



BOONE COUNTY, MISSOURI
Request for Bid #: 38-24JUL12 – Prescription Medication for the Inmates of the Boone County Jail

ADDENDUM #1 - Issued July 6, 2012


This addendum is issued in accordance with the Introduction and General Conditions of Bidding in the Request for Bid and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum **should** be acknowledged and submitted with Bidder's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- 1) Replace the *Response / Pricing Page* with the attached *Revised Response/Pricing Page*.
- 2) Replace paragraph 3.11.5 – *Pharmaceutical Destruction* on page 10 from the Request for Proposal with the following:

Pharmaceutical Destruction: Describe your recommendation to County for how to dispose of any medications which have been dispensed for specific inmates who are no longer within the facility or otherwise may not be re-distributed. Also include any alternative solutions to destruction.

- 3) Change Bid Opening Date to: August 1, 2012, 1:30 p.m.

By: 
Melinda Bobbitt, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Bid # **38-24JUL12 – Prescription Medication for the Inmates of the Boone County Jail** receipt of which is hereby acknowledged:

Company Name: _____
Address: _____

Phone Number: _____ Fax Number: _____
E-mail address: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

6. Revised Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____

Prescription Service: We propose to furnish and deliver prescriptions, medications and supplies as indicated in this Bid Blank, provided to the County of Boone – Missouri, with transportation charges prepaid, and for the price quoted below. All equipment/material/service to be furnished in accordance with the County of Boone – Missouri specifications attached hereto.

<u>Item #</u>	<u>Description</u>	<u>Price</u>
5.1.	Name Brand Drugs: % Discount off of Average Wholesale Price (AWP)	_____ %
5.2.	Generic Drugs: % Discount off of Average Wholesale Price (AWP) or Medicaid Maximum Allowable Cost (MAC)	_____ %
5.3.	Dispensing Fee Per Prescription (Maximum of \$4.00)	\$ _____
5.4.	OTC Drugs % Discount off List Price	_____ %
5.5.	Consultation Hourly Fee	\$ _____ /hour
5.6.	Price List Utilized for Pricing	_____
5.7.	Bidder shall enter below any specific type medications/drugs to which the above percent discount does not apply. Enter those medications/drugs and percent discount below: _____	

5.8 **Emergency Twenty-Four Hour Service Contact:**

Name: _____

Telephone Number: _____

5.9. Specify the Address of the Pharmacy that will be Servicing this Account:

5.10. Please describe in detail the types of usage reports that you can supply (or attach additional information):

5.11. **Provide a contact person** who will be responsible for coordinating the efforts and personnel of all parties involved in the response, to include, but not be limited to, oral presentations, demonstrations, site visits and responses to request for clarification, if any. Provide the following:

Name:

Organization:

Address:

E-mail:

Phone Number:

Fax:

5.12. **Identification of Bidders:** How were you notified or heard about this bid/RFP?

_____ newspaper advertisement

_____ Boone County Electronic Bid Notification

_____ other, please list: _____