

# County of McHenry Request for Proposal

## RFP # 14-18

### Provide Medical and Nursing Home Supplies for the McHenry County Valley Hi Nursing Facility

January 27, 2014

This Request for Sealed Proposal (RFP) is for the purpose of, contracting with a qualified firm to provide Medical and Nursing Home Supplies for the McHenry County Valley Hi Nursing Facility as outlined within this document. All requirements are as per specifications enclosed herein.

**GENERAL REQUIREMENT:** This is a Request for Sealed Proposal (see attached). Proposal will be opened and evaluated in private and proposal information will be kept confidential until an award is made. **One (1) original and one (1) copy of the complete proposal are to be submitted.**

**SUBMISSION LOCATION:**

**Mailing Address:**

Purchasing Department  
McHenry County Administration Building  
2200 N. Seminary Avenue Room 200  
Woodstock IL 60098

**Drop Off In Person:**

Purchasing Department  
McHenry County Administration Building  
667 Ware Road Room 200  
Woodstock IL 60098  
Phone: (815) 334-4818  
Fax: (815) 334-4680

**CONTACT PERSON:**

Mr. Donald A. Gray, CPPB  
Director of Purchasing

**SUBMISSION DATE AND TIME:**

**2:00 PM, (CST) February 13, 2014**

Proposals received after the submittal time will be rejected and returned unopened to the sender. (See below for schedule of events).

### SCHEDULE OF EVENTS

January 27, 2014-----	RFP Available
January 31, 2014-----	Vendors Questions Submitted via fax to 815-334-4680 by 4:00 P.M.(CST)
February 7, 2014-----	Vendors Questions Answered via fax and Posted on Website by 4:00 P.M.(CST)
February 13, 2014-----	RFP due in Purchasing at 2:00 P.M.(CST)

## GENERAL INFORMATION

### REQUEST FOR PROPOSALS

#### DEFINITION

Request for Proposals (RFP) is a method of procurement permitting discussions with responsible vendor and revisions to proposals prior to award of a contract. Proposals will be opened and evaluated in private. **Award** will be based on the criteria set forth herein.

#### RECEIPT and HANDLING of PROPOSALS

Proposals shall be opened in private by the Evaluation Committee to avoid disclosure of contents to competing vendors.

#### EVALUATION of PROPOSAL

The proposals submitted by vendors shall be evaluated solely in accordance with the criteria set forth in the RFP.

#### DISCUSSION of PROPOSAL

The Evaluation Committee may conduct discussions with any offeror who submits an acceptable or potentially acceptable proposal. Vendors shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. During the course of such discussions, the Evaluation Committee shall not disclose any information derived from one proposal to any other vendor.

#### NEGOTIATIONS

The County of McHenry reserves the right to negotiate specifications, terms, and conditions, which may be necessary or appropriate to the accomplishment of the purpose of this RFP. The County may require the RFP and the offeror's proposal be incorporated in full or in part as Contract Documents. This implies that this RFP and all responses, supplemental information, and other submissions provided by the vendor during discussions or negotiations may be held by the County of McHenry as contractually binding on the successful Vendor.

#### NOTICE of UNACCEPTABLE PROPOSAL

When the Evaluation Committee determines a vendor's proposal to be unacceptable, such vendor shall not be afforded an additional opportunity to supplement its proposal.

### TERMS AND CONDITIONS

#### AUTHORITY

This Request for Proposals is issued pursuant to applicable provisions of the **McHenry County Purchasing Ordinance**, approved December 1, 2006. This ordinance is incorporated by reference into this RFP as if it were contained herein. If you desire a copy of this ordinance, contact the Director of Purchasing.

#### RESERVED RIGHTS

The County of McHenry reserves the right at any time and for any reason to cancel this Request for Proposal, to reject any or all proposals, or to accept an alternate proposal. The County reserves the right to waive any immaterial defect in any proposal. ***Unless otherwise specified by the offeror, the County has no less than one hundred and twenty (120) days to accept.*** The County may seek clarification from a vendor at any time and failure to respond promptly is cause for rejection. The County may require submission of best and final offers.

### INCURRED COSTS

The County of McHenry will not be liable in any way for any costs incurred by respondents in replying to this RFP.

### AWARD

Award shall be made by the McHenry County Board to the most responsive and responsible vendor whose proposal is determined to be the most advantageous to the County, taking into consideration price and the evaluation criteria set forth herein below.

### CRITERIA for SELECTION

The following criteria and point system shall be used by the selection team to determine the firm or individual(s) most qualified and best suited to perform the work:

1. Qualifications and experience for the specific scope of services as set forth herein (50pts).
2. Cost Proposal based on the contract description (5 pts)
3. Compliance with requirements of this RFP (40 pts).
4. References provided (5 points)

Total 100 points

### NON-DISCRIMINATION

Vendor shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith. Including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), 775 ILCS 5/1-102, which is incorporated herein by reference, and constituting of a written EEO Policy and a workforce profile that demonstrates its EEO practices. Furthermore, the Vendor shall comply the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended. The Vendor must have a written sexual harassment policy, which meets Illinois State Statutes, 775 ILCS, 15/3.

### SECURITY

The Vendor represents and warrants to the County of McHenry that neither it nor any of its principals, shareholders, members, partners or affiliates, as applicable, is a person or entity named as a Specially Designated National and Blocked Person (as defined in Presidential Executive Order 13224) and that it is not acting, directly or indirectly, for or on behalf of a Specially Designated National and Blocked Person. The Vendor further represents and warrants to the County of McHenry that the Vendor and its principals, shareholders, members, partners, or affiliates, as applicable, are not directly or indirectly, engaged in, and are not facilitating, the transactions contemplated by this Agreement on behalf of any person or entity named as Specially Designated National and Blocked Person. The Vendor hereby agrees to defend, indemnify and hold harmless the County of McHenry, the Corporate Authorities, and all County of McHenry elected or appointed officials, officers, employees, agents, representatives, engineers and attorneys, from and against any and all claims, damages, losses, risks, liabilities, and expenses (including reasonable attorneys' fees and costs) arising from or related to any breach of the foregoing representation and warranties.

### PREVAILING WAGE

The State of Illinois requires that all wages paid by the Contractor and each subcontractor shall be in compliance with The Prevailing Wage Act (820 ILCS 130), as amended. This requires payment of the general prevailing rate for each craft or type of worker, including payment of the general prevailing rate for legal holiday and overtime work. The Illinois Department of Labor publishes the prevailing wage rates on its website at [www.state.il.us/agency/idol/rates.htm](http://www.state.il.us/agency/idol/rates.htm). The Contractor shall review the wage rates applicable to the work of the contract at regular intervals in order to ensure the timely payment of current wage rates. The Contractor agrees that no additional notice is required. The Contractor shall be responsible to notify each subcontractor of the wage rates set forth in this contract and any revisions thereto. A copy of the prevailing wage rates is posted on the McHenry County website at [www.co.mchenry.il.us](http://www.co.mchenry.il.us) under BIDS and RFP's. If wage rates change during the course of the project, the new rates will be available in the County of McHenry Purchasing Office. Vendors may access the Illinois Department of Labor website for updates [www.state.il.us/agency/idol](http://www.state.il.us/agency/idol).

### CERTIFIED PAYROLL REQUIREMENTS (Public Act 94-0515)

Effective August 10, 2005 Vendors and Subcontractors on public works projects must submit certified payroll records on a monthly basis to the public body in charge of the construction project, along with a statement affirming that such records are true and accurate, that the wages paid to each worker are not less than the required prevailing rate and that the Vendor is aware that filing records he or she knows to be false is a Class B misdemeanor.

The certified payroll records must include for every worker employed on the public works project the name, address, telephone number, social security number, job classification, hourly wages paid in each pay period, number of hours worked each day, and starting and ending time of work each day. These certified payroll records are considered public records and public bodies must make these records available to the public under the Freedom of Information Act, with the exception of the employee's address, telephone number, and social security number. Any Vendor who fails to submit a certified payroll or knowingly files a false certified payroll is guilty of a Class B misdemeanor.

### INCREASED PENALTIES for PREVAILING WAGE VIOLATIONS (Public Act 94-0488)

Effective January 1, 2006, penalties for violations of the Prevailing Wage Act will increase from 20% to 50% of the underpaid amounts for second or subsequent violations. An additional penalty of 5% of the underpayment penalty must be paid to workers for each month the wages remain unpaid (up from the current 2% penalty).

For violations that occur after January 1, 2006, the debarment period --during which Vendors are ineligible for public works contracts -increases from 2 years to 4 years if two notices of violation are issued/serious violations occur within a 5-year period. In addition, a new monetary penalty of \$5,000 may be assessed against Vendors who retaliate against employees who report violations or file complaints under the Prevailing Wage Act.

### OSHA REQUIREMENTS

The Occupational Safety and Health Act of 1970 (OSHA) "guarantees workers the right to a safe and healthful workplace". Under Section 5(a) (1) of the OSHA Act, the employer must "furnish to each of his employees' employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees."

There are times when the County must hire entities and individuals (contractors) to perform services. To this end, contractors hired by the County of McHenry must perform their duties in a manner that is compliant with all state and federal health and safety laws and industry guidelines. It is the responsibility of the contractor to ensure that their personnel and subcontractors comply with all state and federal health and safety laws and regulations and industry guidelines, including, but not limited to those set forth by: OSHA and related regulations, the Safety Inspection and Education Act, the Health and Safety Act, the National Institute of Occupational Safety and Health, the National Fire Protection Association, the Centers for Disease Control, American Industrial Hygiene Association, the American Council of Governmental Industrial Hygienists, the Environmental Protection Agency, and the Department of Transportation.

#### SUBSTANCE ABUSE PREVENTION ON PUBLIC WORKS PROJECTS ACT

The successful bidder must be in compliance with State of Illinois HB-1855 (Public Act 095-0635), which amends the Prevailing Wage Act. Before an employer commences work on a public works project, the employer shall have in place a written program, which meets or exceeds the program requirements in this Act, to be filed with the public body engaged in the construction of the public works and made available to the general public, for the prevention of substance abuse among its employees. The testing must be performed by a laboratory that is certified for Federal Workplace Drug Testing Programs by the Substance Abuse and Mental Health Service Administration of the U.S. Department of Health and Human Services.

#### PROCUREMENT OF GREEN PRODUCTS AND TECHNOLOGIES

As approved by the McHenry County Board in April 2008, it is in the interest of public health, safety and welfare and the conservation of energy and natural resources to use and promote environmentally responsible products. The County should strive to influence private purchases through the example of using government specifications and standards that are green or environmentally friendly when making its purchases.

Whenever available and cost-justified, the County should purchase those materials including the purchase of recycled products containing post-consumer materials rather than residual materials resulting from the processing or manufacturing from another product. To the extent practicable, all products standards shall emphasize functional or performance criteria, which do not discriminate against the use of, recycled materials.

McHenry County should cooperate to the greatest extent feasible with other governments and organizations to develop a comprehensive, consistent, and effective procurement effort intended to stimulate the market for recycled products, reusable products, products designed to be recycled, and other environmentally responsible products.

McHenry County shall continue to participate in and shall encourage other public jurisdictions to participate with the County in the purchase of products containing recycled content. Participation in such cooperative systems shall be aimed at obtaining maximum practical recycled content in County purchases, to obtain best available price for products with recycled content, to facilitate or encourage lower prices industry-wide and to encourage development of industries and markets dealing with recycled content products.

### PROCUREMENT OF PRODUCTS THAT ARE ENERGY STAR QUALIFIED

McHenry County shall select, where life cycle and cost-effective, ENERGY STAR and other energy efficient products, when acquiring energy-using products. This information will be required by the bidder in their bid submittal.

### PURCHASE EXTENSION

This contract shall be offered for purchases to be made by other counties and governmental units within the State of Illinois as authorized by the Government Joint Purchasing Act. All purchases and payments made under this authority shall be made directly by the governmental unit to the Vendor. The County of McHenry shall not be responsible in any way for such purchase orders or payments. All terms and conditions of this contract shall apply to all orders placed by another governmental unit.

### PROTEST PROCEDURES

Any Bidder who believes contractual terms or specifications are unnecessarily restrictive or limit competition may submit a protest, in writing, to the Director of Purchasing. To be considered, the protest must be received by McHenry County five (5) days prior to the stated bid opening. Any adversely affected or aggrieved Bidder shall have ten (10) days from the date of the bid opening to file a written protest regarding the intent to award the bid. Protests submitted after that date will not be accepted. Protests must specify the grounds upon which the protest is based (refer to appropriate statute, rule, code, or ordinance which defines the protest process).

### ADDENDUM

Should the Vendor require any additional information about this Bid, please fax to Purchasing (815-334-4680) any questions by the deadline as outlined in the schedule of events. ANY AND ALL changes to these specifications are valid only if they are included by Written Addendum to All Bidders. NO interpretation of the meaning of the plans, specifications, or other contract documents will be made orally. If required, all addenda will be faxed to bidder if a Notice of Intent to Bid has been completed and faxed to the Purchasing Office. In addition, all addenda are posted on the County of McHenry's website. Failure of the bidder to receive any such addendum or interpretation shall not relieve the bidder from obligation under this Bid as submitted. All addenda so issued shall become part of the bid documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused by a bidder to improperly submit a bid.

Response to these questions will be made by means of an addendum. Only the Director of Purchasing has the authority to issue an addendum.

Addenda are written instruments issued by the County prior to the date for receipt of proposals, which modify or interpret the Bid by addition, deletions, clarifications or corrections.

Prior to the receipt of bids, addenda will be faxed or delivered to all who are known to have received a Notice to Bid. Each vendor shall ascertain prior to submitting a bid that all addenda issued have been received and, by submission of a bid, such act shall be taken to mean that such vendor has received all addenda and that the vendor is familiar with the terms thereof and understands fully the contents of the addenda.

### TAXES

The County of McHenry is exempt from paying Illinois Use Tax, Illinois Retailers Occupation Tax, and Federal Excise Tax.

## PAYMENTS

The Vendor shall furnish the County with an itemized invoice. Payment shall be made in accordance with applicable provisions of the "Local Government Prompt Payment Act."

## VENDOR RESPONSIBILITIES

The selected Vendor will be required to assume responsibility for all services offered in this proposal. The County will consider the selected Vendor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

Any contract resulting from this RFP may not be assigned, in whole or in part without written consent of the County. If the Vendor attempts to make such an assignment without the written consent of the County, the Vendor shall nevertheless remain legally responsible for all obligations under the Contract.

## INTERPRETATION or CORRECTION of REQUEST for PROPOSALS

Vendors shall promptly notify the Director of Purchasing of any ambiguity, inconsistency, or error, which they may discover upon examination of the Requests for Proposals.

Interpretations, corrections, and changes to the Request for Proposals will be made by addendum. Interpretations, corrections, or changes made in any other manner will not be binding.

## CHOICE OF LAW AND VENUE

The bidder agrees that this bid has been executed and delivered in Illinois and that their relationship and any and all disputes, controversies or claims arising under this bid or any resulting contract shall be governed by the laws of the State of Illinois, without regard to conflicts of laws principles. The bidder further agrees that the exclusive venue for all such disputes shall be the Circuit Court of the 22<sup>nd</sup> Judicial Circuit of McHenry County, Illinois, and the bidder hereby consent to the personal jurisdiction thereof.

## RECOURSE for UNSATISFACTORY MATERIALS

Payment shall be contingent upon the County's inspection of and satisfaction with completed work. Any defective work or materials, non-conformance to bid specifications, damaged materials, or unsatisfactory installation shall be corrected to the County's satisfaction by the successful bidder at no additional charge.

## TERMINATION

Failure to comply with the terms and conditions as herein stated shall be cause for cancellation of the contract. The County will give written notice of unsatisfactory performance and the Vendor will be allowed thirty (30) days to take corrective action and accomplish satisfactory control. If at the end of the thirty days, the County deems the Vendor's performance still unsatisfactory, the contract shall be canceled. The exercise of its right of cancellations shall not limit the County's right to seek any other remedies allowed by law.

The successful bidder will agree that the resulting contract is made subject to available budgetary appropriations and shall not create any obligation on behalf of the County in

excess of such appropriations. In the event that no funds or insufficient funds are appropriated and budgeted, this Contract shall terminate without penalty or expense to the County thirty (30) days after written notification of termination from the County.

The successful bidder will agree that pursuant to requirements imposed under Illinois law, the County shall have 120 days after each election of county board members to terminate this Agreement, without cause and without penalty.

#### REJECTION of BIDS, WAIVER of IRREGULARITIES

McHenry County reserves the right to reject any or all bids, to waive irregularities, and to accept that bid which is considered to be in the best interest of the County. Any such decision shall be considered final.

#### DELIVERY

Delivery will be considered in making the award and the bidders shall state, in the spaces provided expected delivery after receipt of order. Failure to meet said delivery promises without prior consent of the Director of Purchasing will be considered a breach of faith.

#### WORKMANSHIP

Items shall be manufactured according to the highest traditions of the industry and shall meet all commercial standards of quality. The County shall be the sole judge of acceptable products. Unacceptable products will be rejected and suitable price adjustments made.

#### QUALIFICATIONS

Each firm submitting an RFP for this project shall submit detailed information concerning the professional qualifications of the individual(s) assigned to carry out this project. Relevant project experience, logistical capabilities and other relevant support data regarding the firm and assigned personnel must be included.

Each firm submitting a proposal for this project must provide at least three (3) references where projects of a similar nature have been successfully completed and implemented. These references should provide the name and address of the entity where the project was completed as well as a contact person.

#### INSURANCE

General The successful bidder shall maintain for the duration of the contract and any extensions thereof, at bidder's expense, insurance that includes "Occurrence" basis wording and is issued by a company or companies qualified to do business in the State of Illinois that are acceptable to the County, which generally requires that the company(ies) be assigned a Best's Rating of A or higher with a Best's financial size category of Class XIV or higher, in the following types and amounts:

- a) Commercial General Liability in a broad form, to include, but not limited to, coverage for the following where exposure exists: Bodily Injury and Property Damage, Premises/Operations, Independent Vendors, Products/Completed Operations, Personal Injury and Contractual Liability; limits of liability not less than:

\$500,000 per occurrence and \$1,000,000 in the aggregate;



- b) Business Auto Liability to include, but not be limited to, coverage for the following where exposure exists: Owned Vehicles, Hired and Non-Owned Vehicles and Employee Non-Ownership; limits of liability not less than:

\$300,000 per occurrence combined single limit for:  
Bodily Injury Liability and Property Damage Liability;

- c) Workers' Compensation Insurance to cover all employees and meet statutory limits in compliance with applicable state and federal laws. The coverage must also include Employer's Liability with minimum limits of \$100,000 for each incident.
- d) Professional Liability Insurance with \$1,000,000 per occurrence and \$1,000,000 in aggregate.

EVIDENCE of INSURANCE

The successful bidder agrees that with respect to the above-required insurance that:

- (a) The County of McHenry shall be provided with Certificates of Insurance evidencing the above required insurance, prior to commencement of the contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least fifteen (15) days prior to the expiration or cancellation of any such policies;
- (b) The contractual liability arising out of the contract shall be acknowledged on the Certificate of Insurance by the insurance company;
- (c) The County of McHenry shall be provided with thirty (30) days prior notice, in writing, of Notice of Cancellation or material change and said notification requirement shall be stated on the Certificate of Insurance;
- (d) Subcontractors, if any, comply with the same insurance requirements. In addition to being named as an additional insured on the Certificate of Insurance, each liability policy shall contain an endorsement naming the County of McHenry as an additional insured. A copy of the endorsement shall be provided to McHenry County along with the Certificate of Insurance; and
- (e) have McHenry County named as an additional insured and the address for certificate holder must read exactly as:

County of McHenry, **a body politic**  
2200 N. Seminary Avenue  
Woodstock, IL 60098

- (f) Insurance Notices and Certificates of Insurance shall be provided to:

McHenry County, Purchasing Department  
2200 N. Seminary Avenue, Room 200  
Woodstock, Illinois 60098

The County shall be provided with Certificates of Insurance evidencing the above required insurance prior to the commencement of this Agreement and thereafter with the certificated evidencing renewals or changes to said policies of insurance at least fifteen (15) days prior to the expiration or cancellation of any such policies.

The County shall be named as additional insured on all liability policies, and the parties acknowledge that any insurance maintained by the County shall apply in excess of, and not contribute to, insurance provided by successful bidder.

The contractual liability arising out of the Agreement shall be acknowledged on the Certificate of Insurance by the insurance company. The County shall be provided with thirty (30) days prior notice, in writing, of Notice of Cancellation or material change, and said notification requirements shall be stated on the Certificate of Insurance.

Acceptance or approval of insurance shall in no way modify or change the indemnity or hold harmless clauses in this agreement, which shall continue in full force and effect.

#### HOLD HARMLESS CLAUSE

The Vendor agrees to indemnify, save harmless and defend the County of McHenry, their agents, servants, and employees, and each of them against and hold them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of the County of McHenry, their agents, servants, or employees or any other person indemnified hereunder.

#### EVALUATION

Evaluation of proposals will be done by the Director of Purchasing and associated County staff. Proposals will be evaluated on experience in doing projects of a similar nature and adherence to specifications.

#### DIRECTIONS FOR SUBMISSION

Qualified individuals or firms are to submit one (1) original and one (1) copy of the completed proposal along with any support documentation to:

Mr. Donald A. Gray, CPPB  
Director of Purchasing  
McHenry County Administration Building  
2200 N. Seminary Avenue, Room 200  
Woodstock, Illinois 60098

All data and documentation submitted as part of this RFP shall become the property of McHenry County, Illinois. After award of this contract, all responses, documents, and materials contained in the RFP shall be considered public information and will be made available for inspection in accordance with the Illinois Freedom of Information Act.

All proposals must be received by **2:00 p.m. (CST) on February 13, 2014**. Absolutely no proposal will be accepted after the time specified. Late proposals shall be rejected and

returned unopened to the sender. The County of McHenry does not prescribe the method by which proposals are to be transmitted; therefore, it cannot be held responsible for any delay, regardless of reason, in the transmission of proposals.

**BID ENVELOPES ARE TO BE CLEARLY MARKED WITH THE RFP TITLE, TIME & DATE OF OPENING.**

**SUBMITTAL**

Submit one (1) bid, multiple bids will not be accepted.

**PRICING**

Price offered shall be firm for at least 120 days after the latest time specified for submission of proposals and thereafter until written notice is received from bidder.

**FREIGHT**

Freight is all inclusive unless otherwise stated.

**FUEL SURCHARGE**

The County of McHenry does NOT accept any fuel surcharges.

## **SPECIFICATIONS**

**Provide Medical and Nursing Home Supplies to the McHenry County Valley Hi Nursing Facility.**

**No guarantee is made for the purchase of any quantity. May be multiple awardees.**

**Please list quantity packaging (ex: number per box; boxes per case)**

**Please list any value added services provided, rebate programs, etc.**

**Please list any possible in-servicing, training, or other educational offerings and associated costs / fees**

**Please describe the ordering and delivery process**

<b>Description of Product</b>
adhesive tape remover pads
alarm, bed pad over mattress
alarm, pad for wheelchair
alarm, wheelchair
alcohol gel
alcohol prep pads
alcohol, isopropyl
bandage scissors
bed pan, fractured
catheter tray, bladder, drain bag, no-catheter (6175)
catheter tray, stright cath
catheter, foley, 14fr, 5cc latex-free
catheter, foley, 16fr, 5cc latex-free
catheter, foley, 16fr, 30cc latex-free
catheter, foley, 18fr, 5cc latex-free
catheter, foley, 18fr, 30cc latex-free
catheter, foley, 20fr, 5cc latex-free
catheter, foley, 22fr, 30cc latex-free
catheter, foley, 24fr, 5cc latex-free

catheter, foley, 24fr, 30cc latex-free
clippers, toenail
cold packs
comb, economy, black
cotton balls, large
cotton-tipped applicator, 6 inch
cups, paper soufflé
denture adhesive
denture cup with lid
denture tabs
deoderant, roll-on
disposable underpads
drain bag holder
drain bag, antireflex
drain bag, leg bag with straps
dressing, adaptic 3x8
dressing, adaptic 5x9
dressing, algisite
dressing, allevyn 5x5
dressing, bandage, adhesive strip (band-aid)
dressing, coban bandage, 4" x 5 yrds
dressing, comfeel, ulcer 4x4
dressing, bandage, compression wrap
dressing, contreet foam w/ silver 2x3
dressing, duoderm 3x3
dressing, duoderm 4x4
dressing, elastic bandage 3 inch

dressing, elastic bandage 4 inch
dressing, elastic bandage 6 inch
dressing, gauze, abdominal pads
dressing, gauze, conform (2236)
dressing, gauze, curity 8 ply
dressing, gauze, dermacea 8 ply, non-sterile
dressing, gauze, kerlix
dressing, gauze, telfa pads
dressing, island, 1x1
dressing, island, 2x2
dressing, primapore
dressing, primapore 2X3
dressing, profore
dressing, split sponges
dressing, tegaderm 2.75 x 3.25
dressing, tegaderm 4 x 4.75
dressing, tubigrip bandage 3.5 inch
dressing, tubigrip bandage 4.5 inch
emory board
emesis basin
enteral feeding tube deglogger 12-16 fr
enteral feeding tube deglogger 16-18 fr
enteral feeding tube declogger 18-24 fr
ez wrap tubing cover, foam
foot cradle, foam
foot elevator
g-tube, 16fr w/ 15cc balloon

g-tube, 18fr, w/ 15cc balloon
gait belt
Goggles
graduated container
hairbrush, ball tip, adult
hot packs, instant
humidifiers, disposable, pre-filled
incontinent barrier cream
incontinent brief extra large
incontinent brief, Tena (62314) or like
incontinent brief large
incontinent brief medium
irrigation tray
isolation gowns
isolation mask
isolation shoe covers
lemon glycerine swabs
Lotion
lube jelly
measuring tape, 24 inch, paper
medicine cups, plastic, 1oz
mouth moisturizer
mouthwash, alcohol-free
nasal cannula, with 7 feet tubing
nebulizer, micromist, (1882)
nebulizer, micromist, elongated mask (1885)
ointment, calmoseptine

oxygen mask, adult, with 7 feet tubing
oxygen tubing, 25 ft
povidine iodine swabs
razors, double blade
saline solution ampoules
saline solution bottles, 1000 ml
saline solution, large bottles
shampoo, baby
shampoo, no-rinse
shaving cream
shower cap
skin prep barrier wipes
skin prep barrier wipes (non-sting)
slipper socks, adult
specimen collector hat
suction canister, 800cc
suction catheter kit, 14fr
suction catheter, 18fr
suction tubing, 3/16" x 1 1/2'
suction tubing, 3/16" x 6'
suction tubing, yankauer tube
supplement, ensure, chocolate
supplement, ensure, vanilla
supplement, ensure pudding, vanilla
supplement, fibersource
supplement, glucerna
supplement, glucerna - ready to hang 1,000 ml



supplement, isocal hn
supplement, jevity 1 cal
supplement, jevity 1.2 cal
supplement, jevity 1.5 cal
supplement, osmolite 1 cal
supplement, osmolite 1.2 cal
supplement, prostat, awc, cherry
supplement, two cal hn, vanilla
suture removal kit
syringe, .5cc, insulin safety
syringe, 3cc, safety
syringe, 5cc, safety
syringe, 1cc, insulin safety
syringe, 1cc, tb safety
syringe, 10cc, luer lock
syringe, 30cc, luer lock
syringe, 60cc, catheter tip
syringe, 60cc, irrigation, piston
syringe, 60cc, bagged for enteral irrigation
syringe, needle only 21gx1 safety
syringe, needle only 25 gx1 safety
tape, hypafix, 2 inch
tape, paper, 1 inch
tape, paper, 2 inch
tape, silk cloth, 1 inch
tape, silk cloth, 2 inch
ted hose stockings, knee, lg, regular

ted hose stockings, knee, md, regular
ted hose stockings, knee, sml, regular
ted hose stockings, knee, xl, regular
thermometer, digital, oral
thermometer, digital probe covers
tongue blade, sr, sterile
toothbrush, adult, soft
toothbrush, denture, hard nylon bristles
toothbrush holder
toothettes oral swabs
toothpaste colgate
urinal, male, clear with cover
wash basin 6qt
Acidophilus
amonium lactate lotion
antacid, calgest chewable tablets
antacid, extra strength, liquid
antacid, geri-lanta
apap caplets, 500mg
apap, 325mg
apap, 500mg
apap, liquid, 160mg
aspirin, adult, chewables, 81 mg
aspirin, adult, lowdose, enteric coated
aspirin, buffered, 325mg
aspirin, enteric coated, 5gr
aspirin, enteric coated, 325 mg

baza cream
Benadryl
betadine solution
claritin tablets, 10 mg
cranberry caplets 450 mg
debrox ear wax drops
enema, fleets
expectorant tablets (mucinex)
Florastor
geri-tussin liquid (robitussin sugar free)
glucose, instant
glucosamine tablets 500 mg
glucosamine and chondroitin capsules, 500 mg
ibuprofen, 200mg
ibuprofen, 100mg, liquid
imodium ad
lactinex packets
Lancets
laxitive dss, 100mg
laxitive dss, diocto, liquid, 50mg
laxitive, bisacodyl, 5mg
laxitive, dss, syringe, 60mg/15ml
laxitive, fiber tablets, 500mg
laxitive, fiber powder
laxitive, senna tabs (senokot)
laxitive, suppository, glycerin
microdot control solution

microdot test strips
milk of magnesia
mineral oil, heavy, 16 oz
naproxin sodium 220mg (aleve)
ointment, aquaphor
ointment, triple abt
ointment, zinc oxide
oyster shell calcium, w/ vitamin d
povidine iodine solution 10%, 4oz
prilosec otc
proshield cream
refresh tears
secura ointment
stat-loc picc line holder plus
sterile water
suppositories, bisacodyl, 10mg
tussin dm
unna boot with calamine
vitamin b-12
vitamin, plain
vitamin, vit c 500 mg tablets
vitamin, vit e softgels
vitamin, zinc sulfate 220 mg capsules
vitamin, ferrous sulfate elixir
vitamin, ferrous sulfate, 5gr
vitamin, ferrous sulfate, 325mg
vitamin, fish oil 500 mg

vitamin, folic acid 800 mg	
vitamin, liquid	
vitamin, magnesium oxide, 400 mg	
vitamin, multi vitamin with iron	
vitamin, multi vitamin with minerals	
vitamin, ocular	
	<b>Size</b>
<b><u>Latex Powder-free Medical Exam Gloves</u></b> Medical Grade Non-sterile latex Powder free Single use Ambidextrous	Small Medium Large X-Large
<b><u>Nitrile Safety Medical Exam Gloves</u></b> High density nitrile Powder free Ambidextrous	Medium
<b><u>Non-Latex Vinyl Medical Exam Glove</u></b> Powder free Single use Non-sterile Ambidextrous	Small Medium Large X-Large

**THESE PAGES ARE MANDATORY.**

**PROPOSAL FORM**

WE, \_\_\_\_\_, PROPOSE TO PROVIDE THE REQUESTED SERVICES PER THE REQUIREMENTS OF THIS REQUEST FOR PROPOSAL IN ACCORDANCE WITH THE SPECIFICATIONS CONTAINED HEREIN.

Items	Year I March 1, 2014 - November 30, 2014		Option Year II December 1, 2014 - November 30, 2015	
	Unit Cost	Total	Unit Cost	Total
<b>Adhesive tape remover pads</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alarm, bed pad over mattress</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alarm, pad for wheelchair</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alarm, wheelchair</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alcohol gel</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alcohol prep pads</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Alcohol, isopropyl</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Bandage scissors</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Bed pan, fractured</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter tray, bladder, drain bag, no-catheter (6175)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter tray, straight catheter</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Catheter, foley, 14fr, 5cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 16fr, 5cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 16fr, 30cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 18fr, 5cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 18fr, 30cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 20fr, 5cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 22fr, 30cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 24fr, 5cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter, foley, 24fr, 30cc latex-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Catheter leg strap</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Clave connector needle-less</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cleansure, wound</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Clippers, fingernail</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Clippers, toenail</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cold packs</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Comb, economy, black</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cotton balls, large</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cotton-tipped applicator, 6 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cups, paper soufflé</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Denture adhesive</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Denture cup with lid</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Denture tabs</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Deodorant, roll-on</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Disposable underpads</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Drain bag holder</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Drain bag, antireflex</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Drain bag, leg bag with straps</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, adaptic 3x8</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, adaptic 5x9</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, algsite</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$



<b>Dressing, allevyn 5x5</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, bandage, adhesive strip (band-aid)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, coban bandage, 4" x 5 yds</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, comfeel, ulcer 4x4</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, bandage, compression wrap</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, contreet foam with silver 2x3</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, duoderm 3x3</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, duoderm 4x4</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, elastic bandage 3 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, elastic bandage 4 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Dressing, elastic bandage 6 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, gauze, abdominal pads</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, gauze, conform (2236)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, gauze, curity 8 ply</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, gauze, dermacea 8 ply, non-sterile</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>dressing, gauze, kerlix</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, gauze, telfa pads</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, island, 1x1</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, island, 2x2</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, primapore</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, primapore 2X3</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, profore</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, split sponges</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, tegaderm 2.75 x 3.25</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, tegaderm 4 x 4.75</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, tubigrip bandage 3.5 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>dressing, tubigrip bandage 4.5 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>emory board</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>emesis basin</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>enteral feeding tube deglogger 12-16 fr</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>enteral feeding tube deglogger 16-18 fr</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>enteral feeding tube</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>deglogger 18-24 fr ez wrap tubing cover, foam</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>foot cradle, foam</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>foot elevator</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>g-tube, 16fr w/ 15cc balloon</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>g-tube, 18fr, w/ 15cc balloon</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>gait belt</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>goggles</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>graduated container</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>hairbrush, ball tip, adult</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>hot packs, instant</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>humidifiers, disposable, pre-filled</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>incontinent barrier cream</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>incontinent brief extra large</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>incontinent brief, Tena (62314) or like</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>incontinent brief large</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>incontinent brief medium</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>irrigation tray</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>isolation gowns</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Isolation mask</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Isolation shoe covers</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Lemon glycerine swabs</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Lotion</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Lube jelly</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Measuring tape, 24 inch, paper</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Medicine cups, plastic, 1oz</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Mouth moisturizer</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Mouthwash, alcohol-free</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Nasal cannula, with 7 feet tubing</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Nebulizer, micromist (1882)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Nebulizer, micromist, elongated mask (1885)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ointment, calmoseptine</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Oxygen mask, adult with 7 feet tubing</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Oxygen tubing, 25 ft</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Povidine iodine swabs</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Razors, double blade</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Saline solution ampoules</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Saline solution bottles, 1000 ml</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Saline solution, large bottles</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Shampoo, baby</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Shampoo, no rinse</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Shaving cream</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Shower cap</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Skin prep barrier wipes</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Skin prep barrier wipes (non-sting)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Slipper socks, adult</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Specimen collector hat</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction canister, 800cc</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction catheter kit, 14fr</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction catheter, 18fr</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction tubing, 3/16" x 1 1/2'</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction tubing, 3/16" x 6'</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suction tubing, yankauer tube</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, ensure, chocolate</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, ensure, vanilla</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, ensure pudding, vanilla</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, fibersource</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, glucerna</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, glucerna – ready to hang, 1,000 ml</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Supplement, isocal hn</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, jevity 1 cal</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, jevity 1.2 cal</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, jevity 1.5 cal</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, osmolite 1 cal</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, osmolite 1.2 cal</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, prostat, awc, cherry</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Supplement, two cal hn, vanilla</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suture removal kit</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, .5cc, insulin safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 3cc, safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 1cc, insulin safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 1cc, tb safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 10cc, luer lock</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 30cc, luer lock</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Syringe, 60cc, catheter tip</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 60cc, irrigation, piston</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, 60cc, bagged for enteral irrigation</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, needle only, 21gx1 safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Syringe, needle only, 25gx1 safety</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tape, hypafix, 2 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tape, paper, 1 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tape, paper, 2 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tape, silk cloth, 1 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tape, silk cloth, 2 inch</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ted hose stockings, knee, large, regular</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ted hose stockings, knee, medium, regular</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ted hose stockings, knee, small, regular</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ted hose stockings, knee, extra-large, regular</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Thermometer, digital, oral</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$



<b>Thermometer, digital probe covers</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tongue blade, Sr, sterile</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Toothbrush, adult, soft</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Toothbrush, denture, hard nylon bristles</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Toothbrush holder</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Toothettes oral swabs</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Toothpaste, colgate</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Urinal, male, clear with cover</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Wash basin 6qt</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Acidophilus</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ammonium lactate lotion</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Antacid, calgest chewable tablets</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Antacid, extra strength, liquid</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Apap caplets, 500mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Apap, 325mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Apap, 500mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Apap, liquid, 160mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Asprin, adult chewables 81mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Asprin, adult lowdose enteric coated</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Asprin, buffered 325mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Asprin, enteric coated 5gr</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Asprin, enteric coated 325mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Baza cream</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Benadryl</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Betadine solution</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Claritin tablets 10mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Cranberry caplets 450mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Debrox ear wax drops</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Enema fleets</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Expectorant tablets (mucinex)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Florastor</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Geri-tussion liquid (robitussin sugar free)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Glucose, instant</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Glucosamine tablets 500 mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ibuprofen 200mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ibuprofen 100mg liquid</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Imodium AD</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Lactinex packets</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Lancets</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative DSS 100 mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative DSS diocto liquid 50mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative bisacodyl 5 mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative DSS syringe 60mg/15ml</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative fiber tablets 500mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative fiber powder</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Laxative Senna tabs (senokot)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Laxative suppository glycerin</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Microdot control solution</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Microdot test strips</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Milk of Magnesia</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Mineral Oil, heavy 16oz</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Naproxen sodium 220mg (aleve)</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ointment aquaphor</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ointment triple abt</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Ointment zinc oxide</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Oyster shell calcium with vitamin D</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Povidine iodine solution 10% 4oz</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Prilosec OTC</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Prosheild cream</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Refresh tears</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Secura ointment</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Stat-loc picc line holder plus</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Sterile water</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Suppositories bisacodyl 10mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Tussin DM</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Unna boot with calamine</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin B-12</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin, plain</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin vit c 500 mg tablets</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin vit e softgels</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin zinc sulfate 220 mg capsules</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin ferrous sulfate elixir</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin ferrous sulfate 325mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin fish oil 500mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin folic acid 800mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$

<b>Vitamin, liquid</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin magnesium oxide 400mg</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin multi vitamin with iron</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin multi vitamin with minerals</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Vitamin, Ocular</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Latex Disposable Glove SMALL</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Latex Disposable Glove MEDIUM</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Latex Disposable Glove LARGE</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Latex Disposable Glove XLARGE</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				

<b>Nitrile Disposable Glove MEDIUM</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Vinyl Disposable Glove SMALL</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Vinyl Disposable Glove MEDIUM</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Vinyl Disposable Glove LARGE</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				
<b>Vinyl Disposable Glove XLARGE</b>	Per Box: \$	\$	Per Box: \$	\$
	Per Case: \$	\$	Per Case: \$	\$
<b>Brand Name</b>				
<b>Qty per box; Boxes per case</b>				

***THIS PAGE IS MANDATORY.***

**Please list any value added services provided, rebate programs, etc.**

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**Please list any possible in-servicing, training, or other educational offerings and associated costs / fees**

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**Please describe the ordering and delivery process**

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**If needed please submit any additional sheets.**



***THIS PAGE IS MANDATORY.***

WE ALSO CERTIFY THAT THIS WRITTEN PROPOSAL IS VALID FOR 120 DAYS FROM THE DAY OF THIS PROPOSAL AND THE ATTACHED INFORMATION IS RECEIVED AND FILED BY THE COUNTY OF MCHENRY.

\*\*Please list below other costs that may be associated with this service or used additional sheets if necessary:

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Does your company have a formal safety policy and your employees participate in safety training?

Upon request, would you be able to provide the County with a copy of your safety policy?

YES	NO

**REFERENCES**

AUTHORIZED NEGOTIATORS:

Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Title: \_\_\_\_\_

***THIS PAGE IS MANDATORY.***

List three (3) references that you have done similar work, service or supplied similar products to within the last twelve (12) months (Only correct contact names and phone numbers will be acceptable).

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

---

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

---

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

**THIS PAGE IS MANDATORY.**

**RUBBER STAMPED, FAXED, COPIED, OR TYPED SIGNATURE WILL  
DISQUALIFY YOUR BID MUST BE AN ORIGINAL SIGNATURE**

**CERTIFICATIONS**

Vendor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended. \_\_\_\_\_ Yes \_\_\_\_\_ No

Vendor certifies that it is aware that all contracts for the Construction of Public Works are subject to the Illinois Prevailing Wage Act (820 ILCS 130/1-12) \_\_\_\_\_ Yes \_\_\_\_\_ No

Under penalties of perjury, I certify that \_\_\_\_\_ is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Real Estate Agent       |
| <input type="checkbox"/> Sole Proprietorship                                      | <input type="checkbox"/> Government Entity       |
| <input type="checkbox"/> *Partnership   | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> **Corporation  | <input type="checkbox"/> (IRC 501(a) only)       |
| <input type="checkbox"/> Not-for-Profit Corporation                               | <input type="checkbox"/> Trust or Estate         |
| <input type="checkbox"/> Medical and Health Care<br>Services Provider Corporation |  |

\*State full names, titles and addresses of all responsible principles and/or partners below;

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

**If needed please submit any additional sheets.**

***THIS PAGE IS MANDATORY.***

**PROPOSER'S CERTIFICATION**

I have carefully examined the Request for Proposal, Requirements for Statements of Qualifications, Scope of Services Background, and any other documents accompanying or made a part of this Request for Proposal.

I hereby propose to furnish the goods or services specified in the Request for Proposal. I agree that my proposal will remain firm for a period of up to 120 days in order to allow the County adequate time to evaluate the qualifications submitted.

I verify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service. No officer, employee or agent of the County of McHenry or any other proposer is interested in said proposal and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\*\*State of Incorporation \_\_\_\_\_

\_\_\_\_\_  
(Individual - Partnership - Company - Corporation)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(By Printed Name and Signature) (Title)

\_\_\_\_\_  
(Witness Signature) (Title)

\_\_\_\_\_  
(Telephone No) (Fax No)

\_\_\_\_\_  
(Date)

*End of Document*