



DuPage County
Finance Department
Procurement Division
421 North County Farm Road
Room 3-400
Wheaton, Illinois 60187-3978

PROPOSAL FORM

Section I: Contact Information

Complete the contact information below.

RFP NUMBER:	25-121-COR (REMOVAL OF DECEASED PERSONS FOR CORONER'S OFFICE)
COMPANY NAME:	New Tradition Funeral Services, LLC
MAIN ADDRESS:	30W415 Whitney Road
CITY, STATE, ZIP CODE:	West Chicago, IL 60185
TELEPHONE NO.:	Office: 630-230-8399 Removal Line: 630-688-7069
CONTACT PERSON:	Megan Burroughs
CONTACT EMAIL:	megan@newtraditionfunerals.com

Section III: Certification

The undersigned certifies that they are:

☒ The Owner or 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 Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Bradley Burroughs, Owner
(President or Partner)

Megan Burroughs, Owner
(Vice-President or Partner)

(Secretary or Partner)

(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 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 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 and at the price therein prescribed.

Further, the undersigned certifies and warrants that they are 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 5/33 E-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 they have examined and carefully prepared this Proposal and have 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 they have 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 Offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that it will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

The Offeror acknowledges and agrees that the 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 Offeror agrees to provide the service described in this solicitation and in the contract specifications under the conditions outlined in attached documents for the amount stated.

By signing below, the Offeror agrees to the terms of this Proposal Form and certifies that the information submitted on this form is true and correct to the best of its knowledge.

Offeror: Megan Burroughs

Signature: _____

Title: Owner, Licensed Funeral Director

Date: 10/22/2025

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-121-COR (REMOVAL OF DECEASED PERSONS FOR CORONER'S OFFICE)
COMPANY NAME:	New Tradition Funeral Services, LLC
CONTACT PERSON:	Megan Burroughs
CONTACT EMAIL:	megan@newtraditionfunerals.com

Section II: Pricing

Quantities listed are estimates only and are provided for canvassing purposes.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Removal of deceased person	EA	475	\$ 325	\$ 154,375
GRAND TOTAL					\$ 154,375
GRAND TOTAL (In words) One hundred and fifty four thousand, three hundred and seventy five dollars					

Section III: Price Adjustment

Pricing shall be maintained for the initial one (1) year period. Price adjustments for years two (2) through four (4) shall be provided by Bidder at the time of bid submission.

Price Adjustment – Year 2 0 (zero) %

Price Adjustment – Year 3 0 (zero) %

Price Adjustment – Year 4 0 (zero) %

Section IV: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Proposal Pricing Form.

Printed Name: Megan Burroughs Signature: _____

Title: Owner, Licensed Funeral Director Date: 10/22/2025

NTFS

New Tradition Funeral Services

25-121-COR REMOVAL OF DECEASED PERSONS FOR CORONER'S OFFICE

Price Proposal

Removal.....\$325

Additional Staff.....\$75 per person
Additional staff utilized when necessary, for bariatric removals

Wait Time.....\$25 per quarter hour
In the event we are waiting on scene for a long period of time, wait time will be charged after the first 30 minutes. For example, if we wait a total of 1 hour on scene, \$50 will be invoiced for the last 30 minutes.