



**OFFICE OF WILL COUNTY EXECUTIVE**  
**LAWRENCE M. WALSH**

**Rita Weiss**  
Purchasing Director

(815) 740-4605  
Fax (815) 740-4604  
[rweiss@willcountyllinois.com](mailto:rweiss@willcountyllinois.com)

**BID # 2016-8**  
**DISPOSABLE INCONTINENCE**  
**SUNNY HILL NURSING HOME, JOLIET, IL**

**ADDENDUM #2**  
**September 9, 2015**

We received the following questions regarding the bid listed above:

Question # 1: I received the addendum 1, but cannot make out what is written in the previous bid tab.

Answer # 1: Attached is bid tab from 2013-8 Incontinence Bid.

Question # 2: I want to send some samples to you per bid request. Can I send 5 of each size or do you need more?

Answer # 2: Quantity of 5 samples per item are acceptable, just be sure to mark each by type or product number for quality assurance testing.

Question # 3: We are working on our bid for the above Incontinence Supplies for Sunny Hill Nursing Home in Will County.

We are interested in knowing the current brands and Item ID's used in prior contracts—or what the desired Item ID's are being used now.

Answer # 3: Attached are current order forms from Medline and McKesson, with product numbers and pricing listed.

Question # 4: In the addendum you sent out for this solicitation, I noticed that line item number 2 seems to require the same specifications as line 3.

The only difference is that line 2 says you are requesting "medium" while line 3 says you are requesting "regular."

Are 2 and 3 supposed to be different from each other or the same specification written twice?

Answer # 4: Per specs from staff, and order form attached, Size Medium is FITEXTRAMD – 32" – 42" and Size Regular is FITEXTRARG – 40" – 50", so they are two (2) different products.



REQUISITION		BID AWARD ORDER FORM		PURCHASE ORDER # _____		
VENDOR NAME:		Medline Industries		VENDOR #:		
ADDRESS:		One Medline Place		CONTRACT 2013-8		
CITY & STATE:		Mundeline, IL		ZIP CODE:		60060
PHONE:		866-212-2822		FAX: 847-949-2497		
EMAIL ADDRESS:		MCort@medline.com		CONTACT: Marsha Cort		
CONTRACT DATES		SUNNY HILL NURSING HOME		SH REQ DEPT:		
2-1-15 to 1-31-16		421 DORIS AVE, JOLIET, IL 60433		NAME & #: Eddie Bradley 815-727-8504		
SPECIAL INSTRUCTIONS, ADDITIONAL COMMENTS OR MESSAGE TO VENDOR:						
MUST BE DELIVERED ON A TRUCK WITH LIFT GATE						
CONFIRMING ORDER: YES _____ NO _____						
G.L. ACCT CODE, IF MORE THAN ONE EA ITEM				PLACE UNDER		FRT. TERMS
ITEM#		DESCRIPTION	QTY	UOM	UNIT COST	EXTENSION
1	ULTRASORB3136	Under Pads		CS	\$70.80	\$0.00
2	FITEXTRAMD	Brief Size Medium		CS	\$19.20	\$0.00
3	FITEXTRARG	Brief Size Regular		CS	\$23.04	\$0.00
2	FITEXTRALG	Brief Size Large		CS	\$ 27.16	\$0.00
3	FITEXTRAXLG	Brief Size Extra Large		CS	\$ 32.25	\$0.00
4	FITETRAXXL	Brief Size 2x		CS	\$ 48.38	\$0.00
5	BARIBRIEFC	Brief Size 3X		CS	\$ 45.84	\$0.00
GRAND TOTAL TO BE PAID:						\$0.00
Resolution Number						13-12
(Please attach copy)						

REQUISITION	BID AWARD ORDER FORM		PURCHASE ORDER # _____			
VENDOR NAME:	McKesson Med-Surg Supply		VENDOR #:			
ADDRESS:	8121 Tenth Ave North		CONTRACT 2013-8			
CITY & STATE:	Golden Valley, MN		ZIP CODE: 55427			
PHONE:	800-328-8111		FAX: 800-237-9766			
EMAIL ADDRESS:	Amanda.Johnson@McKesson.com		CONTACT: Amanda Johnson			
CONTRACT DATES	SUNNY HILL NURSING HOME		SH REQ DEPT:			
2-1-15 to 1-31-16	421 DORIS AVE, JOLIET, IL 60433		NAME & #: Eddie Bradley 815-727-8504			
SPECIAL INSTRUCTIONS, ADDITIONAL COMMENTS OR MESSAGE TO VENDOR:						
MUST BE DELIVERED ON A TRUCK WITH LIFT GATE						
CONFIRMING ORDER: YES _____ NO _____						
G.L. ACCT CODE, IF MORE THAN ONE PLACE UNDER EA ITEM					FRT. TERMS	
ITEM#		DESCRIPTION	QTY	UOM	UNIT COST	EXTENSION
6	78333100	SIZE - MEDIUM (PULL-UP)		CS	\$26.47	\$0.00
7	78363100	SIZE - LARGE (PULL-UP)		CS	\$26.47	\$0.00
8	83833100	SIZE - LARGE (PULL-UP)		CS	\$26.47	\$0.00
GRAND TOTAL TO BE PAID:						\$0.00
Resolution Number						13-12
(Please attach copy)						