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_____ COO

(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 22nd day of September AD, 2023

Signature on File

_____ My Commission Expires: 9/5/2025
(Notary Public)

OFFICIAL SEAL
DENISE M CANNON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 9/5/2025

SEAL

SECTION 9 - MANDATORY FORM
EXAMINATION GLOVES 23-102-DCC

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Professional Medical & Surgical Supply, Inc.		
Main Business Address	1917 Garnet Ct.		
City, State, Zip Code	New Lenox, IL. 60451		
Telephone Number	800-648-5190	Email Address	alanf@promedsupply.com
Bid Contact Person	Alan Ferry		

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:

Terry Barnes
(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 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. 1, _____, _____, 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.

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:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	Professional Medical
CONTACT	Alan Ferry
ADDRESS	1917 Garnet Ct.
CITY ST ZIP	New Lenox, IL. 60451
EMERGENCY PHONE NO.	800-648-5190
EMAIL	alanf@promedsupply.com

The County of DuPage
Finance – Procurement 3-400
421 North County Farm Road
Wheaton, Illinois 60187-3978

NO	ITEM	MANUFACTURER	P/N	UOM	QTY	PRICE	EXTENDED PRICE
1	Vinyl Exam Gloves, Small	International Direct	600-V111-CS	CS	12	$ 16.95	$ 203.40
2	Vinyl Exam Gloves, Medium	International Direct	600-V112-CS	CS	12	$ 16.95	$ 203.40
3	Vinyl Exam Gloves, Large	International Direct	600-V113-CS	CS	12	$ 14.95	$ 203.40
4	Vinyl Exam Gloves, X-Large	International Direct	600-V114-CS	CS	12	$ 16.95	$ 203.40
5	Medi Pak Performance, Small	International Direct	600-NW11	BX	1,120	$ 2.075	$ 2,324.00
6	Medi Pak Performance, Medium	International Direct	600-NW12	BX	12,300	$ 2.075	$ 25,522.50
7	Non-sterile Nitrile Performance, Large	International Direct	600-NW13	BX	12,600	$ 2.075	$ 26,145.00
8	Non-sterile Nitrile Performance, X-Large	International Direct	600-NW14	BX	1,000	$ 2.075	$ 2,075.00
9	Non-sterile Latex X-Large, McKesson #14-320	International Direct	600-1114	BX	1,000	$ 6.50	$ 6,500.00
						GRAND TOTAL	$ 63,380.10
GRAND TOTAL (In words)	Sixty-three thousand, three hundred eighty dollars and ten cents.						