

SIGNATURE PAGE

P-17-2024

To the Monmouth County Board of County Commissioners:

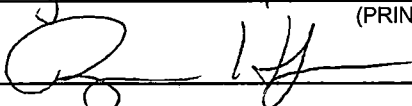
**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: DSI Medical Services Inc

(PRINT)

Preparer's Name: Roger Hornby

(PRINT)

Signature: 

10/17/23
(DATE)

Address: 200 Precision Rd, #200-A
Horsham PA 19044

Telephone No.: (800) 770-0531 x1729

Fax No.: (215) 443-3037

E-Mail Address: Roger.Hornby@DSIMed.com

*****(This should be the email where Contracts would be sent)*****

Contact Person: Roger Hornby

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 @ \$ 55.00 per test
2. Drug Test (Consultant office) 32± employees @ \$ 41.50 per test
3. Alcohol Test (on site) 54± employees @ \$ 39.00 per test
4. Alcohol Test (Consultant office) 18± employees @ \$ 47.00 per test
5. Medical Review Officer Fee: 201± employees @ \$ included in drug test price per test
6. Observation of Return to Duty and Follow-Up Tests as per DOT 49 CFR art 40
30± employees @ \$ + \$10.00 above line item 1 or 2 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 @ \$ 55.00 per hour
8. Overtime / Holiday Rate
After 5:00pm
Saturday, Sunday, Holiday 3± incidents @ \$ 55.00 per hour

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

- 9. Straight time,
Up to 5 hours: \$ 31.00 per hour
- 10. Overtime / Holiday Rate: \$ 31.00 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 see page 15 of proposal for 10 locations !!

Location _____

- 11. Drug Test: 11. \$ Same price as line item 2 (41.50) per test
- 12. Alcohol Test: 11 \$ same price as line item 4 (47.00) 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 @ \$ 500.00 per class
- 14. 56± manuals @ \$ 24.95 per manual

Group 6. Litigation support (if needed)

- 15. \$ 275.00 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: 1. "Online" Supervisor Awareness Training: \$49 per user license
2. Split Specimen (Bottle B) retest of Positive Specimen at Alternate Lab: \$199 per positive metabolite
3. Submission of Full/Limited Query to FMCSA Clearinghouse: \$5.00 per query

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

BUSINESS NAME: DSI Medical Services Inc

BY: [Signature] ← SIGNATURE: Roger Hornby

ADDRESS: 200 Precision Rd, #200-A

CITY: Horsham STATE: PA ZIP: 19044

BUSINESS PHONE #: (800) 770-0531 x1729 FAX #: (215) 443-3037

EMAIL ADDRESS: roger.hornby@dsimed.com