



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 · TEL 754-321-0505 · FAX 754-321-0936

PROCUREMENT & WAREHOUSING SERVICES

MARY CATHERINE COKER, DIRECTOR

www.BrowardSchools.com/PWS

The School Board of
Broward County, Florida

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Superintendent of Schools

8/6/2020

Reference: ITB 18-129V – Automated External Defibrillators (AEDs) Equipment & Supplies
Subject: Renewal of Contract

Dear Vendor:

The above-referenced contract expires on 12/31/2020. In accordance with Special Condition #6 in Section 4 of the ITB, this contract may, by mutual agreement and upon School Board approval, be renewed for an additional year from 1/1/2021 through 12/31/2021. This letter does not constitute the actual renewal or contract offer.

Please indicate below your willingness to renew this ITB award, which shall be considered by the School District for renewal of your award premised upon your combined agreement to all terms and conditions of the awarded ITB and your agreement maintain.

- Yes, I offer to renew the current contract award at the current awarded price(s).
- Yes, I offer to renew the current contract award at a lower price(s) contained on the attached page(s).
- Yes, I offer to renew the current contract award at a higher price(s) contained on the attached page(s).
- No, I do not wish to renew the current contract award.

This contract may, by mutual agreement and upon School Board approval, renewed with a price adjustment.

Percent of increase request: 3% (Should not exceed 3%) -- 2 items only

Please sign and date this document in the space provided below and return it to my attention no later than 8/21/2020. If you fail to respond by this date, the School District will not consider the renewal of your award. The School District will notify you if, and when, your contract is renewed by the School Board.

Thank you for your prompt attention to this matter.

Sincerely,

Mayra Tobar
Purchasing Agent II

VENDOR RESPONSE	
One Beat CPR Learning Center LLC	
Vendor Name	
Signature/Date - Authorized Representative	<i>Lawrence Franchetti</i> 8/19/2020
Lawrence Franchetti	
Printed Name - Authorized Representative	

Group 1 - REVISED

Item #	Description	Estimated Quantity	Unit of Measure	Price Per Unit of Measure	Total \$ Bid Line Item	Warranty Period Revised	Manufacturer Model #
1-A	(6005621) AED Philips HeartStart FRx Defibrillator	50	Each	\$1,015.00	\$ 50,750.00	8 Years	861304
	Each unit must include the following in the quantities indicated: Each item must be shipped in its own package and not installed into the unit. (See Special Condition 17):						
	- User Manual	1	Each	included			
	- Quick Use Guide	1	Each	included			
	- Check Inspection Tag	1	Each	included			
1-B	(6005622) HeartStart FRx Carrying Case	50	Each	\$85.00	\$ 4,250.00	Manufacturer	*989803139251
1-C	(6005623) AED Philips Smart Pads (Adult)	1,200	Sets	\$35.00	\$ 42,000.00	Min 2 Yrs	*989803139261
1-D	(6005624) HeartStart FRx Battery	450	Each	\$94.75	\$ 42,637.50	Min 4 Yrs	M5070A
1-E	(6005625) HeartStart FRx Zippered Fast Response Kit. Manufacturers to include the following, but not limited to:	50	Each	\$15.00	\$ 750.00	Manufacturer	Pchat
	Portable mouth piece						
	Scissors						
	Disposable razor						
	Disposable plastic gloves						
1-F	(6005626) HeartStart FRx Infant/Child Key	60	Each	\$65.00	\$ 3,900.00	Manufacturer	*989803139311
1-G	(6005627) HeartStart FRx Closed Wall Cabinet to fit AED Unit. Cabinet must contain a clear door and be equipped with an alarm.	50	Each	\$110.00	\$ 5,500.00	Manufacturer	HeartStation
	Approved Brand: Philips HeartStart FRx only						
					Total \$ 149,787.50		

Group 1 \$149,787.50

Group 2

Item #	Description	Estimated Quantity	Unit of Measure	Price Per Unit of Measure	Total \$ Bid Line Item	Warranty Period	Manufacturer Model #
2-A	(6005628) Window/Wall Decal	100	Each	\$0.00	\$ -	Manufacturer	Free
Total					\$ -		

Group 2 \$ -



The purpose of this evaluation form is to rate a supplier's performance. This form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier.

Please return completed evaluation forms to:

Procurement & Warehousing Services Department (TSSC Building)
7720 West Oakland Park Boulevard, Suite 323
Sunrise, Florida 33351

For assistance with this form contact us at
(754) 321-0505 or [CLICK HERE](#) to send us an email (include the words Supplier/Product Evaluation Form in the subject)

GENERAL INFORMATION																															
Bid #: 18-129V	Bid Title: AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs) EQUIPMENT & SUPPLIES																														
Purchase Order #:	Product/Service Provided: AEDs and Supplies																														
Supplier (Company) Name: ONE BEAT CPR LEARNING CENTER INC																															
Contact Name: Emily Drag	Contact Phone #: (954) 321 - 5305																														
SECTION 1: SUPPLIER EVALUATION																															
1.) How would you rate the supplier in the following areas?																															
	<table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Very Good</td> <td>Excellent</td> </tr> <tr> <td>Overall customer service</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Delivery as scheduled or promised</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent	Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
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SECTION 2: PRODUCT / SERVICE EVALUATION																															
4.) Based on the areas below, how would you rate the products/services provided with this Bid?																															
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SECTION 3: END USER COMMENTS																															
Please share any additional information regarding this supplier or the products / services provided. <u>If this supplier's performance is unsatisfactory, please tell us why.</u> You may attach an additional sheet if necessary.																															
One Beat's team have gone above and beyond to support the District's needs, as a supplier and as a resource.																															
EVALUATION FORM COMPLETED BY:																															
Name: Hyacinthe Lafontant	Title: Specialist , Safety Training																														
Contact Phone #: (754) 321 - 4206																															
School/Department: Environmental Health & Safety																															
Participant's Signature: <i>Hyacinthe Lafontant</i>	Date: 09/11/2020																														