COURIER SERVICE BID FORM
Revised July 22, 2010

LOT #1:

1.A ONE (1) PICK-UP PER DAY

TYPE OF PICK-UP	DAYS SERVICED	COST PER DELIVERY	# of Deliveries P/Month	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
Out Patient Therapy Standard	Mon - Fri	$	(X) 22		(X) 12	$
Enterprise Medical Center Standard	Mon - Fri	$	(X) 22		(X) 12	$
Enterprise Medical Center Standard	Sat. & Sun.	$	(X) 8		(X) 12	$

Standard: Monthly Total	$
Standard: Annual Total	$

1.B TWO (2) PICK-UPS PER DAY MONDAY-FRIDAY; AND 1 PICK-UP PER DAY SAT/SUN

TYPE OF PICK-UP	DAYS SERVICED	COST PER DELIVERY	# of Deliveries P/Month	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
Nellis Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Nellis Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Peccole Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Peccole Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Summerlin Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Summerlin Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Sunset Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Sunset Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Craig Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Craig Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Spring Valley Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Spring Valley Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$

Boulder Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Boulder Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$
Rancho Quick Care Standard	Mon - Fri	$	(X) 44		(X) 12	$
Rancho Quick Care Standard	Sat & Sun	$	(X) 8		(X) 12	$

Standard: Monthly Total	$
Standard: Annual Total	$

1.C NON-SCHEDULED PICK-UPS OR DELIVERIES

TYPE OF PICK-UP	DAYS SERVICED	COST PER DELIVERY	# of Deliveries P/Month	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
Lied Ambulatory Standard	Mon - Fri	$	(X) 22	$	(X) 12	$
Wellness Center Standard	Mon - Fri	$	(X) 22	$	(X) 12	$
Total Life Care Standard	Mon - Fri	$	(X) 22	$	(X) 12	$
UMC/Pharmacy Standard	Mon – Fri	$	(X) 22	$	(X) 12	$
UMC/Pharmacy Standard	Sat & Sun	$	(X) 8	$	(X) 12	$
Surgery Department Standard	Mon – Fri	$	(X) 22	$	(X) 12	$
Surgery Department Standard	Sat & Sum	$	(X) 8	$	(X) 12	$

Standard: Monthly Total	$
Standard: Annual Total	$

1.D ON-CALL, NON-SCHEDULED COURIER SERVICE

TYPE OF PICK-UP	DAYS SERVICED	COST PER DAY	# of Days P/Month	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
On-Call	Mon - Fri	$	(X) 22	$	(X) 12	$

Standard: Monthly Total	$
Standard: Annual Total	$

1.E NON-STANDARD SERVICES

TYPE OF PICK-UP (SEE BID: SC.2, K)	PRICE PER DELIVERY	MONTHLY # OF STOPS	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
Immediate Response	$	(x) 60*		(X) 12	$
Premium Standard Response	$	(x) 50*		(X) 12	$
Premium Immediate Response	**$**	(X) 40*		(X) 12	**$**

*(Estimated for Bid purposes only)

Monthly Total	$
Annual Total	$

LOT # 2:

2.A LAUGHLIN ONE (1) PICK-UP PER DAY; 7 DAYS PER WEEK

TYPE OF PICK-UP	DAYS SERVICED	COST PER DELIVERY	# of Deliveries P/Month	Monthly Estimated Cost	# of Months P/Year	Estimated Annual Cost
Standard	Mon - Fri	$	(X) 22		(X) 12	$
Standard	Sat & Sun	$	(X) 8		(X) 12	$

Standard: Monthly Total	$
Standard: Annual Total	$

TOTALS

ESTIMATED ANNUAL TOTAL: LOT # 1 – 1.A	$
ESTIMATED ANNUAL TOTAL: LOT # 1 – 1.B	$
ESTIMATED ANNUAL TOTAL: LOT # 1 – 1.C	$
ESTIMATED ANNUAL TOTAL: LOT # 1 – 1.D	$
ESTIMATED ANNUAL TOTAL: LOT # 2 – 2.A	$
TOTAL ANNUAL COST (1.A+1.B+1.C+1.D+2.A)	$
ESTIMATED ANNUAL TOTAL: LOT # 1 – 1.E	$
TOTAL ANNUAL COST (All Lots)	$

BID FORM
Bid No. 2010-23
Courier Services

University Medical Center of Southern Nevada

_____
(NAME)

_____
(ADDRESS)

THE UNDERSIGNED PROPOSES AND AGREES:

1. To complete all work for which a contract may be awarded to him and to furnish any and all labor, equipment, materials, transportation, and other facilities required for the services as set forth in the Proposal and Contract Documents.

2. That he/she has examined the site for the proposed work and satisfied self as to the character, quality of work to be performed, materials to be furnished and as to the requirements of the specifications.

3. If awarded the contract, he will provide the following submittals within ten (10) calendar days from receipt of the Notice of Award:

   A. Certificates of insurance for General Liability in the amount of One Million Dollars ($1,000,000), Automobile Liability in the amount of One Million Dollars ($1,000,000), and a EICON certificate as required by law.

   B. That if he does not provide the submittals on or before the tenth (10th) calendar day, he will be responsible for liquidated damages as specified in Section GC.19.

4. That if he does not keep insurance policies in effect or allows them to lapse, he will pay over to the Owner the amount of One Hundred Dollars ($100) per day as liquidated damages.

5. That this Bid is genuine and is not sham or collusive, or made in the interest of, or on behalf of any person not herein named, nor he in any manner sought to secure for himself an advantage over any other bidder.

6. He further proposes and agrees that he will accept as full compensation for the work to be performed the price written in the Bid Schedule below.

7. That he has carefully checked the figures below and that Owner will not be responsible for any error or omissions in the preparation of this Bid.

8. That no verbal agreement or conversation with an officer, agent or employee of the Owner, either before or after the execution of the agreement, shall affect or modify any of the terms or obligations of this Bid.

9. The Bidder hereby acknowledges receipt of the following addenda:

Addendum No. _____ , dated _____ Addendum No. _____ , dated _____
Addendum No. _____ , dated _____ Addendum No. _____ , dated _____
Addendum No. _____ , dated _____ Addendum No. _____ , dated _____

10. **ATTACHMENTS TO BID PROPOSAL**

1. A completed Bidder Pricing Sheet **(Bid Form**) YES NO
2. A copy of the product's printed specifications advertising literature or catalogs as specified are attached. YES NO
3. Copies of the Specification pages showing conformance to or variations from the specifications are attached. YES NO

Bidder shall submit any information required by the Bid documents at the time of bidding, regardless of whether or not a particular item is listed as an attachment in this section of the Bid Proposal.

To perform all work described in the bid documents the period from date of award for five (5) years, with Owner's option to renew for one (1) additional two-year period.

SIGNATURE OF BIDDER	LEGAL NAME OF FIRM
NAME OF BIDDER (PRINT OR TYPE)	ADDRESS OF FIRM
PHONE NUMBER OF BIDDER	CITY STATE, ZIP
FAX NUMBER OF BIDDER	DATE