



Winnebago County, Illinois - Purchasing Department

404 Elm Street Room 202

Rockford, Illinois 61101

Phone: (815) 319-4380

General Email: Purchasing@WinColl.us

<http://www.WinColl.us/>

INVITATION FOR BID	18B-2147	BID ISSUE DATE	5/24/18
BID DESCRIPTION	PHARMACEUTICAL SERVICES		
BID OPENING DATE	6/26/18	BID OPENING TIME	10:30 A.M.
SUBMIT ONE (1) ORIGINAL, PLUS TWO (2) COPIES, AND ONE (1) MEMORY STICK	BOND REQUIRED		NONE

TO ALL PROSPECTIVE BIDDERS:

You are hereby invited to submit your bid for River Bluff Nursing Home for Pharmaceutical Services. The original bid, memory stick, and the required number of copies, must be received in a sealed envelope that has your name and address in the UPPER left corner and the attached Return label filled in and attached on the LOWER left corner.

All bids are subject to staff analysis. Winnebago County reserves the right to accept or reject any and all bids received and waive any and all technicalities. Bids must be delivered to:

WINNEBAGO COUNTY PURCHASING DEPARTMENT 404 ELM STREET, ROOM 202, ROCKFORD, IL 61101

BID RESPONSES MUST BE RECEIVED AND TIME STAMPED NO LATER THAN THE PUBLIC BID OPENING DATE AND TIME SPECIFIED ABOVE. BIDS WILL BE OPENED AND READ ALOUD AT THAT TIME IN THE PURCHASING DEPARTMENT. LATE BIDS WILL NOT BE CONSIDERED.

A *NON-MANDATORY Pre-Bid Conference* with the facilities prior to submitting a bid is scheduled for June 6, 2018 at 10: 00 AM, at RIVER BLUFF NURSING HOME IN THE CONFERENCE ROOM. A Phone-In session is also available at this time at (641) 552-9193 with Access Code- 701779 . No further on-site inspection will be held at any other time.

Any communication regarding this invitation between the date of issue and date of award is required to go through the Director of Purchasing. **FACSIMILE AND/OR E-MAIL TRANSMITTED BIDS WILL NOT BE ACCEPTED.**

Sincerely,

Ann Johns
Director of Purchasing

NAME OF BIDDER	
CONTACT PERSON	
TELEPHONE	
EMAIL	

COUNTY OF WINNEBAGO, ILLINOIS

CALL FOR BIDS

PROJECT NAME	PHARMACEUTICAL SERVICES
USER DEPARTMENT	RIVER BLUFF NURSING HOME

EVENT	LOCATION	DATE	TIME (CST)
LEGAL ADVERTISEMENT	ROCKFORD REGISTER STAR WEBSITE: HTTP://WINCOIL.US/	5/24/18	-----
MANDATORY PRE-BID CONFERENCE	Date and time TBD- Phone-In Session (641) 552-9193 Access Code-701779	6/6/18	10:00 A.M.
DEADLINE FOR INQUIRIES, EXCEPTIONS AND QUESTIONS	MUST BE SUBMITTED IN WRITING TO: AJOHNS@WINCOIL.US	6/13/18	9:00 A.M.
RESPONSE TO QUESTIONS OR INQUIRIES AND ISSUE OF ANY ADDENDUM	VIA E-MAIL	6/15/18	2:00 P.M.
BID DUE AND PUBLIC OPENING	PURCHASING DEPARTMENT ROOM 202	6/26/18	10:30 A.M.

ALL BIDS MUST BE ENCLOSED IN SEALED ENVELOPES MARKED:

"PHARMACEUTICAL SERVICES"

Information is available from the Purchasing Department, Winnebago County Administration Building, 404 Elm Street, Room 202, Rockford, Illinois 61101. Telephone: (815) 319-4380, Email: AJohns@WinColl.us.

The documents constituting component parts of the Bid Form are the following:

- I CALL FOR BIDS**
- II REQUIREMENTS FOR BIDDING AND INSTRUCTIONS TO BIDDERS**
- III GENERAL CONDITIONS**
- IV SPECIAL CONDITIONS**
- V BID SPECIFICATIONS**
- VI BID FORM**
- VII BUSINESS REFERENCES**
- VIII BIDDER'S SUBCONTRACTORS**
- IX RETURN BID LABEL**

ADDITIONAL DOCUMENTS ATTACHED WITH THIS BID:

- 1. ATTACHMENT 1- PRICE ANALYSIS (TO BE RETURNED ALONG WITH BID)**
- 2. EXHIBIT 1- HISTORY (FOR REFERENCE)**

REQUIREMENTS FOR BIDDING AND INSTRUCTIONS TO BIDDERS

SUBMISSION OF BIDS

The Bidder, by its officers, agents or representatives (hereafter referred to as the Bidder), shall be responsible for delivery of bids to the Purchasing Department before the date and hour set for the opening of bids. *Late bids will not be considered and will be returned unopened.*

All bids must be received in a sealed envelope that has your name and address in the UPPER left corner and the attached Return label filled in and attached on the LOWER left corner.

Bids mailed "EXPRESS MAIL" must have bid number and due date on the outside of the EXPRESS MAIL envelope. You must allow sufficient time for processing through the County's internal mailroom system.

PREPARATION OF BID

The Bidder must submit a bid on the forms furnished by the Winnebago County Purchasing Department. All blank spaces on the bid form must be filled in. Use "N/A" or "None" where applicable.

Where unit prices are to be bid, and/or where bids are to be made on more than one item, the Bidder shall extend the unit price(s) bid in the places provided on the pricing pages for the approximate quantities, shall compute the total amount of the bid and shall indicate same on the bid pricing page. The Bidder must bid in accordance with the unit(s) of measure called for unless deviation procedure is followed. All extensions and total sums are subject to verification by the County and the correct extensions and sums will be used in the comparison of bids. If a discrepancy exists between the unit prices and totals, the unit prices shall prevail. If a discrepancy exists between the total base bid and the true sum of the individual bid items, the true sum shall prevail.

Where unit prices are requested, the quantities stated are approximate only but will be used to determine bid award. The quantities for all items on which bids are to be received on a unit price basis, will not be used in establishing final payment due the Contractor. Bids will be compared based on number of units stated in the Bid Pricing Section. Contract payment for unit price items will be based on the actual number of units delivered.

Authorized signature must be the individual owner of a proprietorship, a general partner of a partnership, or signed in the name of a corporation by an officer whose title shall be stated. Bids shall be sealed in an envelope and marked as required in the instructions. The bid is contained in these documents and must remain attached hereto when submitted.

ENTIRE AGREEMENT

These Standard Terms and Conditions of the Bid shall apply to any contract or order awarded as a result of this Bid except where special requirements are stated elsewhere in the Bid; in such cases the special requirements shall apply. Further, the written contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgement shall be effective or binding unless expressly agreed to in writing by the contracting authority.

DEVIATIONS, EXCEPTIONS OR ALTERNATES

Deviations, exceptions or alternates from terms, conditions, or specifications shall be described fully, on Bidder's letterhead, signed, and attached to the Invitation for Bid. In the absence of such statement, the bid shall be accepted as in strict compliance with all terms, conditions, and specifications and the Bidder shall be held liable. Bidders are cautioned to avoid making deviations and exceptions to the

COUNTY OF WINNEBAGO, ILLINOIS

specifications, which may result in rejection of their bid. If deviations, exceptions or alternates are submitted, it is the Winnebago County Director of Purchasing's sole and final decision whether specifications have been met and will be considered for award.

ELECTRONIC TRANSMITTALS

Facsimile and/or e-mail transmitted bids will not be accepted by Winnebago County. In addition, Winnebago County will not transmit facsimile specifications to the Bidder.

END OF REQUIREMENTS FOR BIDDING AND INSTRUCTIONS TO BIDDERS

GENERAL CONDITIONS

ADDENDUM AND SUPPLEMENT TO THE BID

If it becomes necessary or advisable to revise any part of this Bid or if additional data is necessary to enable the exact interpretation of provisions of this Bid, revisions will be provided in the form of an Addendum. If revisions are made after any mandatory Pre-Bid Conference, the revisions will be provided only to those Contractors who will have participated in the Pre-Bid Conference.

In the event that any addenda to this Bid are issued, a public posting a minimum of 7 days will be adhered to, and could result in a revised date for the opening of this bid.

Addendum information is available at the County's website <http://WinColl.us/> We strongly suggest that you check for any addenda a minimum forty-eight hours (48) in advance of the bid deadline.

APPLICABLE CODES AND ORDINANCES

Bidder hereby certifies that all services and/or materials used or performed conform to all articles and sections of all current applicable Federal, State and other relevant codes.

CANCELLATION

The County of Winnebago reserves the right to cancel any contract in whole or in part without penalty due to failure of the contractor to comply with terms, conditions and specifications of this contract.

CATALOGS

Each Bidder shall submit catalogs or descriptive literature where applicable, to fully illustrate and describe the material and/or work they propose to furnish.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

The Bidder certifies, by submission of this bid or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by submitting this bid that it will include this clause without modification in all lower tier transactions, solicitations, bids, contracts, and subcontracts. Where the bidder/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this solicitation.

Additionally, for all new contractors and vendors to be paid, the Purchasing Department will review the Federal and State Excluded Parties List System prior to requesting the vendor be created in our accounting system.

CHANGES

Winnebago County reserves the right to make any desired change in the specifications after the same shall have been put under contract; but the change so made, with the price to be added or deducted from the contract price, therefore, shall be agreed upon in advance between County and the successful Bidder.

The Purchasing Department shall issue to the successful Bidder a written change order to the original contract; such change orders shall be binding upon both parties thereto and shall in no way invalidate or make void the terms of the original contract not modified by such change.

COMMENCEMENT OF WORK

The successful Contractor must not commence any billable work prior to the County's execution of the contract, issuance of a purchase order or until all required documents have been submitted. Work done prior to these circumstances shall be at the Contractor's risk.

COMPLIANCE WITH LAWS

All services, work and materials that in any manner affect the production, sale, or payment for the product or service contained herein must comply with all Federal, State, County and Municipal laws, statutes, regulations, codes, ordinances and executive orders in effect now or later and whether or not they appear in this document, including those specifically referenced herein. The successful bidder must be authorized to do business in the State of Illinois, and must be able to produce a Certificate of Good Standing with the State of Illinois upon request.

Bidder/Contractor must obtain all licenses, certificates and other authorizations required in connection with the performance of its obligations hereunder, and Bidder/Contractor must require any and all subcontractors to do so. Failure to do so is an event of disqualification and/or default and may result in the denial of this bid and/or termination of this Agreement.

In the event Federal or State funds are being used to fund this contract; additional certifications, attached as addenda, will be required. Lack of knowledge on the part of the vendor will in no way be cause for release of this obligation. If the County becomes aware of violation of any laws on the part of the vendor, it reserves the right to reject any bid, cancel any contract and pursue any other legal remedies deemed necessary.

COST OF BID

Expenses incurred in the preparation of bids in response to this bid is the bidder's sole responsibility.

DELIVERIES

All equipment, materials and/or supplies shipped to Winnebago County must be shipped F.O.B. designated location. Prices offered must be all-inclusive with no additional charges or costs allowed.

DISPUTES

In case of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the Director of Purchasing, or authorized representative shall be final and binding to all parties.

FREEDOM OF INFORMATION

Any responses and supporting documents submitted in response to a bid will be subject to disclosure under the Illinois Freedom of Information Act. The County will assume that all information provided in a bid is open to inspection or copying by the public unless clearly marked with the appropriate exception that applies under the Freedom of Information Act. Additionally, if providing documents that you believe fall under an exception to the Freedom of Information Act, please submit both an un-redacted copy along with a redacted copy which has all portions redacted that you deem to fall under a Freedom of Information Act exception.

INDEMNITY

The Bidder shall, at all times, fully indemnify, hold harmless, and defend Winnebago County and their officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by the Bidder and its employees, or because of any act or omission, neglect or misconduct of the Bidder, its employees and agents or its subcontractors including, but not limited

to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for the Bidder's violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.). Such indemnity shall not be limited by reason of the enumeration of any insurance coverage or bond herein provided. Nothing contained herein shall be construed as prohibiting Winnebago County and their officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions or suits brought against them. The Bidder shall likewise be liable for the cost, fees and expenses incurred in Winnebago County's or the Bidder's defense of any such claims, actions, or suits. The Bidder shall be responsible for any damages incurred as a result of its errors, omissions or negligent acts and for any losses or costs to repair or remedy construction as a result of its errors, omissions or negligent acts.

LIENS, CLAIMS, AND ENCUMBRANCES

Contractor warrants and represents that all the goods and materials ordered herein are free and clear of all liens, claims, or encumbrances of any kind.

NON-BARRED BIDDING

The Bidder certifies, by submission of this bid, that it is not barred from bidding on this contract as a result of a conviction for the violation of state laws prohibiting bid rigging or bid rotating.

NON-COLLUSION

The Bidder, by its officers, agents or representatives present at the time of filing this bid, say that neither they nor any of them, have in any way directly or indirectly, entered into any arrangement or agreement with any other bidders, or with any public officer of the County of Winnebago, Illinois, whereby, the Bidder has not paid or is to pay to such Bidder or public officer any sum of money, anything of value or has not directly or indirectly entered into any arrangement or agreement with any other bidder or bidders. Whereby, no inducement of any form or character other than that which appears upon the face of the bid will be suggested, offered, paid or delivered to any person whomsoever to influence the acceptance of the said bid or understanding of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person in any way or manner, any of the proceeds on the Contract sought by this bid.

NON-DISCRIMINATION

In connection with the performance of work under this contract, the Contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the Contractor further agrees to take affirmative action to ensure Equal Employment Opportunities. The Contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the Non-Discrimination Clause.

PROMPT PAYMENT ACT

The bid should provide that all payments are subject to the Local Governmental Prompt Payment Act.

PROTEST

Firms wishing to protest bids or awards shall notify the Director of Purchasing in writing within 5 calendar days after the invitation to bid opening. The notification should include the bid number, the name of the firm

protesting and the reason why the firm is protesting the bid. The Director of Purchasing will respond to the protest within 5 calendar days.

RESERVATION OF RIGHTS

The County of Winnebago reserves the right to reject any or all bids failing to meet the County's specifications or requirements and to waive technicalities. If in the County of Winnebago's opinion, the lowest bid is not the most responsible bid, considering value received for monies expended, the right is reserved to make awards as determined solely by the judgment of the County of Winnebago. In determining the lowest responsible Bidder, the County shall take into consideration the qualities of the articles supplied, their conformity with the specifications, and their suitability to the requirements of the County and the delivery terms. Intangible factors, such as the Bidder's reputation and past performance, will also be weighed.

Winnebago County reserves the right to award to more than one vendor, as it deems in the best interest to do so.

The Bidder's failure to meet the mandatory requirements of the Bid will result in the disqualification of the bid from further consideration.

The County further reserves the right to reject all bids and obtain goods or services through intergovernmental or cooperative agreements, or to issue a new and revised Bid.

Submission of a bid confers no rights on the Contractor to a selection or to a subsequent contract. All decisions on compliance, evaluation, terms and conditions shall be made solely at the County's discretion and shall be made in the best interest of the County.

SAFETY DATE SHEETS (SDS) and OSHA SAFETY PLAN

When applicable, Contractors shall furnish Safety Data Sheets for their products, in compliance with the Illinois Toxic Substance Disclosure to Employee Act and the "Right-to-Know" law, 820 ILCS 220/0.01 and 820 ILCG225/0.1. Safety Data Sheets, upon award of Contract, shall be submitted to the Purchasing Department. When working on County premises, the contractor must provide their OSHA approved Safety Plan in advance.

SUBCONTRACTORS

If applicable all subcontractors shall be identified on the form contained herein. Winnebago County reserves the right to reject any or all subcontractors.

TAXES NOT APPLICABLE

The County of Winnebago as a Governmental Unit pays neither Federal Excise Tax nor Illinois Retailers Occupational Tax, and therefore, those taxes should be excluded from bid. Our Tax Exempt Number is: E9992-3963-07.

TERMINATION, CANCELLATION AND DAMAGES

The County may terminate based on the Contractor's breach or default. Unless the breach or default creates an emergency, as determined in the County's sole discretion, the Contractor shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of the Contractor's breach or default, the County shall have the right to purchase items or services elsewhere and to charge the Contractor with any additional cost incurred, including but not limited to the cost of cover, incidental and consequential damages and the cost of re-bidding. The County may offset these additional costs against any sums otherwise due to the Contractor under this bid or any unrelated contract.

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If the Winnebago County fails to appropriate funds to enable continued payment of multi-year contracts the County may cancel, without termination charges provided Contractor received at least thirty (30) days prior written notice of termination.

Winnebago County may terminate any contract or agreement resulting from this Bid at any time for any reason by giving at least thirty (30) days' notice in writing to awarded Contractor. If the contract is terminated by the County as provided herein, the contractor will be paid a fair payment as negotiated with the County for the work completed as of the date of termination.

USE OF TRADE NAMES

In cases where a specified item is identified by a manufacturer's name, trade name, or other references, it is understood that the bidder proposes to furnish the item identified. If the bidder proposes to furnish an "equal," the proposed "equal" item (Generic) must be so indicated in the written bid. The County shall be the sole determiner of the equality of the substitute offered.

WITHDRAWAL OF BIDS

Any bidder may withdraw their bid at any time prior to the time specified in the advertisement as the closing time for the receipt of bids by signing a request therefore. However, no bidder shall withdraw or cancel his bid for a period of sixty (60) days after said advertised closing time for the receipt of bids; the successful bidder shall not withdraw or cancel their bid after having been notified by the Director of Purchasing that said bid has been accepted by the County Board.

The Bidder, by signing the bid form, acknowledges, understands and abides by all of the above "Requirements for Bidding and Instructions to Bidders".

END OF GENERAL CONDITIONS

SPECIAL CONDITIONS

QUESTIONS & INQUIRES

Any questions and/or inquires may be directed, no later than the date provided for on page 2 to Ann Johns, Director of Purchasing, 404 Elm Street, Room 202, Rockford, Illinois 61101, by Telephone: (815) 319-4380 or Email: AJohns@WinColl.us.

BONDING

Not required for this project.

DELIVERY REQUIREMENTS

All purchases must be delivered to River Bluff Nursing Home or as otherwise specified.

DEMONSTRATION

Pre-demonstration may be required to determine suitability for our needs.

RENEWALS AND EXTENSIONS

The contract may be subject to three (3) additional one (1) year renewal periods provided there is no change in the terms, conditions, specifications, and prices and provided that such renewals are mutually agreed to by both parties, based in part on satisfactory completion of the initial contract. In no event shall the term, plus renewals, exceed five (5) years.

PRICE ESCALATION

If the parties elect to renew the contract, compensation to the Contractor for succeeding years will be based on the appropriate prior year average of the Consumer Price Index published by U.S. Department of Labor, not seasonally adjusted. The request for a contract price escalation must be done by the contractor, in writing, no less than ninety (90) days prior to the contract (annual) end date.

BID AWARD CRITERIA

This bid will be awarded to the lowest responsive, responsible bidder meeting specifications.

PERMITS, FEES, AND NOTICES

The Awarded Contractor shall secure and pay for all Permits and Governmental Fees, licenses, and inspections necessary for the proper execution and completion of the work, which are legally required, file all notices, comply with all laws, rules, regulations and lawful orders bearing on the performance of the work.

QUANTITIES

Winnebago County reserves the right to increase or decrease the quantities shown herein at any time during the life of the contract to correspond to the actual needs of the County.

INSURANCE REQUIREMENTS

Upon notice of acceptance of bid, the successful bidder shall, within fourteen (14) calendar days of said notice, furnish to the Director of Purchasing a Certificate of Insurance and provide policy endorsements evidencing specific coverage of the types of insurance in the amounts specified below. Such coverage shall be placed with a responsible company acceptable to the County licensed to do business in the State of Illinois. **All required insurance shall be maintained by the contractor in full force and effect during the life of the contract, and until such time as all work has been approved and accepted by the County.** The Contractor is responsible for all insurance deductibles and Self-Insured Retentions.

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TYPE OF INSURANCE		MINIMUM ACCEPTABLE LIMITS OF LIABILITY
1	Workers Compensation	Statutory
2	Employers Liability A. Each Accident B. Each Employee-disease C. Policy Aggregate-disease	\$1,000,000 \$1,000,000 \$1,000,000
3	Commercial General Liability A. Per Occurrence B. General Aggregate 1. General Aggregate- Per project 2. General Aggregate - Products/ Completed Operations	\$2,000,000 \$2,000,000 \$2,000,000
4	Business Auto Liability	\$1,000,000
5	Professional Errors and Omissions	\$2,000,000

At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors, as follows:

- A) It is the responsibility of Contractor to provide copy of the BID to their carrier.
- B) It may also be required that the Contractor's insurer and coverage be approved by County prior to execution of the Contract.
- C) No work shall be started until receipt of Certificate of Insurance.

The County of Winnebago shall be named as additionally insured on all certificates of insurance. Insurance certificates shall also reference project name and BID NUMBER. Certificates should be sent to:

Winnebago County
Purchasing Department
404 Elm Street, Room 202
Rockford, IL 61101
AJohns@WinCoil.us

The insurance carrier of the insured is required to notify the Winnebago County of termination of any or all of these coverages, prior to the completion of any contract, at least thirty (30) days prior to expiration.

CHANGES IN INSURANCE COVERAGE:

The Contractor will immediately notify the county if any insurance has been cancelled, materially changed, or renewal has been refused and the Contractor shall immediately suspend all work in progress and take the necessary steps to purchase, maintain and provide the required insurance coverage(s) and limits. If suspension of work should occur due to insurance requirements, upon verification by the County of the required insurance the County will notify Contractor when they can proceed with the work. Failure to provide and maintain the required insurance coverage(s) and limits could result in immediate cancellation of the contract and the Contractor shall accept and bear all costs that may result due to the Contractors failure to provide and maintain the required insurance.

END OF SPECIAL CONDITIONS

BID SPECIFICATIONS

River Bluff Nursing Home of Winnebago County (*Facility*) is engaged in the operation of a nursing facility and requires Pharmacy services of Consulting and Pharmaceutical Services. The Facility adheres to a philosophy and model of care known as “Resident-centered care”, which ensures that the residents of the Facility have an active voice and the ability to make decisions and choices about their medical care, residential services provided in the Facility and must be reflective in all policies and procedures of the Facility. All services provided must also meet the applicable laws and regulations for local, state, and federal bodies. This is a two (2) year contract with three (3) additional one (1) year renewal option periods.

SCOPE OF WORK:

Pharmaceutical Services is to be provided by a qualified, licensed Pharmacy capable of providing drugs, intravenous solutions, biological and pharmaceutical services as required by the residents as ordered by their physicians. River Bluff Nursing Home is licensed for 304 residents and maintains a census of approximately 200. The current vendor is Forum Pharmacy.

The Pharmacy will provide Facility with copies of current licenses for itself, Registered Pharmacist, and Registered Nurse along with proof of certificate of liability insurance prior to contract award.

Pharmacy Services and Communications:

- a) Pharmacist available 24 hours a day, 365 days a year for questions by phone.
- b) Provide up-to-date Pharmacy Policy Manual.

Receipt of drugs ordered electronic system:

- a) Receive within two hours of both order time and/or all new admissions.
- b) Stat orders within 4 hours for regular and non-business hours.

CONSULTANT PHARMACIST SERVICES:

Pharmacy Consultant Services include a licensed Pharmacist who will:

- a. Be responsible for the general supervision of the Facility’s pharmaceutical services and
- b. Provide a sufficient number of hours to perform consulting service to Facility and its staff as requested.

More specifically, the Consultant will:

1. Provide general supervision of Facility’s procedures for the control and accountability of all drugs, intravenous solutions, biological and supplies throughout the Facility and ensures that Facility’s policies and procedures are in compliance with applicable local, State, and Federal laws and regulations.
2. Review the records for receipt and disposition of controlled drugs and the maintenance of such records in sufficient detail so as to allow an accurate reconciliation.
3. Review the drug regimen of each resident in the Facility and report in writing any irregularity to Facility’s Administrator, Medical Director, the resident’s physician, and the Director of Nursing.

4. Consult the attending physicians and nurses to ensure compliance with the Pharmacy Formulary as it relates to residents receiving services from Pharmacy.
5. Work with Facility staff to ensure that inspections are done of each nursing station, its related drug storage area, and resident health records and those findings are documented in Consultant's report.
6. Ensure the proper labeling of all drugs, intravenous solutions and biological and that labeling is based on currently accepted professional standards and includes the appropriate accessory and cautionary instructions as well as the expiration date, when applicable.
7. Provide written reports to the Administrator, Quality Assurance Committee and/or Director of Nursing regarding the status of Facility's pharmaceutical services and staff performance on a mutually agreed upon basis.
8. Pharmacist to participate in meetings of the Psychotropic & Antibiotic Stewardship, Quality Assurance Committee, Infection Control Committee and/or any other committee meetings, with reasonable prior notice and during regularly scheduled visits to the Facility.
9. Assist in the development of, and/or conduct, when requested by Facility Administrator and as mutually agreed to by Pharmacy and Facility, programs for in-service education on subjects related to the pharmaceutical services rendered; such in-service education to be conducted by Consultant or his/her qualified designee.
10. Perform all other responsibilities required of a Pharmacy Consultant as set forth by applicable local, State, or Federal laws and regulations.
11. Assist in developing Facility's policies and procedures for routine and emergency/disaster drug control electronic medication administration record.

CONSULTANT NURSE SERVICES:

Pharmacy will provide to Facility duly licensed and registered nurse(s) who will devote a sufficient number of hours to perform consulting services to Facility and its staff, as requested, as follows:

1. Perform as needed review of Facility's staff procedure and administration of medications as dictated by Facility's philosophy of resident-centered care, review of Physician Order Sheets, Medication Administration Records, medication audits, medication room inspection, and medication administration observation.
2. Perform as needed, review of Facility's staff procedure and administration of intravenous ("IV") medications. An IV nurse instructor will perform this review.

RIVER BLUFF NURSING HOME (Facility) will:

1. Make available to Consultant adequate working space to allow Consultant to fulfill his/her obligations under this Agreement.
2. Ensure Consultant has access to all resident records.

FAIR MARKET VALUE of GOODS and SERVICES:

1. The price at which Pharmacy is selling the goods and/or services to Facility and/or its' residents fairly represents the fair market value of such goods and/or service, without a discount of any kind. The said price is above the Pharmacy's costs for the goods and/or service. Pharmacy shall not differentiate in charges for goods and/or services to Facility residents, on the basis of the resident's status as a Medicare Part A resident, a Medicare Part B resident, a Medicare Part D resident, a Medicaid resident, a private pay resident, or a resident with a private insurance carrier paying for the goods and/or services.
2. Facility may purchase "house supply" items (OTC drugs and goods) from Pharmacy as allowed by applicable local, State, and Federal laws and regulations.

PAYMENTS TO PHARMACY:

1. For services of Consultant Pharmacist, Facility will pay the Pharmacy a fee per month. This will be based on either a flat fee or per resident or per capacity fee. Bidders to indicate on Bid Form Page 19
2. For services of registered nurse and IV RN, Facility will pay monthly to Pharmacy.
 - a. For an "IV" RN instruction, a fee per hour.
 - b. For a Consultant Registered Nurse, a fee per hour.
3. For drugs provided to Facility each month.
4. Each month, the Pharmacy will furnish to the Facility an invoice of the amount due the Pharmacy for the preceding month.

PHARMACEUTICAL SERVICES:

1. The Pharmacy will be responsible to address each of the following points in detail in bid response:
 - a. Supply only approved drugs, intravenous solutions, biological and supplies in compliance with applicable local, State, and Federal laws and regulations for residents and Facility.
 - b. Render all services in accordance with any applicable requirements of local, State, and Federal laws and regulations, community standards of practice, and the Pharmacy's Policies & Procedures Manual, reflecting the Facility's philosophy of Resident-centered care.
 - c. Label all medications in accordance with local, State, and Federal rules and regulations.
 - d. Pharmacy will provide medication carts (chosen by Facility), treatment carts, and emergency carts, infusion pumps and products, Pharmacy and infusion policy and procedure manuals, all Pharmacy-related forms and paper supplies and facsimile machines. Medication dispensing with labeled Residents name and drug per standards. The Pharmacy will, at its expense, be responsible for ongoing maintenance and repairs to Pharmacy equipment used at the Facility.
 - e. Must integrate with Facilities current electronic medication administration software Point Click Care immediately upon contract acceptance.
 - f. Be responsible for all third party billing for Medicaid (including Managed Care), Medicare D,

private pay, and private insurances. Prior authorizations will be processed by Pharmacy in conjunction with staff/physician before medication is sent. Pharmacy staff shall coordinate Med D to ensure paperwork is completed or order is changed. Pharmacy is to contact Med D plans directly for prior authorization.

- g. Maintain drug profiles on each resident in the Facility.
- h. Provide drug information and consultation to the Facility's licensed professional staff regarding such drugs, intravenous solutions, biological and supplies ordered.
- i. Provide an automated dispensing machine with a bar code scanner for dispensing emergency drugs, supplies and other medications to allow for immediate, on-site, controlled access of first dose 24/7 as approved by the Facility's Quality Assurance Committee and any other committees of the Facility.
- j. Ensure a qualified representative from the Pharmacy is available for attendance at the Facility's Quality Assurance Committee, the Infection Control Committee and any other committee meetings.
- k. Conduct, when required by the Facility Administrator or Director of Nursing and as mutually agreed to by the Pharmacy and the Facility, programs for in-service education for subjects related to the pharmaceutical services rendered with said in-service education to be conducted by the Pharmacist or his/her qualified designee.
- l. Pharmacy represents that all medications and related supplies will be first quality. The County of Winnebago will receive full credit for any items returned to Pharmacy that have been damaged in shipping, mis-labeled, or otherwise unusable through no fault of the County of Winnebago. Pharmacist Consultant is to provide pharmaceuticals that can be reasonably used prior to their expiration date. Products delivered which are not current will be returned for 100% credit. The Consultant at the Consultant's sole risk and expense, shall be responsible for the pick-up of all returned goods from Facility and the shipment of said goods back to the manufacturer, or their proper disposal, as appropriate.

DELIVERY SCHEDULE:

Pharmacy agrees to deliver to Facility any prescriptions and supplies daily, seven (7) days per week, Monday through Sunday. An additional delivery will be made in the P.M.s, including holidays and weekend days (Saturday and Sunday). Bill prices shall include all shipping, handling, packaging, and all other charges incidental to the delivery of the pharmaceuticals.

EMERGENCY DRUG SERVICE:

The Pharmacy will provide any drug, intravenous solution, biological and supply needed on an emergency basis within four hours. In the event the Pharmacy cannot furnish an ordered medication within four hours, the Pharmacy will make arrangements with another Pharmacy supplier in a community local to the Facility to provide such service(s) to the Facility. The Pharmacy will notify the Facility of any such arrangement. The delivery of such emergency drugs will be at no cost to the Facility.

FORMS:

1. Physician Order Sheets will be pre-printed by the Pharmacy, and provided to the Facility. Medication Administration Records, Treatment Administration Records, and Psychotropic Behavior Monitoring Record will be provided at no cost to the Facility until the electronic integration between Facility and Pharmacy via Point Click Care occurs.
2. Blank telephone orders, pre-printed with Facility's name will also be provided at no cost to the Facility as well as Med Change stickers for medication cards.

RESIDENT'S RIGHT to CHOOSE:

Facility will comply with all applicable local, State, and Federal laws and regulations regarding a resident's right to choose his or her own Pharmacy as long as the medications are provided in the same manner as the Facilities pharmacy.

ORDERING:

Facility may purchase "house supply" (OTC drugs and goods) items from the Pharmacy or vendor of choice as allowed by applicable local, State, and Federal laws and regulations.

SUBSTITUTIONS:

1. Each bidder represents that their bid is based upon the materials and equipment described in the bidding documents.
2. Each bidder shall enclose literature with their bid for a more accurate evaluation of the bid and these specifications.
3. Any dealer bidding using substitute and equal product must specify brand name, model number, and supply specifications of product. The River Bluff Nursing Home of Winnebago County and their representatives shall judge whether an article shall be deemed to be equal.
4. Bids will be considered on equipment or material complying substantially with specifications provided, only when each deviation is stated and the substitution is described, including technical data when applicable, in a letter attached to the bid. River Bluff Nursing Home of Winnebago County reserves the right to determine as to whether such substitutions or deviations are within the intent of the specifications and will reasonably meet the service requirements of the using department. Brand names that may be mentioned in the specifications are used only as a reference to the type and quality of materials or equipment desired.

PAYMENTS to PHARMACY:

1. Pharmacy will bill Facility for all drugs, intravenous solutions, biological and supplies provided to Medicare residents (PPS) on an agreed upon rate.
2. Facility will be responsible for billing and collection for all drugs, intravenous solutions, biological and supplies provided to Medicare resident.

3. Pharmacy will be responsible for billing and collection for all drugs, intravenous solutions, biological and supplies provided to private insurance, private pay, Medicaid, Medicare D residents and to residents covered by any other governmental reimbursement program.
4. The price at which Pharmacy is selling/billing drugs to Medicare D residents is pre-determined by what PDP (Pharmaceutical Drug Plan) the resident has for drug coverage. The Pharmacy needs to be contracted with all PDP's in Region (Illinois) for Medicare D coverage. Any "Out of Network" costs incurred for physician ordered medications would be covered by Pharmacy.
5. Pharmacy will submit a monthly invoice to Facility for goods and services provided residents or Facility itself.

BILLING DATA AND REIMBURSEMENT STATUS:

Facility will provide the Pharmacy with the necessary billing data, including, but not limited to, Medicare and Medicaid numbers (including managed care assigned organization), resident name, responsible party, billing address, phone number, physician names, and any other pertinent data as required by the Pharmacy. This information will be provided at time of admission and as changes occur,

Facility will provide all daily census information under agreed method to the Pharmacy.

Facility will notify Pharmacy daily of any changes in resident medication upon receipt of physician's order or of changes as a result of room transfer or discharge, and/or any payor source changes.

Pharmacy must provide separate accurate billing for Medicare Part A or any billing type deemed necessary by Facility finance office.

Pharmacy will work in tandem with Facility to ensure Medicaid residents do not receive monthly statement of charges

Pharmacy will provide credits for split billing when changes in payor sources dictates.

Pharmacy must credit for unused medication.

Pharmacy to include fee schedule and estimated cost to the Facility on an annual basis for services indicated. Information and cost estimates on additional services available should be indicated separately.

END OF BID SPECIFICATIONS

WINNEBAGO COUNTY ILLINOIS

BID FORM

BID # 18B-2147

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Name of Bidder			
Contact Person			
Business Address			
City, State, ZIP			
Telephone		FEIN No.	
Email			

Company Information

Woman Business Enterprise (WBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Small Business Enterprise (SBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minority Business Enterprise (MBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Veteran Owned Business (VOB)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

IF YES, CHECK THE FOLLOWING BOXES THAT APPLY:

BLACK/AFRICAN AMERICAN	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>
NATIVE AMERICAN OR ALASKA NATIVE	<input type="checkbox"/>	ASIAN AMERICAN	<input type="checkbox"/>

TO: Winnebago County Purchasing Department

The undersigned, being duly sworn, certifies that he is:

<input type="checkbox"/> THE OWNER/SOLE PROPRIETOR	<input type="checkbox"/> A MEMBER OF THE PARTNERSHIP	<input type="checkbox"/> AN OFFICER OF THE CORPORATION	<input type="checkbox"/> MEMBER OF THE JOINT VENTURE
----------------------------------------------------	------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------

Further, as Contractor, 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 Director of Purchasing, 404 Elm Street, Rockford, Illinois 61103 and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda

No(s): _____, _____ and _____ issued thereto;

Further, the Contractor proposes and agrees, if this bid is accepted, to provide all products and services, including transportation services as specified or referred to in the bid documents in the manner and time therein prescribed.

WINNEBAGO COUNTY ILLINOIS

Further, the undersigned certifies and warrants that he/she 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 because of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, bid rigging or bid-rotating.

The Affiant deposes and says that he/she 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.

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.

Signature of Bidder authorizes the County of Winnebago to verify business references.

BIDDER'S PRICING

CONSULTANT PHARMACIST FEE (indicated whether monthly fee is based on: flat fee, per bed or per capacity)

Per Month Fee \$ _____

Based on: _____

CONSULTANT REG. NURSE - PER HOUR \$ _____

IV REGISTERED NURSE FEE - PER HOUR \$ _____

PRICING STRUCTURE

FEE FOR SERVICE FOR BRAND NAME _____

FEE FOR SERVICE FOR GENERIC _____

FEE FOR SERVICE FOR IV _____

***TOTAL OF BIDDER'S PRICE ANALYSIS** (*Total of Attachment 1*) \$ _____

LIST OF ANY ADDITIONAL CHARGES TO THE FACILITY FROM PHARMACY: (Provide details)

WINNEBAGO COUNTY ILLINOIS

BIDDERS PRICE ANALYSIS

NDC	Drug Label Name	Qty	BIDDERS: EXACT COST FOR THESE DRUGS
00173069500	ADVAIR INH 100/50MCG	60	
00487950125	ALBUTEROL NEB 0.083%	75	
16252060144	ALENDRONATE TAB 70MG	4	
67253090011	ALPRAZolam 0.25 MG TAB	14	
68382022705	AMIODARONE TAB 200MG	30	
66685100200	AMOX/K CLAV TAB 500MG	10	
00573021825	ANBESOL GEL 10%	9	
00173086910	ANORO ELLIPTA 62.5/25 MCG	60	
00093075210	ATENOLOL 50MG TABS	30	
60505257808	ATORVASTATIN TAB 10MG	30	
68084090601	AZITHROMYCIN TAB 250MG	2	
00172409680	BACLOFEN TAB 10MG	30	
00115169002	busPIRone 5 MG TAB	90	
00456140530	BYSTOLIC TAB 5MG	30	
23155011801	CALCITRIOL CAP 0.25MCG	15	
00904323392	CALCIUM 600MG/VIT D 400IU	30	
68462016405	CARVEDILOL TAB 12.5MG	60	
65862017760	CEFDINIR CAP 300MG	5	
68180030260	CEFUROXIME TAB 250MG	2	
00093314705	CEPHALEXIN CAP 500MG	20	
61314065605	CIPROFLOXACN SOL 0.3% OP	5	
00591570801	CLINDAMYCIN CAP 150MG	2	
00228212750	cloNIDine 0.1 MG TAB	90	
16729021816	CLOPIDOGREL TAB 75MG	30	
00597002402	COMBIVENT RESPIM 20/100	4	
00591325601	CYCLOBENZAPRINE TAB 5MG	30	
68682099398	DILTIAZEM CAP 120MG ER	30	
66424002001	diphenhydrAMINE 25MG CAP	30	
29300013905	DIVALPROEX TAB 250MG DR	28	
43547027611	DONEPEZIL TAB 10MG	30	
13668011105	DULoxetine DR 60 MG CAP	30	
00003089421	ELIQUIS TAB 5MG	60	
00781313363	ENOXAPARIN INJ 30/0.3ML	3	
70074050460	ENSURE VANILLA LIQ 237ML	5,688	
00378385710	ESCITALOPRAM TAB 20MG	30	
43598051010	ESOMEPRAMAG CAP 40MG DR	30	
00172572880	FAMOTIDINE TAB 20MG	30	

WINNEBAGO COUNTY ILLINOIS

NDC	Drug Label Name	Qty	BIDDERS: EXACT COST FOR THESE DRUGS
59762501601	FLUCONAZOLE TAB 100MG	4	
00527178801	fluPHENAZine 1 MG TAB	30	
60505082901	FLUTICASONE SPR 50MCG	16	
11534016503	FOLIC ACID TAB 1MG	30	
00378020810	FUROSEMIDE TAB 20MG	30	
00054429931	FUROSEMIDE 40MG TAB	14	
68462012605	GABAPENTIN TAB 600MG	30	
60505014101	glipiZIDE 5 MG TAB	15	
23155000310	hydrALAZINE 50 MG TAB	90	
42858020350	HYDROcodone/APAP 10-325MG TAB	60	
65162011511	HYDROcodone/APAP 7.5-325 MG	30	
67877032005	IBUPROFEN TAB 600MG	30	
00487020103	IPRATROPIUM/ ALBUT SOLN	90	
43547037409	IRBESARTAN TAB 75MG	30	
00088222033	LANTUS INJ 100/ML	10	
61314054701	LATANOPROST SOL 0.005%	3	
00169368712	LEVEMIR 100U/ML INJ	10	
55111027950	LEVOFLOXACIN TAB 250MG	1	
00527134610	LEVOTHYROXINE 112MCG TAB	30	
LID/NYS/ZIN	LIDO/NYSTATIN/ZINC OXIDE 180GM	180	
00603188016	LIDOCAINE PAD 5%	30	
68180051202	LISINOPRIL TAB 2.5MG	30	
00904583348	LORATADINE-D TAB 10-240MG	15	
00591024010	LORazepam 0.5 MG TAB	14	
00071101568	LYRICA CAP 100MG	42	
68382005001	MELOXICAM TAB 7.5MG	30	
23155010410	metFORMIN 1000 MG TAB	60	
00703003101	methylPREDNISolone INJ 40MG/ML	3	
00378001805	METOPROL TAR TAB 25MG	30	
00713025237	MICONAZOLE VAG 2% CREAM	45	
00185004305	MIDODRINE TAB 5MG	30	
60505024808	MIRTAZAPINE TAB 30MG	30	
27241001890	MONTELUKAST TAB 10MG	30	
47781030301	NITROFURANTN CAP 100MG	14	
59762330403	NITROGLYCERIN 0.4 MG SL TAB	25	
51672400301	NORTRIPTYLIN CAP 50MG	30	
00169750111	NovoLOG INJ 100 UNITS/ML	10	

WINNEBAGO COUNTY ILLINOIS

NDC	Drug Label Name	Qty	BIDDERS: EXACT COST FOR THESE DRUGS
60505057501	OLOPATADINE DRO 0.1%	5	
55111015810	OMEPRAZOLE CAP 20MG	30	
65862018730	ONDANSETRON TAB 4MG	105	
62175027141	OXYBUTYNIN TAB 10MG ER	30	
65862056099	PANTOPRAZOLE TAB 40MG	30	
00591320619	PIOGLITAZONE TAB 30MG	30	
00781571010	POT CL MICRO TAB 10MEQ ER	90	
00781572010	POT CL MICRO TAB 20MEQ ER	180	
00603154258	POTASSIUM CHLORIDE- 40MEQ/30ML	473	
00054872425	predniSONE 5 MG TAB	10	
00603533732	predniSONE 5 MG TAB	90	
59310057922	PROAIR HFA AER	9	
59746011506	PROCHLORPER TAB 10MG	14	
00603158558	PROMETH/COD SYP 6.25-10	150	
16729014617	QUetiapine 50 MG TAB	30	
68462024805	RANITIDINE TAB 150MG	30	
27241000150	risperiDONE 1 MG TAB	30	
68180035305	SERTRALINE TAB 100MG	30	
68084023001	SMZ/TMP DS TAB 800-160	6	
00378698601	SODIUM CHLORIDE 0.9% NEB 5ML	500	
53746051105	SPIRONOLACT TAB 25MG	30	
00186037020	SYMBICORT 160/4.5 MCG INHALER	10	
61314064305	TOBRAMYCIN SOL 0.3% OPHTHALMIC	5	
13668019090	TOLTERODINE CAP 4MG ER	30	
68382014014	TOPIRAMATE TAB 100MG	30	
57664037718	traMADol 50 MG TAB	30	
50111044102	traZODone 150 MG TAB	15	
47781073002	VANCOMYCIN CAP 250MG	28	
00173068220	VENTOLIN HFA INHALER	18	
51248015001	VESICARE TAB 5MG	30	
00093171210	WARFARIN TAB 1MG	15	
00093171801	WARFARIN TAB 6MG	30	
50458057890	XARELTO TAB 15MG	14	
00378530505	ZOLPIDEM TAB 5MG	30	
	TOTAL OF ALL COST		ENTER AMOUNT ON PAGE 19 OF BID FORM

WINNEBAGO COUNTY ILLINOIS

SIGNATURE

It is the contractor's responsibility to comply with these requirements and to assure compliance by his/her subcontractors and/or lower tier subcontracts required by this contract.

SIGNATURE _____

Name and Title of Signer _____

Dated this _____ day of _____ 20 **18**

END OF BID FORM

WINNEBAGO COUNTY, ILLINOIS

BUSINESS REFERENCES

The Bidder must list references for the last three (3) completed projects, listing company name, address, contact person, telephone number and date of completion. If Bidder is a new business, provide references that will enable the County to determine if bidder is responsible.

NAME	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

NAME	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

NAME	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

BIDDER INFORMATION

NUMBER OF YEARS IN BUSINESS	
CURRENT NUMBER OF PERSONNEL ON STAFF	

END OF BUSINESS REFERENCES

WINNEBAGO COUNTY, ILLINOIS

BIDDER'S SUBCONTRACTORS

NAME OF BIDDER	
CONTACT PERSON	

SUBCONTRACTORS:

Will you employ subcontractors? Yes No

If "YES", identify with each firm's name, address, telephone number and work to be subcontracted (attach more sheets if necessary).

SUBCONTRACTOR NAME	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	
WORK TO BE PROVIDED	

The Contractor will not change or use subcontractors not identified in this bid without prior written approval from Winnebago County.

A request for a change in subcontractors shall be made in writing and will include a description of any savings that may be realized in the execution of this contract, and must be passed on to Winnebago County.

END OF BIDDER'S SUBCONTRACTORS

RETURN BID LABEL

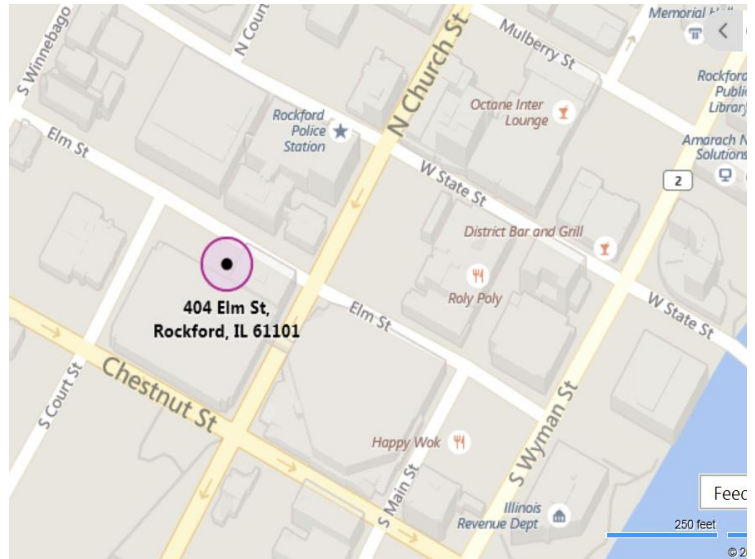


The County of Winnebago, Illinois will receive sealed Bids at:

**WINNEBAGO COUNTY
PURCHASING DEPARTMENT
404 ELM STREET, ROOM 202
ROCKFORD, ILLINOIS 61101**

All Bids must be enclosed in sealed envelopes marked:

**PHARMACEUTICAL SERVICES”
6/26/18 – 10:30 A.M.**



ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY – PLEASE USE BELOW FOR YOUR CONVENIENCE



BID# 18B -2147	WINNEBAGO COUNTY PURCHASING DEPARTMENT 404 ELM STREET, ROOM 202 ROCKFORD, ILLINOIS 61101
PURCHASING DIRECTOR: ANN JOHNS	
BID NAME: PHARMACEUTICAL SERVICES	
BID DUE DATE/TIME: 6/26/18- 10:30 A.M.	