SIGNATURE PAGE

P-5-2022

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:	National Safety Compliance
Preparer's Name:	(PRÎNT)
rieparei s ivanie.	Sylvena Harper (PRINT)
Signature:	fleera laper 10/2/2021
Address:	195 Lehigh are Ste 3
	Lakewood NJ 08701
Telephone No.:	732 886 7311
Fax No.:	732 886 0062
E-Mail Address:	accounting a nscsafe.com
	(This should be the email where Contracts would be sent)
Contact Person:	Shuna Harper
FEIN:	· · · · · · · · · · · · · · · · · · ·
(Federal Employee ID)	

(Revised 2/2017)

Proposal

DRUG AND ALCOHOL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DIVISIONS AND DEPARTMENTS FOR CALENDAR YEAR 2022 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 @ \$ 54 per test (5 pursun minimum)
2.	Drug Test (Consultant office) 32± employees@\$per test
3.	Alcohol Test (on site) 54± employees @ \$ 35 per test (5 per 8n minimum unless we've alcohol Test (consultant office) 18± employees @\$ 29 per test already (NSI +L)
4.	Alcohol Test (Consultant office) 18± employees @\$ 29 per test already CASTAL)
5.	Medical Review Officer Fee: 200± employees @\$ per test (wcludd)
6.	Observation of Return to Duty and Follow-Up Tests as per DOT 49 CFR art 40
	30± employees @ \$ <u>⊌</u> per test.
accident d to-portal b	mergency Call-Out Services for reasonable suspicion/cause and post- drug and alcohol testing on site on 24/7 basis. Services are on a portal- basis (if there is an additional cost for the test, then list such cost y; otherwise prices listed in Group # 1 will apply):
7.	Monday – Friday (non-Holiday) 7:00am – 5:00pm 6± incidents @ \$ <u>5</u> 0 per hour
8.	Overtime / Holiday Rate After 5:00pm Saturday, Sunday, Holiday 3± incidents @ \$_50 per hour

	ight time, to 5 hours:	\$ <u>25</u>	per hour		
	rtime / Holiday Rate: to 5 hours:	\$ 360	per hour		
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.					
Facilit	ty Name <u>Su</u> att	ached 118	- of stee in manmach Co.		
Locat	ion		<u> </u>		
11. Dru	ug Test: 11 \$ 4	per te	st		
12. Alc	ohol Test: 11 \$ 석급	per te	st		
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 @ \$ <u>350</u>	per cl	ass		
14. 56	6± manuals @ \$ <u></u> <u> </u>	per ma	anuai		
Group 6. Litigation	n support (if needed)				
15. \$	175 per hou	r.			
*NOTE: The quantitie Successful C	es listed above are estimated Consultant will only receive pa	d and may change of ayments for actual i	depending on operational requirements. number of tests performed.		

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

VARIANCE(S), IF ANY:
The undersigned is an individual
a partnership a corporation under the laws of the State of New Jersey
BUSINESS NAME: National Safety Comphance
BY: Sheina Harper SIGNATURE: Seenal Jaipel
ADDRESS: 195 Lehigh ave. Suite 3
CITY: 1 a Second STATE: NO ZIP: 08701 BUSINESS PHONE #: 732-886-7311 FAX #: 732-866-0862
EMAIL ADDRESS: accounting @ nscsafe com