

SECTION 7 - BID FORM PRICING

The Contractor shall elect to provide pricing for Section A, Section B, or both. Any quantities shown are estimates only and are provided for bid canvassing purposes.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
SECTION A: Testing to be performed on the premises of an Occupational Health facility.					
1	Post-Offer or Pre-Placement Physical Exam	EA	135	\$66	\$8,910
2	5-Panel Drug Screen - DOT & Non-DOT	EA	120	\$57	\$6,840
3	Functional Job Screen	EA	35	\$60 - \$195	\$2,100
4	TB Test - T-Spot, Quantiferon Gold	EA	115	\$95 (Quantiferon TB)	\$10,925
5	Chest X-Rays - two (2) view PA & Lat	EA	12	\$124 (Edward)	\$1,488
6	Pulmonary Function	EA	5	\$54	\$270
7	OSHA Questionnaire/Certificate	EA	5	\$36	\$180
8	DOT Breath Alcohol Screen	EA	20	\$41	\$820
9	Rabies Vaccination (3 doses)	EA	5	\$325	\$1,625
10	Titers Testing for Rabies Vaccination	EA	12	\$77	\$924
SECTION A TOTAL					\$34,082
SECTION B: Testing to be performed at the DuPage County Division of Transportation located at 140 N. County Farm Road, Wheaton, IL 60187, and the Public Works Department located at 7900 South Rt. 53, Woodridge, IL 60517.					
11	Annual Random Pool Drug Screen Program Administrative Fee	EA	1	\$	\$
12	Quarterly On-site Drug & Alcohol Testing Fee	EA	4	\$	\$
13	On-site DOT 5-Panel Drug Test	EA	100	\$	\$
14	On-site DOT Breath Alcohol Test	EA	100	\$	\$
SECTION B TOTAL					\$

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.

Signature on File

X _____
(Signature and Title)

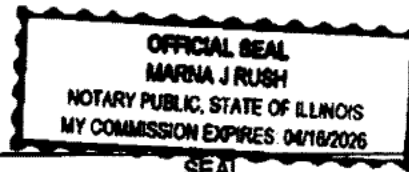
CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 29 day of May AD, 2024

Signature on File

(Notary Public) My Commission Expires: 4/16/26



SEAL

**SECTION 9 - MANDATORY FORM
PRE-EMPLOYMENT AND ON-SITE DRUG & ALCOHOL SCREENING 24-055-HR**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Edward Hospital		
Main Business Address	801 S. Washington Street		
City, State, Zip Code	Naperville, IL 60540		
Telephone Number	630-527-7299	Email Address	linda.terwilliger@cehealth.org
Bid Contact Person	Linda Terwilliger		

The undersigned certifies that he is:



the Owner/Sole
Proprietor



a Member authorized to
sign on behalf of the
Partnership

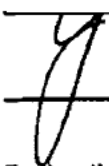
☒ an Officer of the
Corporation



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:

Signature on File


(President or Partner)

(Secretary or Partner)

Signature on File


(Vice-President 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. _____, _____, 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	Edward-Elmhurst Occupational Health	NAME	Edward Occupational Health
CONTACT	Sharon Moore, Director – Occupational Health	CONTACT	Mallory Johnson, Billing Representative II
ADDRESS	801 S. Washington Street	ADDRESS	P.O. Box 776945
CITY ST ZIP	Naperville, IL 60540	CITY ST ZIP	Chicago, IL 60677-6945
TX	331-221-6148	TX	331-221-6089
FX		FX	331-221-3823
EMAIL	sharon.moore@eehealth.org	EMAIL	mallory.johnson@eehealth.org
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Human Resources 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6193		DuPage County Human Resources 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6300	

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