

SECTION 7 - BID FORM PRICING

The bidder shall provide pricing for both Sections A and Section B. Markup (+%) or Discount (-%) of Adjustment shall be based on Wholesale Acquisition Cost and indicated as + % or - %. Quantities listed are canvassing quantities. Equipment and Commodity shall be shipped F.O.B. Destination.

NO	ITEM	VALUE	MARKUP/DISCOUNT OF ADJUSTMENT (-, +) %	EXTENDED PRICE
SECTION A Wholesale Acquisition Cost (WAC)				
1	Brand Name Medication	\$ 663,615.03	- 8.5 %	\$ 607,207.75
2	Generic Medication	\$ 178,618.00	- 80.0 %	\$ 35,723.60
3	Over-the-Counter Medication	\$ 4,974.70	- 25.0 %	\$ 3,731.03
NO	ITEM	VOLUME	DISPENSING FEE	EXTENDED PRICE
SECTION B Dispensing Fee per Prescription				
4	Brand Name Medication	9,018	\$ 1.40	\$ 12,625.20
5	Generic Medication	15,112	\$ 1.40	\$ 21,156.80
6	Alternate #1	Actual Acquisition Cost (AAC) + 2%	\$ 1.40	\$ Alternate Pricing
GRAND TOTAL				\$ 680,444.38
GRAND TOTAL (In words) Six hundred eighty thousand, four hundred forty-four dollars and thirty-eight cents.				

Contractor shall list any discounts, pricing structures or incentives on Over-the-Counter drugs below.

Since the County will request OTC medications in bulk, per prescription dispensing fees will not apply to OTC medications packaged as such.

SECTION 8 - BID FORM SIGNATURE PAGE

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

X  David Rombro / Chief Executive Officer
(Signature and Title)

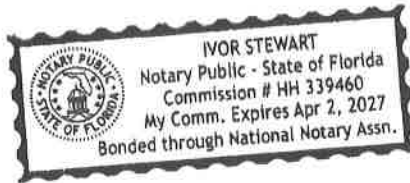
CORPORATE SEAL
(If available)

BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION

Subscribed and sworn to before me this 22 day of Nov AD, 20 23

 My Commission Expires: 4-2-27
(Notary Public)

SEAL



**SECTION 9 - MANDATORY FORM
Pharmaceutical Services for Detainees 23-116-SHF**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Polaris Pharmacy Services of Warrington, LLC DBA Contract Pharmacy Services		
Main Business Address	125 Titus Avenue		
City, State, Zip Code	Warrington, Pennsylvania 18976		
Telephone Number	(800) 555-8062	Email Address	rfp@contractpharmacy.com
Bid Contact Person	Scott D. Steres / Director of Sales and Marketing		

The undersigned certifies that he is:

- the Owner/Sole Proprietor
 a Member authorized to sign on behalf of the Partnership
 an Officer of the Corporation
 a Member of the Joint Venture

Herein after called the Bidder and that the members of the Partnership or Officers of the Corporation are as follows:

David Rombro / Chief Executive Officer
(President or Partner)

Steve Baker / Chief Operating Officer
(Vice-President or Partner)

Todd Zisek / Vice President of Operations
(Secretary or Partner)

Robert Meyer / Chief Financial Officer
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including

Addenda No. 1, 2, _____, and _____ issued thereto.

Further, the undersigned proposes and agrees, if this bid is accepted, to provide all necessary machinery, tools, apparatus, and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Bidder and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Bidder and is true and accurate.

Further, the undersigned certifies that the Bidder is not barred from bidding on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33 E-4, bid rigging or bid-rotating, or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this bid and has checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

If a Corporation, the undersigned, further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed nor modified, and that the same remain in full force and effect. (Bidder may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Bidder certifies that he has provided equipment, supplies, or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the Bidder, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Polaris Pharmacy Services of Warrington, LLC	NAME	Polaris Pharmacy Services of Warrington, LLC
CONTACT	Steve Baker / Chief Operating Officer	CONTACT	Robert Meyer / Chief Financial Officer
ADDRESS	2900 NW 60th St.	ADDRESS	2900 NW 60th St.
CITY ST ZIP	Ft. Lauderdale, Florida 33309	CITY ST ZIP	Ft. Lauderdale, Florida 33309
TX	(800) 589-9747	TX	(800) 589-9747
FX	(866) 434-0334	FX	(866) 434-0334
EMAIL	sbaker@polarisrx.com	EMAIL	rmeyer@polarisrx.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Jail Attn: Orlando Venecia 501 North County Farm Road Wheaton, IL 60187 TX: (630) 407-2222 EMAIL: orlando.venecia@dupagesheriff.org		DuPage County Jail Attn: Orlando Venecia 501 North County Farm Road Wheaton, IL 60187 TX: (630) 407-2222 EMAIL: orlando.venecia@dupagesheriff.org	

ALL EQUIPMENT AND GOODS SHALL BE SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED