluation purposes only. Contractor shall only be paid for actual services provided.

(Continue to Next Page)

Early payment discounts offered _____% / ____ days after receipt of proper invoice

_____ % / ____ days after receipt of proper invoice

Rebecca DeFlavis

(Print Name of Authorized Signatory in ink) ⌄

Rebecca DeFlavis

(Signature of Authorized Signatory) ⌄

General Manager

(Title) ⌄

10/24/2021

(Date of Signature) ⌄