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_		600
1/"	(Stgndture and Title)	
	l	

CORPORATE SEAL (If available)

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

\ .	ne this 32 day of Sepatement	eU_AD, 20 3 3
Signature on File (Notary Public)	My Commission Expires: _	9/5/2025
	OFFICIAL SEAL DENISE M CANNON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPLOSES: 952025	

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

		(PLEASE TYPE OR PRINT	THE FOLLOV	VING INFORMATION)	
	Full Name of Bidder	Professional Med	iral è Su	raical Supply, Inc	
	Main Business Address	1917 Garnet Ct.		0 11 0	
	City, State, Zip Code	New Lenox, IL.	60451		
	Telephone Number	800-648-5190	Email Address	alanf@promedsi	upply. Com
	Bid Contact Person	Alan Ferry			
The	undersigned certifies that	t he is:		•	
	the Owner/Sole Proprietor	a Member authorized sign on behalf of the Partnership) (corporation	a Member of the Joir Venture
Hei	Terry Barnes	and that the members of the	e Partnership	or Officers of the Corpore	ation are as follows:
	(President or Pa	rtner)		(Vice-Presi	dent or Partner)
	(Secretary or Pa	rtner)		(Treasurer	or Partner)
of t	the Procurement Officer, cuments referred to or men	contract specifications for the DuPage County, 421 Not nationed in the contract documents.	rth County Fa	ırm Road, Wheaton, Illir	nois 60187, and all othe
Add	denda No. <u>I , </u>	_, and issued thereto.			
and	i other means of construc	poses and agrees, if this bid ction, including transportation contract documents in the r	on services ne	cessary to furnish all the	
the	Bidder and in accordance	ifies and warrants that he is with the Partnership Agre on is binding upon the Bidd	ement or by-la	ws of the Corporation, a	
eith	ther, the undersigned certi er 720 Illinois Compiled Si S 130/1 et seq., the Illinois	ifies that the Bidder is not b tatutes 5/33 E-3 or 5/33 E- s Prevailing Wage Act.	arred from bid 4, bid rigging o	ding on this contract as a or bid-rotating, or as a res	result of a violation of sult of a violation of 820
		t he has examined and care he statements contained he			d the same in detail before
wei hel	re properly adopted by the d and have not been repea	ned, further certifies that the Board of Directors of the Caled nor modified, and that to prate resolution granting the	orporation at a he same remains	a meeting of said Board o in in full force and effect.	of Directors duly called and (Bidder may be requested
cor		nat he has provided equipm n the reference section belo		•	

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:

E 3 . EMER	GENCY PREPAREDNESS PLAN CONTACT
NAME	Professional Medical
CONTACT	Alan Ferry
ADDRESS	1917 Garnet Ct.
CITY ST ZIP	New Lenox, 12. 100451
EMERGENCY PHONE NO.	800-648-5190
EMAIL	alant@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	111-CS	cs	12	\$ 16.95	\$ 203.40
2	Vinyl Exam Gloves, Medium	International Direct	600- VII2-CS	cs	12	\$ 14.95	\$ 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	400- V114-CS	CS	12	\$ 14.95	\$ 203.40
5	Medi Pak Performance, Small	International Direct	100-11 100-11	ВХ	1,120	\$ 2.075	\$ 2,324.°
6	Medi Pak Performance, Medium	International Direct		вх	12,300	\$ 2.075	\$ 25,522.5
7	Non-sterile Nitrile Performance, Large	International Direct	600- NW13	вх	12,600	s 2.075	\$ 26, 145.00
8	Non-sterile Nitrile Performance, X-Large	International Direct	600- NW14	вх	1,000	\$ 2.075	\$ 2,075. ^a
9	Non-sterile Latex X-Large, McKesson #14-320	International Direct	1114	вх	1,000	\$ Le.50	\$ 6,500.°°
						GRAND TOTAL	\$ 63,380. ¹