

SECTION 7 - BID FORM PRICING

The quantities listed are for bid canvassing purposes only and shall not be considered a guarantee of work. Pricing for Medical Waste Container Pick-Up shall include the cost of containers, removal of waste, hauling of waste to an appropriate disposal facility and the disposal of the waste.

SECTION 1

NO	ITEM	UOM	QTY		PRICE	EXTENDED PRICE
MEDICAL WASTE CONTAINER PICK-UP – 51-GALLON CAPACITY						
1	Medical Waste Container Pick-Up - 51-gallon capacity	EA	300		\$ 32.50/ _{box}	\$ 9,750.00
2	Additional On Call Pick-Up	EA	1		\$ 32.50/ _{box}	\$ 32.50
3	State of Illinois Manifest Fee	EA	1		\$ 0.00	\$ 0.00
NO	ITEM	UOM	ALT	QTY	PRICE	EXTENDED PRICE
SHARPS CONTAINERS						
4	Sharps Container - 1 qt. capacity, red, packed 100/case	CS		3	\$ 195.71	\$ 587.13
5	Sharps Container - 5 qt. capacity, beige, packed 20/case ^{32/case}	CS		12	\$ 129.83	\$ 1,557.96
6	Sharps Container - 8 qt. ^{9qt} capacity, red, packed 10/case	CS		48	\$ 131.57	\$ 6,315.36
SECTION 1 TOTAL						\$ 18,242.95
SECTION 1 TOTAL						
(In words) <i>Eighteen-Thousand, Two-Hundred Forty-Two Dollars and Ninety-Five Cents</i>						

★ Please see attached for additional information.

SECTION 2: ALTERNATIVE PRICING


The Contractor may elect to provide pricing for pick-ups of an alternative size Medical Waste Container below. The Contractor shall enter the proposed frequency of container pick-up in the space provided.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Medical Waste Container Pick-Up Container Size: _____	EA		\$	\$
2	Additional On Call Pick-Up	EA	1	\$	\$
3	State of Illinois Manifest Fee	EA	1	\$	\$

Frequency of pickups: _____/month or _____/week

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  Government Account Executive
(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 3 day of June AD, 2024

 My Commission Expires: 4/25/2027
(Notary Public)



**SECTION 9 - MANDATORY FORM
INFECTIOUS MEDICAL WASTE DISPOSAL 24-060-SHF**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Stericycle, Inc.		
Main Business Address	2355 Waukegan Road		
City, State, Zip Code	Bannockburn, IL 60015		
Telephone Number	866-783-7422	Email Address	government@stericycle.com
Bid Contact Person	Joseph Sagala		

The undersigned certifies that he is:

- the Owner/Sole Proprietor
 a Member authorized to sign on behalf of the Partnership
 ^{a Member authorized to sign on behalf} 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:

<u>Cindy Miller</u> (President or Partner)	<u>Cory White</u> (Vice-President or Partner)
<u>N/A</u> (Secretary or Partner)	<u>Janet Zelenka</u> (Treasurer or Partner) EVP + CFO

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, _____, _____, 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	<i>Stericycle, Inc.</i>	NAME	<i>Stericycle, Inc.</i>
CONTACT	<i>Joseph Sagala</i>	CONTACT	<i>Cash Apps Department</i>
ADDRESS	<i>2355 Waukegan Road</i>	ADDRESS	<i>28883 Network Place</i>
CITY ST ZIP	<i>Bannockburn, IL 60015</i>	CITY ST ZIP	<i>Chicago, IL 60673</i>
TX	<i>866-783-7422</i>	TX	<i>866-783-7422</i>
FX	<i>866-783-7432</i>	FX	<i>866-505-8121</i>
EMAIL	<i>government@stericycle.com</i>	EMAIL	<i>effus.finance@stericycle.com</i>
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Sheriff's Office 501 North County Farm Road Wheaton, IL 60187 TX: (630) 407-2000		DuPage County Sheriff's Office 501 North County Farm Road Wheaton, IL 60187 TX: (630) 407-2000 EMAIL: colleen.zbilski@dupagesheriff.org	

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED
 (FREIGHT INCLUDED IN PRICE)