

BIDDER: Relias LLC

SECTION 8 - BID FORM PRICING

Quantities listed are canvassing quantities and are intended to establish pricing.

NO.	ITEM/DESCRIPTION	UOM	QTY	PRICE	EXTENDED PRICE
1	Software Licensing/Subscription	EA	1	\$19,173.02 annually	\$19,173.02 annually
2	Implementation Services	EA	1	\$2,500 one-time fee	\$2,500 one-time fee
3	Data Migration*	EA	1	\$2,000 one-time fee (optional)	\$2,000 one-time fee (optional)
4	Customization*	EA	1	\$3,000 one-time fee (optional)	\$3,000 one-time fee (optional)
5	Training and Onboarding	EA	400	Included in Line-Item 2	Included in Line-Item 2
6	Support and Maintenance	EA	1	Included in Line-Item 1	Included in Line-Item 1
OTHER COSTS (SPECIFY)					
7		EA	1	\$	\$
8		EA	1	\$	\$
9		EA	1	\$	\$
10		EA	1	\$	\$
GRAND TOTAL					\$24,673.02 (includes all options)
GRAND TOTAL (In words)		Twenty-four thousand six hundred seventy-three dollars and two cents			

*Line-Item 3 includes migration of up to 10,000 lines of historical data. If more than 10,000 lines of data are needed, costs may change.

**Line-Item 4 includes Single Sign On configuration (\$1,000) and HRIS integration support (\$2,000). Both are optional add-ons.

Additional pricing information has been attached immediately following this page.

Executive Summary – DuPage Care Center

Current Needs:

*A centralized platform that delivers courses to your staff enabling them to complete annual in-services while at the same time gaining continuing education credits for licensed staff, automating reports quickly from one central place to all levels of leadership to increase transparency and visibility throughout.

Solution Recommendation:

- Implement the Relias platform with the following libraries of content: Regulatory and Compliance, Skilled Nursing, Rehab Therapy, MDS/CMAC Quality, in conjunction with the Professional Development library. These together will help increase the knowledge, deliver better outcomes, and ensure quality improvement through a single, trusted vendor. **These libraries will include all compliance requirements for the state of Illinois, continuing education credits for those licensed staff**, and soft skills courses that are job role specific.

Platform and Package Overview:

- Access to a library of 2,500+ high quality, interactive courses that meet the skilled acuity level of the Skilled Nursing library. These libraries will include all compliance requirements for the state of Illinois, continuing education credits for those licensed staff. **Additionally, you will have the ability to upload your own created content.**

Implementation Services Include:

- Your implementation consultant will work closely with you to: build your custom website, teach you how to create training plans, upload your users into the system, customize and save reports, and make sure you can function efficiently as an administrator of your own site. You will also receive Relias Support for the entire length of the contract as part of this cost. **We can migrate historical data to Relias from your existing platform, as well as integrate to your HR platform, and roll out a single sign tool if warranted, all for a fee as listed below.**

Timeline Expectations:

- Target timeline for Go-Live is 30-45 days after project is assigned to your implementation consultant.

ANNUAL COST BREAKDOWN: 1 - YEAR SUBSCRIPTION

Skilled Nursing Package

Platform	Relias Platform	400 Total Users
Solutions	Regulatory and Compliance for PAC	400 users
	Skilled Nursing	180 users
	MDS/CMAC Quality	3 users
	Professional Development for PAC	40 users
	Rehab Therapy Services	12 users
Services	Client Support	Ongoing service to ensure you deliver valuable education to your employees
	Implementation	Onboarding/training to ensure success
Annual Subscription		\$19,173.02 for Years 2, 3, etc
Price per Employee, Per Year		\$47.93
Implementation (One time set-up fee)		\$2,500.00
HRIS Integration Fee		\$2,000 (Optional)
Single Sign On		\$1,000 (Optional)
Historical Data Migration		\$2,000 for up to 10,000 lines of data (Optional)
Total Cost (Year 1)		\$24,673.02 (Including all options)

Feel free to dive into our terms and conditions here:

[Relias MSA](#)

[Relias Schedule A](#)

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Relias LLC
Main Business Address	1010 Sync Street
	Suite 100
City, State, Zip Code	Morrisville, NC 27560
Telephone Number	877-200-0020
Fax Number	
Proposal Contact Person	Joseph Nelthorpe, Account Executive
Email Address	jnelthorpe@relias.com

The undersigned certifies that he is:

- the Owner/Sole Proprietor
 a Member of the Partnership
 an Officer of the Corporation (LLC)
 a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Kay Krafft, CEO
(President or Partner)

Maysa Dhadouli, Senior Vice President
(Vice-President or Partner)

Christopher Benecke, Secretary
(Secretary or Partner)

Ross Golden, Chief Financial Officer
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal 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 Manager, DuPage Center, 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 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 ^{DocuSigned by:} **Signature on File**

(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

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

My Commission Expires: _____
(Notary Public)