



ESSEX COUNTY OFFICE OF THE MANAGER

7551 Court Street · P.O. Box 217 · Elizabethtown, New York 12932
Telephone (518) 873-3332 · Fax (518) 873-3339

Michael Mascarenas
County Manager

Linda M. Wolf
Purchasing Agent

TO: All Bidders
FROM: Linda Wolf, CPA, Purchasing Agent
DATE: April 20, 2026

SUBJECT: Addendum #1 RFP #260027 RFP for Medical Supplies

This Addendum, forms a part of the Contract Documents and is issued to bid document holders of record, indicates changes to the bid documents for the *Bid #260027 RFP for Medical Supplies.*

- 1) Please replace the Proposal in the original bid document with the Proposal below. The proposal has been changed from a Discount Off Catalog to a Fixed Price per Item. Award will be made by line. Any items not identified under fixed pricing will be fall under a discount from list %.
- 2) Award will be made by line but items that fall under the discount will undergo a second round of competition to determine the lowest bid when items are purchased.
- 3) **Question:** Can you clarify the actual term and renewal structure? The document state both "two additional years" and "three additional months".

Answer: Please note that the contract term will be for a period of three months with the option to renew for one additional three-month period upon mutual consent of the parties.

- 4) **Question:** Appendix E Page 9 #13 Bid Contents, 2nd Paragraph – Do we need to send literature for all items? The list is drugs we don't actually have literature for drugs. Can this request be removed?

Answer: Yes, Appendix E are general requirements therefore they don't apply in all situations.

PROPOSAL

We propose to furnish the following Medical Supplies as specified, delivered to Essex County as follows:

	Packaged	Description	Item Number	Packaged (UOM)	Fixed Price
1	Each	Adenosine 6mg, 2ml Vial			
2	Box of 10	Adenosine, 3mg/mL, 2mL, Prefilled Syringe			
3	Box of 30	Albuterol, 2.5mg, 0.83mg/ml, 3ml Unit Dose, Individually Wrapped, 30/Box			
4	Each	Amiodarone, 150mg, 3ml Vial – 25/pk			
5	Bottle	Chewable Aspirin, 81mg, 36/Bottle			
6	Each	Atropine, 1mg, 10ml Luer Jet Prefilled Syringe- 10/pk			
7	Each	Calcium Chloride 1GM 10ML Lifeshield Syringe			
8	Box of 30	Ipratropium Bromide / Albuterol, 0.5mg / 3.0mg, Individually Wrapped			
9	Each	Dexamethasone, 10mg/ml, 1ml Vial			
10	Each	Diltiazem, 100mg, Add-Vantage Vial (Reconstitution Required)			
11	Pack of 5	Sodium Chloride, 0.9%, 50ml ADD-Vantage Diluent Solution			
12	Each	Benadryl® Diphenhydramine Hydrochloride Injection, 50mg/ml, 1ml Vial			
13	Each	Epinephrine 1:10000 1MG 10ML Lifeshield Syringe 1019A			
14	Each	Epinephrine 1:1000 Injection 1mg, 1ml Ampule			
15	Each	Adrenalin (Epinephrine) 1mg/mL (1:1000), 1mL Vial			
16	Each	Glucagon Kit 1mg w/ 1 Vial, Sterile Water 1mL			
17	Each	Haloperidol 5mg, 1ml Vial			
18	Each	Ketorolac Vial, 30mg/mL, 1mL			
19	Each	Lidocaine, 2%, 100mg, 5ml Ansyr Prefilled Syringe			
20	Each	Magnesium Sulfate 50% 5gm, 10ml vial			
21	Each	Naloxone Luer-Jet™, 2mg/2ml Single Dose, Disposable, Luer-Lock, Prefilled Syringe			
22	Each	Norepinephrine Ampule, 4mL, 4mg			
23	Box of 30	Ondansetron, Orally Disintegrating Tablet 3x10UD, 4mg			
24	Each	Ondansetron, 4MG, 2ML Vial			

25	Each	Sodium Bicarbonate, 8.4 %, 50ml LifeShield Prefilled Syringe			
26	Each	10% Dextrose, 250ml Bag			
27	Each	Amidate (Etomidate) 40Mg, 20ml Vial			
28	Each	Metoprolol, 5mg, 5mL Vial			
29	Each	Ibuprofen, 100mg, 5ml			
30	Each	Liquid Acetaminophen, 160mg, 5ml			
31	Box of 30	Acetaminophen, Oral Suspension, 325mg/10.15mL, Child			
32	Bottle	Nitrostat 0.4mg Tabs SL – 25/Bottle			
33	Bottle	Nitromist 400 mcg Spray, 60 Metered Doses per Bottle			
34	Box of 10	Tranexamic Acid, 100mg/mL, 10mL Vial			
35	Bottle	Tetracaine Hydrochloride 0.5%, 15mL Eye Drop Bottle			
36	Bottle	Afrin Nasal Spray, 0.05%, 30mL			
37	Each	Curaplex Suction Catheter, 6FR, 10FR, 14FR, 18FR			
		Various EMS Supplies such as Extrication Devices, Noon Rebreathers, Nasal Cannula, Airways, IV Admin, Dressings, Gauze and Bandages, Syringe...	N/A	NA	Discount from List Price

Please provide the name and date of the Price List used: _____

Provide current Published Manufacturer's List Price with your Proposal.

Payment will be made within 30 days of delivery and receipt of invoice.

NAME: _____

ADDRESS: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

DATE: _____

SOCIAL SECURITY/FEDERAL I.D. NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

END OF ADDENDUM # 1