

SIGNATURE PAGE

P-17-2024

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: Angel's Touch Lab Solutions
(PRINT)

Preparer's Name: Lavonia Bearfield
(PRINT)

Signature: *Lavonia Bearfield* 10/27/2023
(DATE)

Address: 177 Valley Street South Orange, NJ 07079

Telephone No.: (862) 206-4072

Fax No.: (862) 367-8202

E-Mail Address: Lavonia@angelstouchlabsolutions.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Lavonia Bearfield

FEIN: ██████████
(Federal Employee ID)

BRC: ██████████
(Business Registration Certificate)

(Revised 2/2017)

Proposal

DRUG AND ALCOHOL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DIVISIONS AND DEPARTMENTS FOR CALENDAR YEAR 2024 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 @ \$ 75 _____ per test
2. Drug Test (Consultant office) 32± employees @ \$ 95 _____ per test
3. Alcohol Test (on site) 54± employees @ \$ 65 _____ per test
4. Alcohol Test (Consultant office) 18± employees @ \$ 55 _____ per test
5. Medical Review Officer Fee: 201± employees @ \$ 5 _____ per test
6. Observation of Return to Duty and Follow-Up Tests as per DOT 49 CFR art 40
30± employees @ \$ 125 _____ 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 @ \$ 75 _____ per hour
8. Overtime / Holiday Rate
After 5:00pm
Saturday, Sunday, Holiday 3± incidents @ \$ 100 _____ per hour

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

- 9. Straight time,
Up to 5 hours: \$ 35 per hour
- 10. Overtime / Holiday Rate: \$ 50 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 National partner network- Labcorp

Location 1806 NJ-35 Ste 101A, Oakhurst, NJ 07755

- 11. Drug Test: 11 \$ 100 per test
- 12. Alcohol Test: 11 \$ 70 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 @ \$ 1250 per class
- 14. 56± manuals @ \$ 50 per manual

Group 6. Litigation support (if needed)

- 15. \$ 250 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.

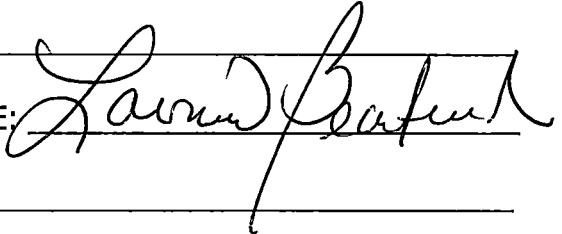
VARIANCE(S), IF ANY:

None

The undersigned is an individual
 a partnership
 a corporation under the laws of the State of _____

BUSINESS NAME: Angel's Touch Lab Solutions

BY: Lavonia Bearfield

SIGNATURE: 

ADDRESS: 177 Valley Street

CITY: South Orange

STATE: NJ

ZIP: 07079

BUSINESS PHONE #: (862) 206-4072

FAX #: (862) 367-8202

EMAIL ADDRESS: Lavonia@angelstouchlabsolutions.com