

## SECTION 8 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Maxim Healthcare Staffing Services, Inc.
Main Business Address	7227 Lee Deforest Drive
City, State, Zip Code	Columbia, MD 21046
Telephone Number	410.910.1500
Fax Number	
Proposal Contact Person	Troy Thomas, Regional Controller
Email Address	trthomas@maxhealth.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:

William Butz, Jr. CEO

(President or Partner)

Toni-Jean Lisa, Vice President and General Counsel

(Vice-President or Partner)

Raymond Carbone, CFO

(Treasurer or Partner)

(Secretary 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.

X **Signature on File** Troy Thomas,  
\_\_\_\_\_  
(Signature and Title) Regional Controller

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)

## PRICING OPTIONS

- Overtime: Overtime rates are charged for all hours worked in excess of forty (40) per week or according to applicable state law. Overtime must have County of DuPage, DuPage Care Center supervisory approval. The overtime rate is one and one-half (1.5) times the regular billing rate for such hours.
- Placement Fee: County of DuPage, DuPage Care Center may hire any Personnel provided by Maxim Healthcare Staffing Services, Inc., once Personnel have completed a minimum number of hours of work for County of DuPage, Illinois through Maxim, according to the Conversion Table below:

Aggregate Hours Worked By Personnel For Client in a Twelve (12) month period	Conversion Fee
Prior to completing 160 hours	18% of annualized starting salary
After Completions of 161 – 320 hours	12% of annualized starting salary
After Completions of 321 – 520 hours	10% of annualized starting salary
After Completions of 521 – 720 hours	6% of annualized starting salary
After Completions of 721 – 1020 hours	2% of annualized starting salary
After Completions of 1021 hours	No Fee

- Cancellation Fee: If County of DuPage, DuPage Care Center changes or cancels a per diem or short term order less than two (2) hours prior to the start of a shift, Maxim Healthcare Staffing Services, Inc., will bill County of DuPage, Illinois for four (4) hours at the established fee for each scheduled Personnel. Maxim will be responsible for contacting Maxim Personnel prior to reporting time.

## Provide hourly rates by position/by shift:

	M – F	M – F	M – F	Sat/Sun	Sat/Sun	Sat/Sun	Holiday	Holiday	Holiday
RN	\$64.00	\$64.00	\$64.00	\$66.00	\$66.00	\$66.00	\$97.50	\$97.50	\$97.50
LPN	\$54.00	\$54.00	\$54.00	\$56.00	\$56.00	\$56.00	\$82.50	\$82.50	\$82.50
CNA	\$37.00	\$37.00	\$37.00	\$39.00	\$39.00	\$39.00	\$57.00	\$57.00	\$57.00

## List the holidays included in the Holiday Rate(s) above:

New Year's Day	New Year's Eve (Starting 3pm)	Independence Day
Labor Day	Thanksgiving Day	Christmas Eve (Starting 3pm)
Christmas Day	Martin Luther King Day	Memorial Day
Veteran's Day	President's Day	Easter

- Holiday rates will apply to shifts beginning at 11:00pm the night before the holiday through 11:00pm the night of the holiday unless an above specified holiday Eve in which holiday will apply starting at 3:00pm.