

SECTION 7 - BID FORM PRICING

Any quantities shown are estimated only for bid canvassing purposes. Provide pricing for specified item or equal with and without bedframe.

NO	ITEM	UOM	QTY	DAILY RATE	MONTHLY RATE	YEARLY RATE	PURCHASE PRICE
1	Dolphin Fluid Immersion Simulation Mattress System	EA	1	\$ 68.86	\$ 2,065.80	\$ 24,789.60	\$ 17,303.56
2	Dolphin Fluid Immersion Simulation Mattress System without Bedframe	EA	1	\$ 45.01	\$ 1,350.30	\$ 16,203.60	\$ 15,670.85
3	Air Fluidized Therapy Bed with Bedframe Manufacture and Model:	EA	1	\$ 45.53	\$ 1,365.90	\$ 16,390.80	\$ 5,082.71
4	Air Fluidized Therapy Bed without Bedframe Manufacture and Model:	EA	1	\$ 21.68	\$ 650.40	\$ 7,804.80	\$ 3,450.00

Joerns model #s shown below for both rental & capital.

No	Item	UOM	QTY	Daily Rate	Monthly Rate	Yearly Rate	Purchase Price	Rental Model #s:	Capital Model #s:
1	Dolphin Fluid Immersion Simulation Mattress System with Bedframe	EA	1	\$ 68.86	\$ 2,065.80	\$ 24,789.60	\$ 17,303.56	DLPH-3582KIT-RNT TRIO36-RNT	DLPH-3582OODMJ-KIT XTOANUG LMXXXX F17TMAL
2	Dolphin Fluid Immersion Simulation Mattress System without Bedframe	EA	1	\$ 45.01	\$ 1,350.30	\$ 16,203.60	\$ 15,670.85	DLPH-3582KIT-RNT	DLPH-3582OODMJ-KIT
3	*Air Fluidized Therapy Bed with Bedframe Manufacture and Model:	EA	1	\$ 45.53	\$ 1,365.90	\$ 16,390.80	\$ 5,082.71	TXCP-3680-RNT TRIO36-RNT	TXPLAL-3680NZ XTOANUG LMXXXX F17TMAL
4	**Air Fluidized Therapy Bed without Bedframe Manufacture and Model:	EA	1	\$ 21.68	\$ 650.40	\$ 7,804.80	\$ 3,450.00	TXCP-3680-RNT	TXPLAL-3680NZ

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.

X _____
Signature on File Government Contracting Manager
(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this _____ day of _____ AD, 20_____

(Notary Public) My Commission Expires: _____

SEAL

**SECTION 9 - MANDATORY FORM
DOLPHIN FLUID IMMERSION SIMULATION MATTRESS SYSTEM OR EQUAL 23-087-DCC**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Joerns Healthcare LLC		
Main Business Address	2430 Whitehall Park Drive		
City, State, Zip Code	Charlotte, NC 28273		
Telephone Number	800-826-0270	Email Address	proposals@joerns.com
Bid Contact Person	Andrew Woolner		

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:

<u>Taylor Smith</u> (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 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.

Finally, the Bidder, 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 bidding schedule (subject to unit quantity adjustments based upon actual usage).

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Joerns Healthcare LLC	NAME	Joerns Healthcare LLC
CONTACT	Andrew Woolner	CONTACT	Jackie Meeks
ADDRESS	2430 Whitehall Park Drive	ADDRESS	2430 Whitehall Park Drive
CITY ST ZIP	Charlotte, NC 28273	CITY ST ZIP	Charlotte, NC 28273
TX	800-826-0270	TX	800-826-0270
FX		FX	
EMAIL	andrew.woolner@joerns.com	EMAIL	ap@joerns.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Finance Department 400 North County Farm Road Attn: Annabel Leonida Wheaton, IL 60187 TX: (630) 407-4250		DuPage County Care Center 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-4250 EMAIL: annabel.leonida@dupageco.org	

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED
(FREIGHT INCLUDED IN PRICE)