PRICE FORM

Any quantitles shown are estimated only and are provided for bid canvassing purposes. No mileage or travel time shall be billed.

NO	NUEPFER BUILDING, JU	UOM	QTY	PRICE	EXTENDED PRICE
1	Monday- Friday	HR	24	\$ 10,00	\$ 2640,00
2	Saturday	HR	8	\$ 200,00	\$ 1,600,00
3	Sunday and Holidays	HR	8	\$ 275.00	\$ 2200,00
4	Callout/Service Call Charge	HR	5	\$ 110,00	\$ 550,00
ABOR RA	ATES FOR SERVICES				•
NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
5	Monday- Friday	HR	24	\$ 110,00	\$ 3640,00
6	Saturday	HR	8	\$ 200,00	\$ 1/200,00
7	Sunday and Holidays	HR	8	\$ 275.0.	\$ 2,200,50
8	Callout/Service Call Charge	HR	5	\$ 90,00	\$ 550,00
ARTS MA	ARKUP				
NO	ITEM		EST QTY	% OF ADJUSTMENT (-, +)	EXTENDED PRICE
9	PARTS MARKUP Parts Markup from Contractors Cost: \$5000.00 X 20% of Markup = (The Contractor must provide OEM/Part source invoices), Example: \$5,000.00 x 10% Markup = \$5,500.00		\$5,000.00		s 6250
				GRAND TOTAL	\$ 20,230.00
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QUOTE SIGNATURE PAGE

LAUNDRY REPAIR & SERVICE 24-014-DCC

X	Signature on File	0	Coo	
-	8	(:	Signature and Title)	_
		91	5/2024	

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	EQUIPMENT INTERNATIONAL
Main Business Address	879% PENRIS AUG
City, State, Zip Code	MURTON BROW 16 COUST
Telephone Number	847-679-22N
Email Address	BNAD COULDMENT - FOTONIATIONAL, CON
Bld Contact Person	BRADLEY LERNER

EMERGENCY PREPAREDNESS PLAN

The Centers for Medicare and Medicaid Services have established requirements that all participating providers and their suppliers establish an Emergency Preparedness Plan. The DuPage Care Center therefore asks its vendors to participate in a memorandum of understanding (MOU) with the Care Center for the duration of this contract and its renewals.

This MOU is a voluntary agreement used to express the belief and commitment of the undersigned parties that; if a community emergency or disaster occurs, regardless of cause, the Care Center can obtain additional external help. In other words, should an emergency or disaster exceed the effective response capabilities of the DuPage Care Center, the undersigned vendor will use its best efforts to provide additional assistance to the Care Center; with such assistance most likely consisting of additional deliveries, rentals and/or services, to ensure uninterrupted care for our residents.

Please provide a contact person and a phone number so that if an emergency occurs, we can call to determine your availability to help. Additionally, if the vendor already has an Emergency Preparedness Policy (EPP) In place, please submit the EPP along with vendor's quote.

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

EMER	RGENCY PREPAREDNESS PLAN CONTACT
NAME	BRADLEY LERNER
CONTACT	-VIVEI -V
ADDRESS	9778 PENMS AUT
CITY ST ZIP	MORTON GROWF VL COOTS
EMERGENCY PHONE NO.	314-283-62de2
EMAIL	BRAD @ EQUIP MONT - TUTGRAPTSONAL. GOV