

# N95 - SNF COOPERATIVE DIRECT PURCHASING OPPORTUNITY



An FDA Emergency Use Authorization (see: <https://www.fda.gov/media/135763/download>), allows healthcare facilities to use approved NIOSH-Approved N95 Particulate Filtering Facepiece Respirators approved by the Centers for Disease Control and Prevention – Please see:

[https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/N95list1sect3.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/N95list1sect3.html).

In furtherance of managing the supply of such approved respirator masks, Fortbridge Realty, LLC, an affiliate of Legacy Health Services, has managed to secure a direct manufacturer supply from Makrite Industries for the Makrite 9500-N95 respirator mask (see image above). In the interest of obtaining the lowest price possible, Fortbridge is consolidating a large order from Ohio based SNF operators. Fortbridge has secured a continuous freight bond and is working with DSV Air & Sea, Inc., as a customs broker and forwarder of oceanic freight originating in China.

This cooperative purchasing opportunity is designed to provide Ohio based SNFs with the ability to provide uniform and consistent high-quality respirators to their employees for the winter season. Fortbridge has already placed two separate orders of masks at the price of **\$3.30 per mask**. In the event that orders aggregate to no less than 500,000 masks, Fortbridge will be in a position negotiate a lower price for all cooperative buyers. Based on the total order size, the goal is to get closer to **\$2.95 per mask**, but this will depend on total order size. In order to participate in this cooperative purchase, please complete the form below and send same to the attention of Eliav Sharvit, CEO of Legacy Health Services and President of Fortbridge Realty at [esharvit@lshshealth.com](mailto:esharvit@lshshealth.com) – (cell phone number 440-823-0396) by no later than **Thursday, November 5, 2020**. Once total orders are aggregated, Fortbridge will confirm achieved unit price reduction and will share wiring instructions and shipping details.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Number of masks \_\_\_\_\_