



County of McHenry  
2200 N Seminary Avenue  
Woodstock, IL 60098



**Bid 22-5011  
Drug Testing Supplies**

Contact Person:

Djuana Leonard, C.P.M., Procurement Specialist Email: [dmleonard@mchenrycountyil.gov](mailto:dmleonard@mchenrycountyil.gov)

**Bid Due Date and Time: March 30, 2022 no later than 9:00 a.m. (CST)**

PDFs should be emailed to [dmleonard@mchenrycountyil.gov](mailto:dmleonard@mchenrycountyil.gov). Electronic bids accepted; no onsite bid opening.

**MANDATORY COVER PAGE (1/9)**

**PLEASE TYPE or PRINT CLEARLY**

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_

The attention of bidders is directed to the McHenry County Purchasing Ordinance, amended August 1, 2019. This Ordinance is incorporated by reference into this bid as if it were contained herein. If you have not received a copy of the above Ordinance and desire a copy, please contact the Purchasing office.

Any communication regarding this bid between the date of issue and date of award is required to go through the Procurement Specialist listed above (or the Purchasing Administrative Specialist). Unauthorized contact with other McHenry County staff or officers is strictly forbidden.

# SCHEDULE OF EVENTS

March 11, 2022	Bid Available on County Website
March 18, 2022	Questions due to <a href="mailto:dmleonard@mchenrycountyil.gov">dmleonard@mchenrycountyil.gov</a> <b>no later than 12:00 p.m. (CST)</b>
March 22, 2022	Addendum posted on County website no later than 4:00 p.m. (CST)
March 30, 2022	<b>Bids due no later than 9:00 a.m. (CST)</b> Email PDFs to <a href="mailto:dmleonard@mchenrycountyil.gov">dmleonard@mchenrycountyil.gov</a>
March 30, 2022	Bid opening conducted via WebEx meeting at 1:00 p.m. (CST) Details available on bid page. No onsite bid opening.

## DESCRIPTION OF WORK AND SPECIFICATIONS

The McHenry County Department of Probation and Court Services (MCDPCS) is responsible for effective supervision of criminal offenders. Drug and alcohol screening are an effective means of monitoring offenders who warrant such supervision. MCDPCS currently conducts an average of 55,000 tests/13,500 samples per year for alcohol & drug testing. This necessitates the purchase of field/on-site drug testing kits or point of collection test kits (SAMHSA 2021) through the testing of both human urine and saliva. For the purposes of this bid, field test kits (FTK’s) will be used, e.g., field tests for various drugs of abuse including, but not limited to, the following:

This is a multi-year bid. Years 1&2 from 6/1/2022 (approximate) through November 30, 2023; Year 3, optional, from 12/1/23-11/30/24; and Year 4, optional, from 12/1/24-11/30/25.

Section 1:

- **2 Panel + ETG** Costs to include the following drugs:
  - Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
  - Cocaine
- **3 Panel + ETG** Costs to include the following drugs:
  - THC
  - Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
  - Cocaine
- **5 panel + ETG** Costs to include the following drugs:
  - THC
  - Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
  - Cocaine
  - Benzodiazepines
  - Fentanyl

- **8 panel + ETG** Costs to include the following drugs:
  - THC
  - Opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone)
  - Cocaine
  - Benzodiazepines
  - Fentanyl
  - Amphetamines
  - Methamphetamine
  - Barbiturates

Section 2:

- **Bid on single Alcohol/drug testing for all items listed below:**
  - Amphetamine
  - Barbiturates
  - Benzodiazepine
  - Cocaine
  - Ecstasy
  - Ethyl Glucuronide (ETG)
  - Fentanyl
  - K2/Spice
  - Kratom
  - LSD
  - Methadone
  - Methamphetamine
  - Opiates
  - Oxycodone
  - PCP
  - Propoxyphene
  - Suboxone (Buprenorphine)
  - THC
  - Tramadol
  - Various other drugs as the need arises
  - Sweat patches

## Specifications for Field Tests Kits

- FTK's with options available for the testing of both urine and saliva.
- FTK's must be self-contained and individually packaged by specific analyte.
- FTK's must be completely portable, individually wrapped for transportation, and testing in any location.
- FTK's must be delivered complete, without any assembly required, and may incorporate the collection container and testing device in one integrated unit or include separate individual testing mechanisms, and separate sealable temperature-strip cups.
- The vendor must indicate if the test cup, if offered, can measure for the temperature of the sample.
- FTK's must not require any mixing of reagents or pipetting of the urine sample.
- FTK's must not require the use of a timing device.
- There must be an indicator on the test to let the operator know when to interpret results.
- FTK's must contain both positive and negative results and be available within five (5) minutes once the test has been started.
- FTK results must be able to be interpreted for up to fifteen (15) minutes after collection.
- FTK's must be stored at room temperature with a minimum shelf life of twelve (12) months from the date of delivery.
- FTK's results must be easy to read and interpret, without the need for a subjective interpretation.
- FTK's must be highly accurate and reliable with performance data similar to GC/MS.
- FTK's must not require any pretreatment of the urine sample.
- FTK's must not be affected by abnormal PH levels.
- Vendor must guarantee 24-48-hour delivery upon placement of order.
- Vendor should indicate whether they are able to provide testing devices to collect perspiration in order to determine whether drug use has occurred.
- Vendor must provide training on the products, **at no charge**, to the department
  - **Include all methods of training your company offers and if any are not available for no charge (onsite, online, DVD, or other). The County will determine which training method(s) are acceptable and preferred.**
- Technical support must be available for cross-reactivity, interpretation, accuracy, and sensitivity.
- The proposer must adhere to acceptable cut-offs as recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA), *Clinical Drug Testing in Primary Care*, TAP 32 (2012).  
<http://store.samhsa.gov/shin/content/SMA12-4668/SMA12-4668.pdf>

Bidding Requirements:

1. Bid tiered pricing, based on quantities and requirements listed in this bid
  - 13,500+ samples per year
  - 14,500+ samples per year
  - 15,500+ samples per year
2. Bid pricing for combined panels including:
  - 2 panel + ETG
  - 3 panel + ETG
  - 5 panel + ETG
  - 8 panel + ETG
  - Bid on single Alcohol/drug testing
3. Bid prices must include expedited shipping at no cost to the County, 2200 N Seminary Ave, Woodstock IL 60098.
4. Department would like the estimated timeframe it would take to change the combination of drugs tested for multi-panel tests.
5. Vendor should indicate whether they are able to provide confirmation testing of FTK results if/when necessary.
6. Vendor must include pricing for confirmation testing if applicable.
7. Vendors should provide product samples for review and evaluation of quality, functionality, and ease of use, following bid opening, as requested by Department.

**Bid Page:**

REFER TO MANDATORY BID PRICING PAGES, EXCEL WORKSHEET.

THE EXCEL WORKSHEET PRICING PAGES ARE MANDATORY.

THE EXCEL WORKSHEET PRICING PAGES MUST BE COMPLETED, RETURNED IN THE EXCEL FORMAT – DO NOT PDF THE PRICING PAGES.

Provide the estimated timeframe it would take to change the combination of drugs tested for multi-panel tests:

\_\_\_\_\_

Days for delivery after order is placed: \_\_\_\_\_

Is there a separate delivery charge for new combination panels? \_\_\_\_\_

Provide Confirmation Testing cost: \$ \_\_\_\_\_

Provide Training Options and costs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mandatory Pages List (9 pages total):

1. Cover page
2. This page; bid questions
- 3-5. Excel pricing pages (do not PDF)
6. References page
7. Certifications page/Signature page
8. Status of Ownership
9. W-9

List any exceptions to this bid: \_\_\_\_\_

**MANDATORY PAGE (6/9)**

**REFERENCES**

List three (3) references, other than The County of McHenry, that you have done similar work, service or supplied similar products to within the last twelve (12) months. It is the bidder's responsibility to ensure references respond upon request. Email addresses required.

Entity: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

Entity: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

Entity: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

**MANDATORY PAGE (7/9)**  
**CERTIFICATONS AND SIGNATURE PAGE**

- I acknowledge to have read, understand, and agree to the **Bid or Request Documents** Provided for this Bid or Request as posted on McHenry County’s Website  Yes
- I acknowledge to have read, understand, and agree to the policies contained within the **McHenry County Purchase Ordinance**, amended June 1, 2021  Yes
- I acknowledge I have read, understand, and agree to the **Standard Terms and Conditions** provided for this Bid or Request as posted on McHenry County’s website.  Yes
- I acknowledge to have read, understand, and agree to all **Addenda** provided for this Bid or Request as posted on McHenry County’s website.  Yes
- Vendor certifies it has reviewed, completed & *submitted the* **Mandatory Page (8/9), County of McHenry Status of Ownership Information**  Yes
- I acknowledge there to be **SIX (6) Mandatory Pages**, including the **W-9 (9/9)** to be completed and/or submitted for my Bid or Submission to be considered.  Yes
- Submitter certifies it has not been barred from contracting with a unit of State or Local Government because of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended.  Yes
- Vendor certifies it is aware that all contracts for the Construction of Public Works are subject to the **Illinois Prevailing Wage Act** (820 ILCS 130/1-12) and this Bid or Request  Yes  
 Is Subject to,  Is NOT Subject to the Illinois Prevailing Wage Act.  Yes
- I acknowledge this Bid or Request  Requires,  Does NOT Require a **Bid Bond**  Yes
- I have included my **W-9 as a Mandatory Page** Requirement for this Bid or Request and, under penalties of perjury, I certify that my **Federal Taxpayer Identification Number** is: \_\_\_\_\_
- I am doing business as a (please indicate one):  Sole Proprietorship  
 Corporation: State of Incorporation: \_\_\_\_\_  
 Partnership  
 Other \_\_\_\_\_

I have carefully examined the Bid or Request, Scope of Work, Specifications, and any other documents accompanying or made a part of this Request. I hereby propose to furnish the goods or services specified. I agree my proposal will remain firm for a period of up to 120 days from Due Date to allow the County time to evaluate the qualifications submitted. I verify all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify I am duly authorized to submit on behalf of the firm as its act and deed, and the firm is ready, willing, and able to perform if awarded the contract. I further certify, under oath, this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service. No officer, employee or agent of the County of McHenry or any other proposer is interested in said proposal and the Undersigned executed this Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

Individual/Company/Corporation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Witness Name & Title: \_\_\_\_\_ **Witness Signature:** \_\_\_\_\_

*End of Document*