

SIGNATURE PAGE

P-23-2025

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: DT SERVICE LLC, DBA/ DYNAMIC TESTING SERVICE
(PRINT)

Preparer's Name: JOHN RYAN
(PRINT)

Signature: [Handwritten Signature]
(DATE)

Address: 230 MAIN ST, 1ST FLOOR REAR
TOMS RIVER NJ 08753

Telephone No.: 732-349-0848

Fax No.: _____

E-Mail Address: Jryan@dynamictesting.net
*****(This should be the email where Contracts would be sent)*****

Contact Person: JOHN RYAN

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

Proposal

DRUG AND ALCOHOL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DIVISIONS AND DEPARTMENTS FOR CALENDAR YEAR 2025 AS A PROFESSIONAL SERVICE

The undersigned Consultant hereby declares that he/she has carefully examined the Request for Proposals and the specifications and that, upon issuance of a Purchase Order, he/she will perform the requested services in compliance with those requirements, at the following costs:

Group 1. Pre-placement, random selection, return-to-duty, reasonable suspicion/cause, post-accident and follow-up testing:

Per test:

1. Drug Test (on site) 197± employees @ \$ 53.00 per test
2. Drug Test (Consultant office) 32± employees @ \$ 39.00 per test
3. Alcohol Test (on site) 54± employees @ \$ 37.00 per test
4. Alcohol Test (Consultant office) 18± employees @ \$ 30.00 per test
5. Medical Review Officer Fee: 201± employees @ \$ INCLUDED per test
6. Observation of Return to Duty and Follow-Up Tests as per DOT 49 CFR art 40
30± employees @ \$ 30.00 per test.

Group 2. Emergency Call-Out Services for reasonable suspicion/cause and post accident drug and alcohol testing on site on 24/7 basis. Services are on a portal-to-portal basis (if there is an additional cost for the test, then list such cost separately; otherwise prices listed in Group # 1 will apply):

7. Monday – Friday (non-Holiday)

7:00am – 5:00pm 6± incidents @ \$ 50.00 per hour

8. Overtime / Holiday Rate

After 5:00pm

Saturday, Sunday, Holiday 3± incidents @ \$ 50.00 per hour

Group 3. Technician time, to accommodate shy bladder protocol:

9. Straight time,

Up to 5 hours: \$ 30.00 per hour (1st hour included)

10. Overtime / Holiday Rate: \$ 30.00 per hour

Up to 5 hours:

Group 4. Drug and Alcohol tests performed by an outside service center for situations when, due to circumstances beyond the reasonable control of the Consultant, the Consultant cannot provide on-site services listed in items #1 and #3 above in Group #1. Any additional applicable collection fees must be added, if required.

Facility Name NJ URGENT CARE (S)

Location 4074 US Highway 9, Howell, NJ 08731
or 1919 Highway 35, Suite 100 Wall, NJ 07719
or 2880 Highway 35, Hazlet, NJ 07730

11. Drug Test: 11 \$ 55.00 per test

12. Alcohol Test: 11 \$ 36.00 per test

Group 5. On-site General Supervisory Awareness training and provide comprehensive manual for approximately 56 employees (Drug and Alcohol program coordinators, administrators, and supervisors of CDL and non-CDL employees). Each class should be approximately 2.5 hours, with a minimum of 15 and maximum of 60 employees per class:

13. 5± classes @ \$ 695.00 per class

14. 56± manuals @ \$ 19.00 per manual

Group 6. Litigation support (if needed)

15. \$ 165.00 per hour.

*NOTE: The quantities listed above are estimated and may change depending on operational requirements. Successful Consultant will only receive payments for actual number of tests performed.

VARIANCE(S), IF ANY:

NONE

The undersigned is an individual

a partnership

a corporation under the laws of the State of NEW JERSEY

BUSINESS NAME: D T SERVICE LLC, DBA/ DYNAMIC TESTING SERVICE

BY: JOHN RYAN SIGNATURE: _____

ADDRESS: 230 MAIN STREET, First Floor Rear Unit

CITY: TOMS RIVER STATE: NJ ZIP: 08753

BUSINESS PHONE #: (732)349-0848 FAX #: (732)

EMAIL ADDRESS:

jryan@dynamictesting.net