CONTRACT ADMINISTRATION INFORMATION:

SECTION 8 - BID FORM PRICING

NO	ITEM	UOM	PRICE
1	Wellness Center Services	Hourly Rate	\$ 32
2	Additional Program Fees - List Below	FEE	\$ 5,000 licensed fee
		FEE	\$ 500/mon. if
		FEE	\$ chosen
		FEE	\$
		FEE	\$
	GRAND TOTAL		\$

SECTION 9 - PROPOSAL FORM

COMMUNITY WELLNESS PARTNER 21-073-CARE

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Symbria, Inc.		,		
Main Business Address	28100 Torch Parkway				
	Suite 600				
City, State, Zip Code	Warrenville, IL 60555				
Telephone Number	630-981-8091				
Fax Number	630-413-5809				
Proposal Contact Person	Jill Krueger				
Email Address	jkrueger@symbria.com				
The undersigned certifies that the Owner/Sole Proprietor	a Member of the Partnership	X	an Officer of the Corporation		a Member of the Joint Venture
	e Offeror and that the members of	the Par	·	the Corp	poration are as follows
Jill Krueger (President or Partner)			Jay Mandra (Vice-President or Partner)		
(Secretary or Partner)			(Treasurer or Partner)		
herein; that this Proposal is n the proposed forms of agreem in the office of the Procureme other documents referred to	lares that the only person or partic nade without collusion with any of nent and the contract specification on Manager, DuPage Center, 421 or mentioned in the contract d , andissued	ther per is for the I North	son, firm or corporate e above designated p County Farm Road, \ nts, specifications ar	ion; that ourchase, Wheaton	he has fully examined , all of which are on file , Illinois 60187, and al

Further, the undersigned proposes and agrees, if this Proposal 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 Offeror 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 Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-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 proposal and has checked the same in detail before submitting this proposal, 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. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided 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 offeror, 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 cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

X(Signature and Title)		CORPORATE SEAL (If available)
PROF	POSAL MUST BE SIGNED FOR CONSIDER	RATION
Subscribed and sworn to before me th	nis 20th day of September	AD, 202 % 1
	JENNIFER A SEBE OFFICIAL SEAL Notary Public, State of Illir My Commission Expir	nois
My Commission Expires: 07/21/2022 (Notary Publi		~