SECTION 9 - MANDATORY FORM EXAMINATION GLOVES 23-102-DCC

	(PLEASE TYPE OR PRINT TH	E FOLLOWING INFORMATION)					
Full Name of Bidder	Professional Medical & Surgical Supply, Inc.						
Main Business Address	1917 Garnet Ct.	0 11 01					
City, State, Zip Code	New Lenox, 1L. 60451						
Telephone Number	800-648-5190	Email Address alanf@promed Supply. Com					
Bid Contact Person	Alan Ferry						
The undersigned certifies the the Owner/Sole	at he is: a Member authorized to	an Officer of the 🔲 a Member of the Join					
Proprietor	sign on behalf of the Partnership	Corporation Venture					
Herein after called the Bidde		artnership or Officers of the Corporation are as follows:					
Terry Barne	5						
(President or Partner)		(Vice-President or Partner)					
(Secretary or Partner)		(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. <u>____</u>, <u>____</u>, and <u>____</u> 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:

CORRESPO	NDENCE TO CONTRACTOR:	REMIT TO CC	REMIT TO CONTRACTOR:			
NAME	Professional Medical	NAME	Professional Medical			
CONTACT	Alan Ferry	CONTACT	Alan Ferry			
ADDRESS	1917 Garnet (+	ADDRESS	1917 Garret Ct.			
CITY ST ZIP	New Lenox, IL. Le0451	CITY ST ZIP	New Lenox, 1L-100451			
TX	800-648-5190	TX	800-1048-5190			
FX	8610-721e-7411e	FX	866-7210-7416			
EMAIL	alanf@promedsupply.com	EMAIL	alant @ promedsupply com			
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:				
DuPage County Care Center		DuPage County Care Center				
400 North County Farm Road		400 North Cou	400 North County Farm Road			
Wheaton, IL 60187		Wheaton, IL 6	Wheaton, IL 60187			
TX: (630) 407-4273		TX: (630) 407	TX: (630) 407-4273			
		EMAIL: vinit.p	EMAIL: vinit.patel@dupageco.org			

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED

(FREIGHT INCLUDED IN PRICE)



The County of DuPage Finance – Procurement 3-400 421 North County Farm Road Wheaton, Illinois 60187-3978

NO	ITEM	MANUFACTURER	P/N	UOM	QTY	PRICE	EXTENDED
1	Vinyl Exam Gloves, Small	International Direct	400- VIII-CS	cs	12	\$ 16.95	\$ 203.40
2	Vinyl Exam Gloves, Medium	International Direct	600- VII2-CS	CS	12	\$ 16.95	\$ 203.40
3	Vinyl Exam Gloves, Large	International Direct	400- V113-CS	CS	12	\$ 14.95	\$ 203.40
4	Vinyl Exam Gloves, X- Large	International Direct	400- V114-CS	CS	12	\$ 14.95	\$ 203.40
5	Medi Pak Performance, Small	International Direct	600- NW11	BX	1,120	\$ 2.075	\$ 2,324.00
6	Medi Pak Performance, Medium	International Direct	400- NW12	вх	12,300	\$ 2.075	\$ 25,532.50
7	Non-sterile Nitrile Performance, Large	International Direct	600- NW13	вх	12,600	\$ 2.075	\$ 26, 145.00
8	Non-sterile Nitrile Performance, X-Large	International Direct	600- NW14	вх	1,000	\$ 2.075	\$ 2,075. ⁰⁰
9	Non-sterile Latex X-Large, McKesson #14-320	International Direct	Leoo- 1114	BX	1,000	\$ 4.50	\$ 6,500.00
						GRAND TOTAL	\$ 63,380.19
GRAND TOTAL Sixty-three thousand, three hundred eighty dollars (In words) and ten cents.							

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EXAMINATION GLOVES#23-102-DCC ADDENDUM 1

- The County has included an additional glove within the spec. The Bid Form Pricing has bee updated. When
 returning your submittal, include Bid Form Pricing located on page three (3).
 McKesson XL Latex Gloves #14-320
 Non-Sterile Latex Standard Cuff Length Smooth Ivory
- Advise if the County intend to award this bid to one (1) vendor who bids most or all items.
 Answer: The County may award one (1) or multiple vendors if it is in the best interest of the County. In the past, the county has awarded one (1) vendor.
- 3. Although it is noted in the bid that orders will be placed on an as-needed basis, based on previous ordering history, provide an estimate of how often the County is intending to order. Answer: Delivery of Gloves shall occur on an as-needed basis per the department's request. Quantities listed are provided as estimate usage and not a guaranteed of shipment. There will be multiple shipments throughout the contract, not a one-time delivery.
- 4. Provide the previous Bid Tab / Pricing.

Answer: The County issued a bid for Vinyl Gloves in July 2020. The Bid Tab is located on page 3.

- Provide The County's current makes / models of gloves you are currently purchasing and price? Answer: International Direct, (Vinyl Exam Gloves, Powder Free, Seamless, Non-Sterile, Beaded Cuff, Ambidextrous) Part#500-V111, 500-V112, 500-V113, 500-V114, also McKesson 46541300, McKesson 65021300, McKesson 14-654, McKesson 14-620
- 6. Provide specs of Nitrile Exam Gloves the County is requesting.

Answer:

- McKesson Confiderm® 3.5C Nitrile Exam Gloves (Small, Medium, Large, EX-Large)
- Powder-free
- Tested for use with Chemotherapy Drugs using ASTM D6978-05. Gloves used for protection against chemotherapy drug exposure must be selected specifically for the type of glove being used.
- Textured fingertips provide excellent tactile sensitivity and dexterity.
- Improved conformability provides superior fit and extended wear comfort.
- Reduces hand fatigue.
- Blue



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- Beaded Cuff
- Non-Sterile
- Ambidextrous
- Single use only
- Not made with natural rubber latex.
- 7. Is 2.5mil an acceptable thickness?

Answer: The acceptable thickness range is between 2.5 mil to 4 mil.

- What is the mil thicknessing the County is needing for the glove? Answer: 2.5 mil to 4 mil Range
- 9. Does the County want gloves to be chemo rated?

Answer: No

10. The items numbers may be incorrect on the items you listed. Provide the correct numbers for McKesson.

Answer: The thickness of the gloves is 4.5C. The corrected product number is listed below.

Small - #14-654C

Medium - #14-656C

Large - #14-658C

X-Large - #14-660C

- X-Large #14-320
- 11. Confirm that all gloves requested are required to be Medical Exam Grade. Answer: Yes

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