



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

## MANDATORY FORM

### **Section I: Contact Information**

Complete the contact information below.

|                        |                         |
|------------------------|-------------------------|
| BID NUMBER:            | 25-129-DCC              |
| COMPANY NAME:          | Pulmonary Exchange, Ltd |
| MAIN ADDRESS:          | 9840 Southwest Highway  |
| CITY, STATE, ZIP CODE: | Oak Lawn, IL 60453      |
| TELEPHONE NO.:         | 708-423-8888            |
| BID CONTACT PERSON:    | Ray Kalinsky            |
| CONTACT EMAIL:         | rayjr@pelvip.com        |

### **Section II: Contract Administration Information**

Complete the contract administration information below.

| CORRESPONDENCE TO CONTRACTOR: |                         | REMIT TO CONTRACTOR: |                            |
|-------------------------------|-------------------------|----------------------|----------------------------|
| NAME:                         | Pulmonary Exchange, Ltd | NAME:                | Pulmonary Exchange, Ltd    |
| CONTACT:                      | Ray Kalinsky            | CONTACT:             | Michelle Korslin           |
| ADDRESS:                      | 9840 Southwest Highway  | ADDRESS:             | 9840 Southwest Highway     |
| CITY, ST., ZIP:               | Oak Lawn, IL 60453      | CITY, ST., ZIP:      | Oak Lawn, IL 60453         |
| PHONE NO.:                    | 708-423-8888            | PHONE NO.:           | 708-423-8888               |
| EMAIL:                        | rayjr@pelvip.com        | EMAIL:               | michellekorslin@pelvip.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 Bidder and that the members of the Partnership or Officers of the Corporation are as follows:

\_\_\_\_\_  
(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. \_\_\_\_\_, \_\_\_\_\_, 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 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 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 Chapter 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 they have examined and carefully prepared this bid and have 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 it 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 it will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

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

Printed Name: Ray Kalinsky

Signature: Ray Kalinsky

Title: Ray Kalinsky COO

Date: 11/10/2025

## BID PRICING FORM

### Section I: Contact Information

Please complete the contact information below.

|                 |                         |
|-----------------|-------------------------|
| BID NUMBER:     | 25-129-DCC              |
| COMPANY NAME:   | Pulmonary Exchange, Ltd |
| CONTACT PERSON: | Ray Kalinsky            |
| CONTACT EMAIL:  | rayjr@pelvip.com        |

### Section II: Pricing

F.O.B. Destination, delivered, and installed. Daily and Monthly Rental Price shall include equipment, related supplies, and respiratory therapist for set-up and education.

| NO.                                                         | ITEM                                        | UOM | DAILY RENTAL PRICE | MONTHLY RENTAL PRICE |
|-------------------------------------------------------------|---------------------------------------------|-----|--------------------|----------------------|
| 1                                                           | BIPAP, basic                                | EA  | \$ 15.00           | \$ 450.00            |
| 2                                                           | C-PAP, basic                                | EA  | \$ 10.00           | \$ 300.00            |
| 3                                                           | Auto Titrate C-PAP                          | EA  | \$ 10.00           | \$ 300.00            |
| 4                                                           | AVAP Trilogy                                | EA  | \$ 24.00           | \$ 720.00            |
| 5                                                           | Bi-PAP with back-up rate rental (ST Bi-PAP) | EA  | \$ 24.00           | \$ 720.00            |
| 6                                                           | Oxygen – 5 Liter concentrator               | EA  | \$ 2.00            | \$ 60.00             |
| 7                                                           | Oxygen – 10 Liter concentrator              | EA  | \$ 3.00            | \$ 90.00             |
| 8                                                           | High-Flow Oxygen (Airvo 2)                  | EA  | \$ 20.00           | \$ 600.00            |
| GRAND TOTAL                                                 |                                             |     | \$ 128.00          | \$ 3,240.00          |
| GRAND TOTAL (In words) Three Thousand Two Hundred and forty |                                             |     |                    |                      |

**Section III: Additional Rentals, Supplies, and Services**

| NO. | ITEM                                                  | UOM | DAILY RENTAL PRICE | MONTHLY RENTAL PRICE |                |
|-----|-------------------------------------------------------|-----|--------------------|----------------------|----------------|
| 1   | Compressor                                            | EA  | 8.00               | 240.00               |                |
| 2   | Suction Machine                                       | EA  | 8.00               | 240.00               |                |
| 3   | CPT Vest                                              | EA  | 15.00              | 450.00               |                |
| 4   | Cough Assist Device                                   | EA  | 15.00              | 450.00               |                |
| 5   | Bedside Pulse Oximeter                                | EA  | 8.00               | 240.00               |                |
| NO. | ITEM                                                  | QTY | UOM                | PRICE                | EXTENDED PRICE |
| 6   | Trach Tube                                            | 1   | EA                 | \$ 75.00             | 75.00          |
| 7   | Disposable Inner Cannulas                             | 1   | EA                 | \$ 6.50              | 6.50           |
| 8   | Trach Ties                                            | 1   | EA                 | \$ 2.40              | 2.40           |
| 9   | Additional Respiratory Therapist Educational Services | 1   | HR                 | \$ 76.50             | 76.50          |

**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 Bid Pricing Form.

Signature on file

Printed Name: Ray Kalinsky

Signature: 

Title: Ray Kalinsky COO

Date: 11/10/2025