

SIGNATURE PAGE

P-13-2023

To the Monmouth County Board of County Commissioners:

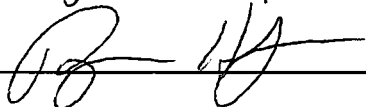
**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: DSI Medical Services Inc

(PRINT)

Preparer's Name: Roger Hornby

(PRINT)

Signature:  10/31/22

(DATE)

Address: 300 Welsh Rd, Bldg 4, Suite 160
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) 

Proposal

DRUG AND ALCOHOL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DIVISIONS AND DEPARTMENTS FOR CALENDAR YEAR 2023 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 @ \$ 39.50 per test
3. Alcohol Test (on site) 54± employees @ \$ 37.00 per test
4. Alcohol Test (Consultant office) 18± employees @ \$ 45.00 per test
5. Medical Review Officer Fee: 201± employees @ \$ ~~includ in drug test price~~ per test
6. Observation of Return to Duty and Follow-Up Tests as per DOT 49 CFR art 40 (consultant office)
30± employees @ \$ 49.50 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 9 locations!!

Location _____

- 11. Drug Test: 11 \$ 39.50 per test
- 12. Alcohol Test: 11 \$ 45.00 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 @ \$ 850.00 per class
- 14. 56± manuals @ \$ 24.95 per manual

Group 6. Litigation support (if needed)

- 15. \$ 275⁰⁰ 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.

- Submission of Full/Limited query to FMCSA Clearinghouse: \$4.00 per submission
- VARIANCE(S), IF ANY: (Additional Services, if needed)
- Split Specimen (Bottle B) Retest of Positive Specimen at Alternate Lab: \$199 per positive metabolite
 - "Online" Reasonable Suspicion Training for Supervisors: \$49.00 per user license

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

BUSINESS NAME: PSI Medical Services Inc.

BY: Roger Hornby SIGNATURE: 

ADDRESS: 300 Welsh Rd, Bldg 4, Suite 160

CITY: Horsham STATE: PA ZIP: 19044

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

EMAIL ADDRESS: roger.hornby@dsimed.com