



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

KEVIN LYNN
DIRECTOR

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County Office Building
302 N. Chicago Street
Joliet, IL 60432

March 1, 2023

To Whom It May Concern:

You are invited to submit your proposal to provide Local Pharmaceutical Services at the Will County Community Health Center, 1106 Neal Ave., Joliet, IL. 60433. The lease period is scheduled to commence May 1, 2023, through April 30, 2026 with optional one-year renewals upon agreement by both parties.

A mandatory site visit and walkthrough of the pharmacy location will be held on March 13, 2023, at 2:00 PM at 1106 Neal Ave, Joliet, IL 60433.

Proposals will be received in the Purchasing Department, 2nd floor, Will County Office Building, 302 North Chicago Street, Joliet, IL. 60432, not later **than 11:00 A.M., "as so indicated by the time stamp clock of Will County", Tuesday, March 21, 2023.** Proposals will be publicly opened and read by the Will County Executive or her representative at **11:05 A.M., Tuesday, March 21, 2023.**

The respondent acknowledges the right of the County of Will to reject any or all proposals and to waive non-material informality or irregularity in any proposal received as maybe specified in the solicitation.

Should you have any questions regarding this solicitation, please contact Kevin Lynn, Purchasing Director in writing at klynn@willcountyillinois.com.

We welcome your proposal.

Sincerely,

Kevin Lynn

Kevin Lynn
Purchasing Director

**ADVERTISEMENT OF SOLICITATION
LOCAL PHARMACY SERVICES LEASE AGREEMENT
WILL COUNTY COMMUNITY HEALTH CENTER
JOLIET, IL.**

SEALED PROPOSALS TO PROVIDE LOCAL PHARMACY SERVICES FOR THE WILL COUNTY COMMUNITY HEALTH CENTER, 1106 NEAL AVE., JOLIET, IL 60433, WILL BE RECEIVED AT THE WILL COUNTY PURCHASING DEPARTMENT, WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., JOLIET, IL 60432, UNTIL THE HOUR OF 11:00 A.M., TUESDAY, MARCH 21, 2023.

PROPOSALS WILL BE PUBLICLY OPENED AND READ BY THE WILL COUNTY EXECUTIVE OR HER REPRESENTATIVE AT 11:05 A.M., TUESDAY, MARCH 21, 2023, AT THE WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., 2ND FLOOR, JOLIET, IL., 60432.

A MANDATORY SITE VISIT AND WALKTHROUGH OF THE PHARMACY LOCATION WILL BE HELD ON MARCH 13, 2023, AT 2:00 PM AT 1106 NEAL AVE., JOLIET, IL 60433

SPECIFICATIONS AND CONDITIONS OF THE SOLICITATION ARE AVAILABLE AT www.willcountyillinois.com AND www.demandstar.com AS WELL AS THE PURCHASING DEPARTMENT, 2ND FLOOR, WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., JOLIET, IL, 60432, (815) 740-4712 OR EMAIL purchasing@willcountyillinois.com.

THE TENDERING OF A PROPOSAL TO THE COUNTY SHALL BE CONSTRUED AS ACCEPTANCE OF THE SPECIFICATIONS. THE RESPONDENT ACKNOWLEDGES THE RIGHT OF THE COUNTY OF WILL TO REJECT ANY OR ALL PROPOSALS, AND TO WAIVE NON-MATERIAL INFORMALITY OR IRREGULARITY IN ANY PROPOSAL RECEIVED AS MAY BE SPECIFIED IN THE SOLICITATION.

BY ORDER OF THE WILL COUNTY EXECUTIVE, JENNIFER BERTINO-TARRANT

**INSTRUCTIONS TO RESPONDENTS
LOCAL PHARMACY SERVICES LEASE AGREEMENT
WILL COUNTY COMMUNITY HEALTH CENTER
JOLIET, IL.**

GENERAL SPECIFICATIONS:

Sealed Proposals are requested for a Local Pharmacy Services Lease Agreement for the Will County Community Health Center, 1106 Neal Ave., Joliet, IL 60433. The lease period is scheduled to commence May 1, 2023, and extend through April 30, 2026, with optional one-year renewal periods.

SITE VISIT AND WALKTHROUGH:

A mandatory site visit and walkthrough for all interested respondents will be held on March 13, 2023, at 2:00 PM at 1106 Neal Ave., Joliet, IL 60433. The site visit will be the only time potential respondents will have access to the pharmacy area prior to proposal opening. If you do not attend this walkthrough, you will not be permitted to respond. No exceptions will be made.

SEALED PROPOSALS:

Sealed proposals will be received in the Purchasing Department, 2nd floor, Will County Office Building located at 302 N. Chicago St., Joliet, IL 60432, **not later than Tuesday, March 21, 2023 at 11:00 A.M., “as so indicated by the time stamp clock of Will County”.**
PROPOSALS RECEIVED AFTER THIS TIME WILL NOT BE ACCEPTED.

Sealed proposals will be publicly opened and read aloud by the Will County Executive or her representative at **11:05 A.M., Tuesday, March 21, 2023**, at the Will County Office Building, 302 N. Chicago St., 2nd FL., Joliet, IL, 60432.

Proposals must be made in accordance with the instructions contained herein.

Proposal Forms shall be completely filled out either typewritten or in ink and shall not be detached from this binding. The **complete set of Contract Documents shall be submitted** with the proposal, in triplicate with **ONE ORIGINAL AND TWO COPIES, CLEARLY MARKED.**

Proposal Forms and Specifications as attached hereto shall be used to form the Contract for the work to be performed. Proposals shall be submitted on the forms furnished by the County of Will in a sealed package, plainly marked, with the respondent's name, address, and the notation:

SEALED PROPOSAL: **LOCAL PHARMACY SERVICES LEASE AGREEMENT
WILL COUNTY COMMUNITY HEALTH CENTER**

PROPOSALS DUE: **11:00 A.M., Tuesday, March 21, 2023**

Proposals shall be addressed to the Will County Purchasing Department, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432.

SIGNATURE OF PROPOSALS:

The County of Will expects the signature on proposal documents to be that of an authorized representative of said company.

Each respondent, by making his/her proposal, represents that he/she has read and understands the proposal documents.

PROPOSAL PROCEDURES:

1. All proposals must be prepared on the forms provided by the County of Will and submitted in **TRIPLICATE, ONE ORIGINAL AND TWO COMPLETE COPIES**, in accordance with the Instructions to Respondents.
2. A proposal is invalid if it has not been deposited at the designated location prior to the time and date for receipt of proposals indicated in the Advertisement for Proposal or prior to any extension thereof issued to the respondents.
3. Unless otherwise provided in any supplement to the Instructions to Respondents, no respondent shall modify, withdraw or cancel his/her proposal or any part thereof for ninety (90) days after the time designated for the receipt of proposal in the Advertisement for Proposal.
4. Changes or corrections may be made in the solicitation documents after they have been issued and before proposals are received. In such cases a written addendum describing the change or correction will be issued by the County of Will to all potential respondents recorded by the County of Will as having received the solicitation documents and will be posted on the Demand Star website for those who received solicitation documents via the internet and will be available for inspection wherever issued. Such addendum shall take precedence over that portion of the documents concerned and shall become part of the solicitation documents. Except in unusual cases, addendum will be issued to reach the respondents at least five (5) days prior to date established for receipt of proposals.
5. Each respondent shall carefully examine all solicitation documents and all addenda thereto, and shall thoroughly familiarize themselves with the detailed requirements thereof prior to submitting a proposal. Should a respondent find discrepancies or ambiguities in, or omissions from documents, or should they be in doubt as to their meaning, they shall, at once, and in any event, not later than seven (7) days prior to proposal due date, notify the County of Will, who will, if necessary, send written addendum to all respondents. The County of Will is not responsible for any oral instructions. All inquiries shall be directed to Kevin Lynn, via email at klynn@willcountyillinois.com. After proposals are received, the respondent will make no allowance for oversight.

REJECTION OF PROPOSALS:

The respondent acknowledges the right of the County of Will to reject any or all proposals not in compliance with the request for proposal, the right to reject all proposals, and the right to waive any non-material irregularities in any proposal received.

LEASE DURATION:

The lease is scheduled to commence May 1, 2023, and extend through April 30, 2026 with optional one-year renewals.

NO BIDS:

Those who wish not to respond this project please return the **NO BID FORM** included in the solicitation packet, so your company's name stays on our bidder list. If you choose not to reply, your name will be removed, and no future solicitations will automatically be sent to your company.

PRIME CONTRACTOR CERTIFICATION:

Included in this solicitation package is a prime contractor certification form. This form **must** be filled out and returned with your proposal or it will not be accepted.

WORDS AND FIGURES:

Where amounts are given in both words and figures, the words shall govern. If the amount is not written in words, the unit cost will take precedence over the extended price in case of a discrepancy in the multiplication.

TAX EXEMPTION:

The County of Will is exempt from Federal, State and Municipal Taxes.

CHOICE OF LAW AND VENUE:

The solicitation and this agreement shall be governed by the laws of the State of Illinois, without regard to conflict of law provisions. Venue for any cause of action related to this solicitation or agreement shall be the Twelfth Judicial Circuit, Will County, Illinois.

RIGHT OF THE COUNTY TO TERMINATE CONTRACT:

1. If any of the Provisions of the Contract are violated by the Pharmacy, or if the Pharmacy shall disregard applicable law, ordinances, rules or regulations or work requirements as spelled out in the solicitation specifications, or the Pharmacy shall be adjudged as bankrupt or make a general assignment for the benefit of creditors, or if a receiver should be appointed for the Pharmacy, or if at any time during the progress of the work the Pharmacy should allow any indebtedness to accrue for labor, material, or equipment, and should the Pharmacy fail to pay for labor, material, or equipment, and should the Pharmacy fail to pay and discharge the same within 5 days after demand made by the person or persons furnishing such labor, material or equipment, Will County may serve written notice upon the Pharmacy and the Surety of its

intention to terminate the Contract. Unless within 10 days after the serving of such notice upon the Pharmacy, such violation or other matter shall have been corrected or satisfactory arrangement for correction have been made, the Pharmacy shall, upon the expiration of said 10 days, at Will County's option, cease and terminate work. The Contract shall then be null and void.

2. In the event of any such termination, Will County may take over work and prosecute the same to completion by other Contract or by force. Contractor shall be liable to Will County for any excess cost to Will County occasioned thereby, and in such event Will County may take possession of and utilize in completing the work, such material, equipment, and the like as may be on the project site of the work and necessary, therefore.

3. Notwithstanding anything contained herein to the contrary, failure to comply with or perform the services required within the solicitation specifications shall be cause for termination.

REGULATORY COMPLIANCE:

After reviewing 30 ILCS 708- Grant Accountability and Transparency Act (GATA) and (e-CFR) electronic code of Federal Regulations – Title 2 Grants and agreements. Health Department Entities represent all relevant provisions of Appendix II to Part 200- Contract Provisions for non-federal entity contracts required by provisions of the code of Federal Regulations (CFR) have been complied with herein.

INSURANCE:

RISK OF LOSS: The Contractor shall assume all risks for loss or damages to materials whether stored on the site or elsewhere, or to tools or equipment owned or rented by the Contractor, and he/she shall maintain such insurance as he/she may deem necessary to protect themselves against such loss or damage.

TYPES OF INSURANCE:

1. Worker's compensation insurance. The Contractor shall procure worker's compensation insurance as required by applicable state law for all his/her employees who would be engaged in work on the project. In case any class of employees engaged in any work on the project under this Contract is not protected under the worker's compensation statute, the Contractor shall provide adequate employer's liability insurance for the protection of such of his/her employees as are not otherwise protected. In addition, the Contractor will provide employer's liability (coverage B) **in the amount of \$1,000,000.00.**

2. Contractor's comprehensive general liability and property damage insurance. Contractor's comprehensive general and property damage insurance shall be in an **amount not less than \$1,000,000.00** for injuries including accidental death to any one person and **not less than \$3,000,000.00** combined single limit bodily injury and property damage.

3. County's protective liability insurance. The Contractor shall protect the County or its assignee, if any, from contingent responsibility arising from the work performed under this Contract by **adding these parties as named insured as a rider to the general Contractor comprehensive general liability policy: County of Will, 302 North Chicago Street, Joliet, IL. 60432; Will County Health Department, 501 Ella Avenue, Joliet, IL 60433; Community Health Center, 1106 Neal Avenue, Joliet, IL. 60433.**

PROOF OF CARRIAGE OF INSURANCE:

1. The Contractor shall furnish, at the time of proposal, with certificates showing the type, amount, class, or operations covered, effective dates and dates of expiration of policies, which policies shall specifically refer to the indemnity agreement. **Such certificates shall also contain substantially the following statement: "The Insurance covered by this Certificate will not be canceled or materially altered except after 30 days written notice has been received by all named insured." Any proposal not containing said proof of insurance shall be nonconforming and shall be rejected.**

2. **All policies shall substitute the word "Occurrence" for "accident" for both bodily and property damage.** "Occurrence" shall be defined to mean an event or series of events or continuous or repeated exposure to conditions, which unexpectedly cause injury or damage during the policy period.

3. All insurance coverage shall be provided by Insurance Companies maintaining a financial strength and claims paying ability rating no lower than "A" Minus "VIII" as rated by most current AM Best's Insurance Guide.

ILLINOIS FREEDOM OF INFORMATION ACT:

Any and all submissions to the County of Will become the property of the County of Will and these and any late submissions will not be returned. Your proposal will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless you request in your proposal that we treat certain information as exempt. We will not honor requests to exempt entire proposals. You must show the specific grounds in FOIA or other law or rule that support exempt treatment. If you request exempt treatment, you must submit an additional copy of the proposal with exempt information deleted. This copy must tell the general nature of the material removed and shall retain as much of the proposal as possible. In the event the County of Will receives a request for a document submitted, the County of Will shall provide notice to contractor as soon as practicable. Regardless, contractor will be responsible for any costs or damages associated with defending your request for exempt treatment. Furthermore, contractor warrants that County of Will's responses to requests for a document submitted that is not requested to be exempt will not violate the rights of any third party.

Please be advised that if your proposal is accepted by the County of Will all related records maintained by, provided to, or required to be provided to the County of Will during the contract duration are subject to FOIA. In the event the County of Will receives a request for a document relating to contractor, its provision of services, or the arranging for the provision of services, the County of Will shall provide notice to contractor as soon as practicable and, within the period available under FOIA, contractor may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment. Furthermore, contractor will warrant that County of Will's responses to requests for a document relating to contractor, its provision of services, or the arranging for the provision of services, or the arranging for the provision of services, will not violate the rights of any third party.

Please be advised also that FOIA provides that any record in the possession of a party with whom the County of Will has contracted to perform a governmental function on behalf of the County of Will, and that directly relates to the governmental function and is not otherwise

exempt under FOIA is considered a public record of the County of Will for purposes of FOIA. 5 ILCS 140/7(2). As such, upon request by the County of Will (or any of its officers, agents, employees or officials), the contractor shall provide to the County of Will at no cost and within the time frames of FOIA a copy of any "public record" as required by FOIA and in compliance with the provisions of FOIA. After request by the County of Will, contractor may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment.

NON-DISCRIMINATION:

The Contractor shall at all times observe and comply with all laws, statutes, regulations and/ or the like relating in any way to civil rights including but not limited to the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq.

AWARD:

The respondent acknowledges the right of the County of Will to reject any proposal not in compliance with the request for proposal and the right to waive any non-material informalities or irregularities for any proposal received. The solicitation is expected to be approved at the April 20, 2023 meeting of the Will County Board.

LEASE MONTHLY PRICE:

It has been determined via a market analysis that the monthly lease price will be set at \$950.00 for the first contract period beginning May 1, 2023, through and including April 30, 2026, and will be revisited and adjusted per the market updates upon extensions of the original lease.

SUBMITTAL REQUIREMENTS:

Each of the following items shall be submitted by the due date and time mentioned herein in order that the proposal will be considered:

1. Certificates of Insurance – **See pages 4-5 for specific Certificate of Insurance requirements**
2. Signed copy of prime contractor certification form
3. Pharmacy must submit at least three (3) references for commercial customers that are similar in scope with their proposal on the completed reference form.
4. Signed completed proposal forms
5. Signed receipt of addenda form (if applicable)

PRIME CONTRACTOR CERTIFICATION

The undersigned hereby certifies that _____
Name of Company

is not barred from contracting with any unit of State or local government as a result of a violation of either Section 33E-3 or 33E-4 of the Criminal Code of 1961.

Representative of Company

Title

Signature

Date

Note: A person who makes a false certificate commits a Class 3 Felony.

Sections 33E-3 and 33E-4 provide as follows:

33E-3. Bid-rigging. A person commits the offense of bid-rigging when he knowingly agrees with any person who is, or but for such agreement would be, a competitor of such person concerning any bid submitted or not submitted by such person or another to a unit of State or local government when with the intent that the bid submitted or not submitted will result in the award of a contract to such person or another and he either (1) provides such person or receives from another information concerning the price or other material term or terms of the bid which would otherwise not be disclosed to a competitor in an independent noncollusive submission of bids or (2) submits a bid that is of such a price or other material term or terms that he does not intend the bid to be accepted.

Bid rigging is a Class 3 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be barred for 5 years from the date of conviction from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) of Section 5-4 of this Code.

33E-4 Bid rotating. A person commits the offense of bid rotating when, pursuant to any collusive scheme or agreement with another, he engages in a pattern over time (which, for the purposes of this Section, shall include at least 3 contract bids within a period of 10 years, the most recent of which occurs after the effective date of this amendatory Act of 1988) of submitting sealed bids to units of State or local government with the intent that the award of such bids rotates, or is distributed among, persons or business entities which submit bids on a substantial number of the same contracts. Bid rotating is a Class 2 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be permanently barred from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) **of Section 5-4 of this Code.**

Possible violations of Section 33 can be reported to the Office of the Will County State's Attorney at (815) 727-8453.

Statement of Need

The Will County Health Dept. & Community Health Center (WCCHC) wishes to have a community pharmacy located within the Will County Community Health Center to enable patient and community access to pharmaceutical services during the times the health center is open. With this RFP we request information regarding your interest in providing this service, information regarding your company, your products, and your services.

The pharmacy will be located on the premises at 1106 Neal Avenue, Joliet, Illinois which is owned by the County of Will.

The key objectives of the Local Pharmaceutical Services model are to:

- 1) Lease a building space with the County of Will, within a Community Health Center, to a pharmacy that is able to meet the contractual obligations specified
- 2) Provide patients with timely access to medications and advice on medicines
- 3) Implement a 340B pharmaceutical assistance program
- 4) Utilize the skills and expertise of community pharmacists to improve the quality of pharmaceutical services to WCCHC patients and the surrounding community
- 5) Deliver affordable primary pharmaceutical services
- 6) Promote integrated service delivery between physicians, dentists, nurse practitioners, and pharmacists to establish the most appropriate course of treatment for each patient thereby improving patient compliance and outcomes and reducing costs.

Background

WCCHC, a 501(c) 3 organization and State of Illinois charitable not-for-profit corporation and the Will County Health Department, (WCHD), an Illinois public health government agency, are, collectively, a public entity model Federally Qualified Community Health Center (FQHC). WCCHC serves the residents of Will County, Illinois, and contiguous counties. Will County is located south and adjacent to Cook County, the home of Chicago, covers 22 cities and spans a total area of 849 square miles. The Community Health Center is located on the east side of Joliet Illinois, the County seat for Will County and at the area of highest need for health services to the unserved and underserved population. Forty-eight (48) percent of our patients are of Hispanic/Latino identity and 89% are considered low income (< 200% FPL).

The WCCHC offers a full range of primary and preventive health services. Medical staff is board-certified or board-eligible and includes family and internal medicine, pediatrics, OB/GYN, psychiatry, and dentistry. Nextgen electronic health record is fully integrated with all specialties. Electronic prescribing is utilized except for scheduled medications.

In 2021 WCCHC served 11,165 unduplicated patients generating 40,095 encounters. While the Community Health Center serves all of Will County, nearly 50% of the patients are from the nine Census tracts which are designated Medically Underserved Populations and Health Professional Shortage Areas on the east side of Joliet.

In October 2014 a 340B prescription drug program was implemented; it now includes the on-site pharmacy and 51 branch locations. The on-site pharmacy is designated as the sole 340B dispenser for prescriptions from several pharmaceutical companies. A sliding fee scale exists for the uninsured and the WCCHC assists in the cost of the prescriptions for these patients.

The mission of the Will County Community Health Center is to improve the health of the residents of Will County by providing access to quality medical, behavioral health, and dental care through community collaboration, service, and education.

Qualifications

WCCHC requires the pharmacy to demonstrate the following Critical Success Factors throughout the life of the contract:

- **Access-** The services must be provided from a registered pharmacy within the 530 square feet of pharmacy space within the WCCHC with operational hours Monday through Thursday 9:00 AM to 5:00 PM, Friday 8:00 AM to 4:00 PM with the ability to expand hours to reflect the changing needs of the clinic.
- **Capacity-** The pharmacy must ensure that staffing levels are sufficient to deliver all contracted services safely and efficiently and meet the requirements of pharmacy's usual terms of services. The pharmacy must also ensure that staff with the appropriate credentials and accreditation are available to provide all of the enhanced services that are commissioned throughout the opening hours.
- **Quality-** The pharmacy must demonstrate that patient care is the highest priority and must achieve and maintain compliance with all applicable regulatory bodies. At least one Spanish-speaking staff person must be available during all working hours.
- **Value-added Services-** These services include but are not limited to durable medical equipment (DME), computer support, pharmacy staff and management consultation, drug information, assistance with indigent patient pharmaceutical assistance programs, immunizations, and assistance with prescription insurance authorizations. Deliveries of pharmaceuticals and DME are not required but would also add to the value of services.
- **Value for Money and Affordability-** The pharmacy must demonstrate that the service produces value and offers 340B benefits to ensure affordability for the Community Health Center patients.
- **Integration-** The pharmacist will be expected to integrate with and to forge positive relationships with the other health care professionals working in the Community Health Center by attending monthly provider meetings. The pharmacist will also assist the Community Health Center in marketing its services to the local community, in order to improve awareness and access to medical and pharmaceutical care.

Contractual Obligations/Information Requested

- Fully operational within 120 days after lease execution and delivery of possession.
- Tenant will be responsible to deliver and install all fixtures, equipment, freezer, cooler boxes, and signage.
- Tenant will be responsible for all staffing.
- Tenant will be responsible for insurance. (See Addendum A for insurance requirements.)
- References required from established business relations and vendors.

Selection of Expert Pharmacy

- Expert will provide program highlights for all available features and services offered.
- Expert will provide the anticipated process flow.

- Expert will define each party's roles and responsibilities.
- Expert will engage in standard lease agreement and contracted pharmacy services 340B agreement.
- Expert will state 340B Dispensing and Administrative Fees and Third-Party Revenue Option.
- Expert will state experience in serving other 340B covered entities, noting those of which have undergone a HRSA 340B audit and results.
- Expert will cite any 340-B specific training for staff members.
- A lease agreement and 340B agreement will be provided upon selection of respondent

Contact

For questions regarding this RFP, please contact:

Kevin Lynn
Purchasing Director
klynn@willcountyillinois.com

Request For Proposal Form:
Local Pharmacy Services Lease Agreement

Query	Response
Company Name	
Company Address	
Company Web Page	
Main Products/Services	
Main Market/Customers	
Ownership Structure with Ownership Status in Percentage	
Structure of Mother Corporation, Joint Ventures, Subsidiaries, Partnerships or Other Relevant Relations	
Number of Years on the Market	
Company Location	
Quality Management Systems	
Proposed Employees	
Financial Information	
Last Year Turnover	
Last Year Gross Margin	
Last Year Profit	
Contact Person and Responsible Party for Answering RFI	
Telephone	
Email Address	
Describe Program Highlights For All Available Features and Services Offered	
Depict Anticipated Process Flow	
Define Each Parties Roles and	

Responsibilities	
State Estimated Completion in Days After Lease Execution and Delivery of Possession	
State 340B Dispensing Fee	
State 340B Administrative Fees	
State Third Party Revenue Options	
Provide References from Clients and Vendors	
Provide 340B Client References, if applicable	
Provide past 340B training and audit experience	
List Signage Options	
List Qualifications Outlined in the RFP That <u>Can Not</u> Be Met	
List Contractual Obligations Outlined in the RFP That <u>Can Not</u> Be Met	
Lease Price	\$950.00

Signed By: _____ Title: _____

Authorized Representative of Company

Reference Form:
Local Pharmacy Services Lease Agreement

Please provide at least three (3) references for which similar services have been rendered. **If at least three (3) references for commercial clients similar in scope are not provided, the proposal package and contract shall be non-conforming and shall be rejected.**

COMPANY NAME AND ADDRESS	CONTACT PERSON	PHONE NUMBER AND EMAIL ADDRESS

Receipt of Addenda Form:
Local Pharmacy Services Lease Agreement

NAME _____ F.E.I.N. # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ **Please check one:**

CONTACT _____ **Minority Vendor** _____ **yes** _____ **no**

PHONE _____ FAX _____ EMAIL _____

ADDENDUM RECEIPT: Receipt of the following Addendum to the RFQ is hereby acknowledged:

No. _____, dated _____, signed _____

ADDENDUM RECEIPT: Receipt of the following Addendum to the RFQ is hereby acknowledged:

No. _____, dated _____, signed _____

ADDENDUM RECEIPT: Receipt of the following Addendum to the RFQ is hereby acknowledged:

No. _____, dated _____, signed _____

ADDENDUM RECEIPT: Receipt of the following Addendum to the RFQ is hereby acknowledged:

No. _____, dated _____, signed _____

LATE PROPOSALS CANNOT BE ACCEPTED!

Vendor Return Address:

SEALED RFP DOCUMENT

RFP #: 2023-73
DUE DATE: 3/21/23
DUE: 11:00 A.M.
DESCRIPTION: LOCAL PHARMACY
SERVICES LEASE
AGREEMENT

DATED MATERIAL-DELIVER IMMEDIATELY

PLEASE CUT OUT AND AFFIX THIS PROPOSAL LABEL (ABOVE)
TO THE OUTERMOST ENVELOPE OF YOUR PROPOSAL TO HELP
ENSURE PROPER DELIVERY!

LATE PROPOSALS CANNOT BE ACCEPTED!



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

KEVIN LYNN
DIRECTOR

P. 815-740-4712
F. 815-740-4604
E. klynn@willcountyillinois.com

County Office Building
302 N. Chicago Street
Joliet, IL 60432

NO BID Form

Please note: This form is only required if you are not bidding.

Solicitation Name/Number: _____

Reason for not bidding:

- | | |
|--|--|
| <input type="checkbox"/> Not enough time to respond | <input type="checkbox"/> Unable to compete |
| <input type="checkbox"/> Not applicable to company | <input type="checkbox"/> No time to complete work |
| <input type="checkbox"/> Unable to obtain required insurance | <input type="checkbox"/> Unable to meet specs/requirements |
| <input type="checkbox"/> Unable to obtain required bonding | |
| <input type="checkbox"/> Other (please detail below) | |

Suggestions:

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Please retain our information for future solicitations: Yes No