

- **Overtime**

Client will pay Agency overtime (over 40 hours in a Saturday through Friday work week) according to local, state, and federal law at one and one-half (1.5) times the regular rate.

- **Placement Fee**

Following the completion of 520 regular billable hours by Supplemental Personnel, Facility may hire Staff on a regular basis as a permanent employee. Facility shall pay liquidated damages in the amount of \$5,000.00 upon hire of all Registered Nurses or Licensed Practical Nurses, liquidated damages for all other Agency Staff would be \$2,500.00.

- **Cancellation Fee**

If Client cancels an assignment less than two (2) hours prior to the beginning of the shift, then Client will pay a (2) hour minimum on behalf of Supplemental Personnel who is canceled. Should the Supplemental Personnel arrive at the Client and is then asked to leave, Client will pay a four (4) hour minimum fee. If the Client begins to use the nursing services and then asks the supplemental personnel to leave, for reasons other than poor performance, Client will pay for the entire shift.

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$65	\$65	\$65	\$67	\$67	\$67	\$97.50	\$97.50	\$97.50
LPN	\$55	\$55	\$55	\$57	\$57	\$57	\$82.50	\$82.50	\$82.50
CNA	\$36	\$36	\$36	\$37	\$37	\$37	\$54	\$54	\$54

List holidays included in Holiday Rate(s) above:

Holiday
1. Fourth of July
2. Easter
3. Mother's Day
4. Memorial Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Eve (Beginning with PM Shift)
8. Christmas Day
9. New Year's Eve (Beginning with PM Shift)
10. New Year's Day

- **Holiday rates**

Client will pay holiday rates as follows: the night shift before holiday, day, pm, and night shift of holiday. And recognizes the PM shift prior for Christmas Eve and New Year's eve.

SECTION 8 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Novastaff Healthcare Services, Inc
Main Business Address	PO Box 249
City, State, Zip Code	Coal City, IL 60416
Telephone Number	630-472-1122
Fax Number	630-472-1148
Proposal Contact Person	David Sim
Email Address	Manager@novastaff.com

The undersigned certifies that he is:

☐

the Owner/Sole
Proprietor

☐

a Member 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:

Joanne Phillips, President

(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 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.



PRESIDENT

(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2020

My Commission Expires: _____
(Notary Public)