

# State of Nebraska - INVITATION TO BID CONTRACT

**Return to:**  
 State Purchasing Bureau  
 1526 K Street, Suite 130  
 Lincoln, Nebraska 68508  
 Telephone: 402-471-6500  
 Fax: 402-471-2089

<b>Date</b>	4/13/16	<b>Page</b>	1 of 3
<b>Solicitation Number</b>	5253 OF		
<b>Opening Date and Time</b>	04/18/16	2:00 pm	
<b>Buyer</b>	CHRISTIE KELLY (AS)		

**DESTINATION OF GOODS  
 MULTIPLE DELIVERY LOCATIONS  
 PLEASE REFER TO DOCUMENTATION  
 FOR DELIVERY ADDRESSES.**

Per Nebraska's Transparency in Government Procurement Act, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_ NEBRASKA CONTRACTOR AFFADAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. " Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this ITB.

\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. §73-107 and wish to have preference, if applicable, considered in the award of this contract.

Contract to supply and deliver Portable Medical Oxygen and Related Supplies to the State of Nebraska as per the attached specifications for a two (2) year period from date of award. The contract may be renewed for three (3) additional one (1) year periods when mutually agreeable to the vendor and the State of Nebraska. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the vendor and the State of Nebraska.

(fc 03/28/16)

**A response to this Solicitation is subject to, but not limited to, the included Standard Conditions and Terms. PLEASE READ CAREFULLY!**

**IT IS THE RESPONSIBILITY OF THE BIDDER TO REFER TO STATE PURCHASING BUREAU'S WEB SITE FOR ALL INFORMATION RELEVANT TO THIS SOLICITATION TO INCLUDE ADDENDA AND/OR AMENDMENTS THAT MAY BE ISSUED PRIOR TO THE OPENING DATE.**

<http://www.das.state.ne.us/materiel/purchasing/purchasing.html>

Bid Tabulations are available on the internet at <http://www.das.state.ne.us/materiel/purchasing/bidtabs.htm>

This form is part of the specification package and must be signed and returned, along with all documents, by the opening date and time specified.

Any questions regarding this solicitation must be directed to State Purchasing Bureau, to the attention of the buyer. It is preferred that questions be sent via e-mail to [matpurch.dasmat@nebraska.gov](mailto:matpurch.dasmat@nebraska.gov). Questions may also be sent by facsimile to 402-471-2089. Refer to specification for additional information.

**No facsimile or email solicitation responses will be accepted.**

No Bid Respond: ( ) Remove From Class-Item OR ( ) Keep Active For Class-Item

**BIDDER MUST COMPLETE THE FOLLOWING**

DISCOUNT PAYMENT TERMS: \_\_\_\_\_% \_\_\_\_\_ DAYS

By signing this Invitation to Bid, the bidder agrees to the "Standard Conditions and Terms of Bid Solicitation and Offer" and is committed to provide a drug free work place environment. Vendor will furnish the items requested within \_\_\_\_\_ days after receipt of order. Failure to enter Delivery Date may cause quotation to be REJECTED.

**Sign** \_\_\_\_\_

Enter Contact Information Below

**Here (Authorized Signature MANDATORY - MUST BE SIGNED IN INK)**

**VENDOR#** \_\_\_\_\_  
**VENDOR:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Facsimile** \_\_\_\_\_  
**Email** \_\_\_\_\_  
 \_\_\_\_\_

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## INVITATION

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1	WNVH OXYGEN 200 LT CYLINDER CONTENTS AND RENTAL	100.0000	EA	_____	_____
2	WNVH OXYGEN C CYLINDER CONTENTS AND RENTAL	400.0000	EA	_____	_____
3	WNVH OXYGEN E CYLINDER CONTENTS AND RENTAL	2,500.0000	EA	_____	_____
4	WNVH BULK OXYGEN	1,750,000.0000	LT	_____	_____
5	GIVH OXYGEN E CYLINDER REFILLS	7,500.0000	EA	_____	_____
6	GIVH NEBULIZER W/ ELONG. MASK AND TUBING	1,350.0000	EA	_____	_____
7	GIVH NEBULIZER W/ MOUTHPIECE AND TUBING	1,350.0000	EA	_____	_____
8	GIVH CANNULA W/ 7 FT TUBING AND EAR WRAPS	1,100.0000	EA	_____	_____
9	ENVH OXYGEN D CYLINDER CONTENTS AND RENTAL	150.0000	EA	_____	_____
10	ENVH OXYGEN E CYLINDER CONTENTS AND RENTAL	4,000.0000	EA	_____	_____
11	ENVH OXYGEN CONCENTRATORS RENTAL	150.0000	EA	_____	_____
12	ENVH SMALL OXYGEN REGULATORS RENTAL	250.0000	EA	_____	_____
13	ENVH NEBULIZER KITS WITH MASKS	350.0000	EA	_____	_____
14	ENVH OXYGEN TUBING	250.0000	FT	_____	_____
15	NVH OXYGEN E CYLINDER CONTENTS AND RENTAL	600.0000	EA	_____	_____
16	NVH OXYGEN GK CYLINDER CONTENTS AND RENTAL	75.0000	EA	_____	_____

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Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
17	NVH CONCENTRATOR USAGE	3,000.0000	HR	_____	_____
18	NVH BIPAP MACHINE PURCHASE	2,700.0000	\$	_____	_____
19	NVH BIPAP MACHINE RENTAL	2,700.0000	\$	_____	_____
20	NVH CPAP MACHINE PURCHASE	1,000.0000	\$	_____	_____
21	NVH CPAP MACHINE RENTAL	1,000.0000	\$	_____	_____
22	NRC OXYGEN TANK E CYLINDER REFILLS	50.0000	EA	_____	_____
23	NRC OXYGEN TANK D CYLINDER REFILLS	100.0000	EA	_____	_____
24	CATALOG ITEMS NON-CORE % OF DISCOUNT OFF REGULAR RETAIL ITEMS: _____%				

