

SECTION 8 – PRICE PROPOSAL

Provide any stat fees, draw fees, travel fees, pickup charges or other fees for services in addition to the lab fees.

FEE TYPE	FEE AMOUNT
Stat fee	
Draw fee	\$ 3.00
Daily trip fee	
Pickup charge	
Other _____	
Other _____	
Other _____	
Other _____	

Also provide prices for all exams which are not included in the current Clinical Diagnostic Lab Physician Pay Schedule as published by the Centers for Medicare and Medicaid Services (CMS).

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Central DuPage Hospital Association dba HealthLab
Main Business Address	25 N Winfield Rd
City, State, Zip Code	Winfield, IL 60190
Telephone Number	(630) 433-2633
Fax Number	(630) 433-5292
Proposal Contact Person	Ben Shaw
Email Address	Benjamin.Shaw@dm.org

The undersigned certifies that he is:

the Owner/Sole
Proprietora Member of the
Partnershipan Officer of the
Corporationa 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:
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 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. _____, 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 DocuSigned by:
Signature on File _____ Vice President, Administration
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2024

My Commission Expires: _____
(Notary Public)

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:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	Samuel Boyle
CONTACT	Emergency Management
ADDRESS	25 N Winfield Rd
CITY ST ZIP	Winfield, IL 60190
EMERGENCY PHONE NO.	630-933-6516
EMAIL	Samuel.Boyle@nm.org