

SECTION 7 - BID FORM PRICING

ITEM	DESCRIPTION	DAILY COST	MONTHLY COST
1	BASIC B-PAP RENTAL	\$ 15.00	\$ 450.00
2	BASIC C-PAP	\$ 10.00	\$ 300.00
3	AUTO TITRATE C-PAP RENTAL	\$ 10.00	\$ 300.00
4	BI-PAP WITH BACK-UP RATE RENTAL (ST BI-PAP)	\$ 24.00	\$ 720.00
5	AVAP MACHINE (Average volume assured pressure support -adjusts to maintain a target average ventilation over several breaths)	\$ 24.00	\$ 720.00
GRAND TOTAL		\$ 83.00	\$ 2490.00

**SECTION 9 - MANDATORY FORM
RENTAL OF RESPIRATORY CARE EQUIPMENT 21-072-CARE**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Pulmonary Exchange, Ltd		
Main Business Address	9840 Southwest Highway		
City, State, Zip Code	Oak Lawn, IL 60453		
Telephone Number	708-423-8888	Email Address	rayjr@pelvip.com
Bid Contact Person	Ray Kalinsky		

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:

Signature on File

(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	Pulmonary Exchange, Ltd	NAME	Pulmonary Exchange, Ltd
CONTACT	Ray Kalinsky	CONTACT	
ADDRESS	9840 Southwest Highway	ADDRESS	9840 Southwest Highway
CITY ST ZIP	Oak Lawn, IL 60453	CITY ST ZIP	Oak Lawn, IL 60453
TX	708-423-8888	TX	708-423-8888
FX	708-423-9133	FX	708-423-9133
EMAIL	rayjr@pelvip.com	EMAIL	
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage Care Center - Clementine Nelson 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-4251 EMAIL: clementine.nelson@dupageco.org		DuPage Care Center - Clementine Nelson 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-4251 EMAIL: clementine.nelson@dupageco.org	

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

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

(Signature and Title)

CEO

CORPORATE SEAL
(if available)

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

Subscribed and sworn to before me this 11th day of October AD, 2021

Signature on File

(Notary Public) /

My Commission Expires: 12/20/22



SEAL