

TERM CONTRACT

BUREAU OF STRATEGIC SOURCING
CENTRAL MANAGEMENT SERVICES



CONTRACT NO. : PSD4018401
BUYER NAME : SUZY ANDERSON
BUYER PHONE : (217)785-1659
T-NUMBER : T3780
DATE ISSUED : 06/28/17
VENDOR NUMBER : [REDACTED]
VENDOR PHONE : (630)524-2800
BUSINESS CLASS : NNSEN
ORGANIZATION : CORPORATION
REQ. AGENCY : 416

OMNICARE GROUP, INC
705 SPRINGER DRIVE
LOMBARD, IL 60148-6412

CENTRAL MANAGEMENT SERVICES

AGENCY REQ. NO. : 3841276
REQUISITION NO. : 1149368
SOLICITATION NO. : 228540
FISCAL YEAR : 2018
EFFECTIVE DATE : 07/15/17
EXPIRATION DATE : 07/14/19
DELIVERY TERMS : DESTINATION
DAYS ARO : 30
SURVEY NO. :

PSD HOSPITAL - MEDICAL SUPPLIES - MASTER
BUSINESS ENTERPRISE PROGRAM (BEP)

STANDARD TERMS AND CONDITIONS

AWARD NOTICE: THIS SERVES AS YOUR NOTICE THAT THE STATE OF ILLINOIS HAS ACCEPTED THE BID YOU SUBMITTED IN RESPONSE TO THE INVITATION FOR BID REFERRED TO ABOVE, TO FURNISH THE ITEMS LISTED HEREIN, THUS ESTABLISHING A LEGAL AND BINDING CONTRACT SUBJECT TO RESOLUTION OF CONTRACT. ORDERS WILL BE PLACED BY VARIOUS STATE AGENCIES, AS SHOWN HEREIN, AND, IF APPLICABLE, LOCAL GOVERNMENTAL ENTITIES AS NEEDS ARISE. SHIPPING INSTRUCTIONS WILL BE GIVEN IN EACH ORDER.

NOTE: THIS DOCUMENT SERVES AS A NOTICE OF CONTRACT AWARD ONLY, AND DELIVERIES ARE TO BE MADE ONLY AFTER RECEIPT OF ORDER PLACED BY STATE AGENCY OR, IF APPLICABLE, LOCAL GOVERNMENTAL UNIT.

1. APPLICABLE LAWS. THIS CONTRACT SHALL BE CONSTRUED IN ACCORDANCE WITH AND BE SUBJECT TO ILLINOIS LAWS AND RULES, INCLUDING THE STANDARD PROCUREMENT RULES. THE RULES MAY BE VIEWED AND/OR DOWNLOADED FROM THE INTERNET AT WWW.STATE.IL.US/CHS. ON THE PURCHASING AREA OF THE CHS HOME PAGE, CLICK ON 'STANDARD PROCUREMENT RULES.'

ANY PROVISION CONTAINING A CITATION TO ILLINOIS STATUTORY REQUIREMENTS (CITED ILCS) MAY NOT CONTAIN COMPLETE STATUTORY LANGUAGE. THE OFFICIAL TEXT CAN BE FOUND IN THE APPROPRIATE CHAPTER AND SECTION OF THE ILLINOIS COMPILED STATUTES. AN UNOFFICIAL VERSION CAN BE VIEWED AT WWW.LEGIS.STATE.IL.US.

2. INCORPORATION BY REFERENCE. THE PROVISIONS, CONDITIONS, SPECIFICATIONS AND CERTIFICATIONS CONTAINED IN THE INVITATION FOR BID ARE, BY THIS REFERENCE, MADE A PART HEREOF.

3. TRANSPORTATION. UNLESS OTHERWISE SPECIFIED HEREIN, THE VENDOR MUST PAY TRANSPORTATION CHARGES.

4. PACKING LIST. PACKING LISTS SHOWING STATE OF ILLINOIS OR OTHER GOVERNMENTAL UNIT ORDER NUMBER(S) MUST BE FURNISHED WITH EACH SHIPMENT AND THE ORDER NUMBER AND VENDOR NAME MUST BE MARKED ON THE OUTSIDE OF EACH SHIPPING CONTAINER.

5. BILLING AND PAYMENT. SUBMIT INVOICE TO THE AGENCY SHOWN IN THE 'BILL TO' AREA OF THE ORDER FORM. STATE AGENCIES MAY REQUIRE BILLING VIA STATE INVOICE VOUCHER (FORM C-13) AND SUCH FORM WILL BE PROVIDED BY THE 'BILL TO' AGENCY. ALL INVOICES MUST SHOW THE STATE ORDER NUMBER. YOUR NAME AND ADDRESS MUST MATCH THE NAME SHOWN ON THE ORDER. DIRECT ALL BILLING/PAYMENT MATTERS TO THE 'BILL TO' AGENCY. BY SUBMITTING AN INVOICE, VENDOR CERTIFIES THE SUPPLIES AND SERVICES MET ALL REQUIREMENTS SET FORTH IN THE CONTRACT AND THE AMOUNT BILLED AND THE EXPENSES INCURRED ARE AS ALLOWED IN THE CONTRACT. ALL CORRESPONDENCE RELATII'

Michael Hoffman, Acting Director
by Tracy Rutter, Deputy Director

APPROVED BY: DIRECTOR/AUTHORIZED DESIGNEE

DATE:

6/30/17

LATE PAYMENT CHARGES, IF ANY, SHALL NOT EXCEED THE FORMULA ESTABLISHED IN THE STATE 'PROMPT PAYMENT' ACT (30 ILCS 540/1) AND RULES (74 ILL. ADM. CODE 900). PAYMENTS DELAYED AT THE BEGINNING OF THE STATE'S FISCAL YEAR (JULY AND AUGUST PAYMENTS) BECAUSE OF THE APPROPRIATION PROCESS SHALL NOT BE CONSIDERED A BREACH.

6. AUDIT/RETENTION OF RECORDS (30 ILCS 500/20-65). VENDOR AND ITS SUBCONTRACTORS SHALL MAINTAIN BOOKS AND RECORDS RELATING TO PERFORMANCE OF THE CONTRACT OR SUBCONTRACT AS NECESSARY TO SUPPORT AMOUNTS CHARGED TO THE STATE UNDER THE CONTRACT OR SUBCONTRACT. THE BOOKS AND RECORDS SHALL BE MAINTAINED BY THE VENDOR FOR A PERIOD OF 3 YEARS FROM THE LATER OF THE DATE OF FINAL PAYMENT UNDER THE CONTRACT OR COMPLETION OF THE CONTRACT AND BY THE SUBCONTRACTOR FOR A PERIOD OF 3 YEARS FROM THE LATER OF THE DATE OF FINAL PAYMENT UNDER THE SUBCONTRACT OR COMPLETION OF THE SUBCONTRACT. THE 3-YEAR PERIOD SHALL BE EXTENDED FOR THE DURATION OF ANY AUDIT IN PROGRESS DURING THE TERM. ALL BOOKS AND RECORDS REQUIRED TO BE MAINTAINED UNDER THIS SECTION SHALL BE AVAILABLE FOR REVIEW OR AUDIT BY REPRESENTATIVES OF THE AUDITOR GENERAL AND THE PURCHASING AGENCY AND BY OTHER GOVERNMENTAL ENTITIES WITH MONITORING AUTHORITY UPON REASONABLE NOTICE AND DURING NORMAL BUSINESS HOURS. VENDOR AND ITS SUBCONTRACTORS SHALL COOPERATE FULLY WITH ANY SUCH AUDIT. FAILURE TO MAINTAIN THE BOOKS AND RECORDS REQUIRED BY THIS SECTION SHALL ESTABLISH A PRESUMPTION IN FAVOR OF THE STATE FOR THE RECOVERY OF ANY FUNDS PAID BY THE STATE UNDER THE CONTRACT FOR WHICH ADEQUATE BOOKS AND RECORDS ARE NOT AVAILABLE TO SUPPORT THE PURPORTED DISBURSEMENT.

7. FUNDING. OBLIGATIONS OF THE STATE SHALL CEASE WITHOUT PENALTY OR FURTHER PAYMENT BEING REQUIRED IF, IN ANY FISCAL YEAR, THE ILLINOIS GENERAL ASSEMBLY OR FEDERAL FUNDING SOURCE FAILS TO APPROPRIATE OR OTHERWISE MAKE AVAILABLE FUNDS FOR THIS CONTRACT. THE STATE WILL, HOWEVER, USE ITS BEST EFFORTS TO SECURE FUNDING FOR THIS CONTRACT.

8. AMENDMENTS. NO AMENDMENTS OR MODIFICATIONS TO THIS CONTRACT SHALL BE BINDING ON THE DEPARTMENT UNLESS IT IS IN WRITING AND CONTAINS THE AUTHORIZED SIGNATURE OF THE DIRECTOR OF THE DEPARTMENT OF CENTRAL MANAGEMENT SERVICES.

9. RENEWAL CLAUSE. UPON MUTUAL AGREEMENT OF THE PARTIES, THIS CONTRACT MAY BE RENEWED FOR A PERIOD NOT TO EXCEED THE TIME PERIOD OF THE ORIGINAL CONTRACT PROVIDED THE SAME TERMS AND CONDITIONS ARE ACCEPTED. A TERM CONTRACT CHANGE CONFIRMING RENEWAL OF THIS CONTRACT WILL BE ISSUED.

10. SIGNATURE. CONTRACTING AGENCY AND VENDOR SIGNATURE ON FILE.

JOINT PURCHASING AGREEMENT

THE VENDOR AGREES TO EXTEND ALL TERMS AND CONDITIONS, SPECIFICATIONS, AND THE QUOTED PRICES OR DISCOUNTS FOR THE ITEM(S) LISTED IN THIS CONTRACT TO ALL AUTHORIZED LOCAL GOVERNMENTAL UNITS AND QUALIFIED WORKSHOPS.

THE GOVERNMENTAL JOINT PURCHASING ACT, 30 ILCS 525/0.01 ET SEQ. AUTHORIZES CERTAIN LOCAL GOVERNMENTAL UNITS AND NOT-FOR-PROFIT WORKSHOPS FOR THE SEVERELY HANDICAPPED (AS DEFINED IN 30 ILCS 500/45-35, MEETING THE REQUIREMENTS OF 30 ILCS 525/2) TO PURCHASE PERSONAL PROPERTY AND SUPPLIES JOINTLY WITH THE STATE.

ANY AUTHORIZED LOCAL UNIT OF GOVERNMENT OR QUALIFIED WORKSHOP THAT MAY PARTICIPATE IN THIS CONTRACT SHALL BE RESPONSIBLE FOR ISSUING PURCHASE ORDERS DIRECTLY TO THE VENDOR, PROCESSING INVOICE VOUCHERS AND MAKING PAYMENTS DUE THE VENDOR.

THE VENDOR IS REQUIRED TO FURNISH TO THE BUREAU OF STRATEGIC SOURCING AND PROCUREMENT EVERY SIX MONTHS OF THE CONTRACT PERIOD WITH A LISTING OF ITEMS SOLD TO LOCAL GOVERNMENTAL UNITS OR QUALIFIED WORKSHOPS. THE FORMAT FOR REPORTING REQUIRED INFORMATION WILL BE FORWARDED TO VENDOR(S) AT THE TIME OF AWARD. (THE FORMAT FOR REPORTING THIS INFORMATION IS AVAILABLE UPON REQUEST PRIOR TO THE BID OPENING).



SPECIAL TERMS AND CONDITIONSCONTRACT NO.: PSD4018401
T-NUMBER : T3780**TERM CONTRACT**

VENDOR: OMNICARE GROUP, INC

PAGE
3**A10128: VENDOR PAYMENT PROGRAM:**

DUE TO UNPRECEDENTED ECONOMIC RECESSION, ILLINOIS HAS EXPERIENCED LOWER THAN EXPECTED REVENUES WHICH HAS LED TO A DELAYED PAYMENT CYCLE. IN MANY CASES, VENDORS AND SERVICE PROVIDERS ARE WAITING SEVERAL MONTHS TO RECEIVE PAYMENT FOR GOODS AND SERVICES PROVIDED TO THE STATE. THE STATE OF ILLINOIS VENDOR PAYMENT PROGRAM IS INTENDED TO PROVIDE RELIEF TO THOSE VENDORS AND SERVICE PROVIDERS.

FOR MORE INFORMATION PLEASE SEE OUR WEBSITE AT PAYMENTS.ILLINOIS.GOV.

A10202: BUSINESS ENTERPRISE PROGRAM (BEP) GOAL:

THE BUSINESS ENTERPRISE PROGRAM ACT FOR MINORITIES, FEMALES AND PERSONS WITH DISABILITIES (BEP) (30 ILCS 575) ESTABLISHES A GOAL FOR CONTRACTING WITH BUSINESSES THAT HAVE BEEN CERTIFIED AS OWNED AND CONTROLLED BY PERSONS WHO ARE MINORITY, FEMALE OR WHO HAVE DISABILITIES.

CONTRACT GOAL TO BE ACHIEVED BY THE VENDOR:

THIS SOLICITATION INCLUDES A SPECIFIC BUSINESS ENTERPRISE PROGRAM (BEP) UTILIZATION GOAL OF 4.0% BASED ON THE AVAILABILITY OF CERTIFIED VENDORS TO PERFORM THE ANTICIPATED DIRECT SUBCONTRACTING OPPORTUNITIES OF THIS CONTRACT. IN ADDITION TO THE OTHER AWARD CRITERIA ESTABLISHED FOR THIS CONTRACT, THE AGENCY WILL AWARD THIS CONTRACT TO A VENDOR THAT MEETS THE GOAL OR MAKES GOOD FAITH EFFORTS TO MEET THE GOAL. THIS GOAL IS ALSO APPLICABLE TO CHANGE ORDERS AND ALLOWANCES WITHIN THE SCOPE OF WORK PROVIDED BY THE CERTIFIED VENDOR.

ALL QUESTIONS REGARDING THE SUBCONTRACTING GOAL MUST BE DIRECTED TO HARRY REINHARD AT HARRY.REINHARD@ILLINOIS.GOV OR (312) 814-3188; PRIOR TO SUBMISSION OF BIDS OR PROPOSALS.

**** GOOD FAITH EFFORT ****

A GOOD FAITH EFFORT REQUIRES THE BIDDING VENDOR TO ACCESS THE BEP DATABASE AT:

[HTTPS://CMS.DIVERSITYCOMPLIANCE.COM](https://cms.diversitycompliance.com)

- * SELECT "BEP AND/OR VBP CERTIFICATION DIRECTORY".
- * UNSLECT "SERVICE DISABLED VETERAN OWNED SMALL BUSINESS (SDVOSB) AND "VETERAN OWNED SMALL BUSINESS (VOSB)" AS THOSE TWO GROUPS ARE NOT PART OF THE BEP GOAL.
- * LEAVE THE REMAINING BOXES CHECKED.
- * CLICK ON "CLICK TO LOOKUP COMMODITY CODES"
- * SEARCH USING THESE CODES (26900, 47500, 49043, 43667, 46500, 51024 AND 27104).
- * ONCE YOU HAVE SELECTED THESE CODES BY CLICKING THE 'ADD' BUTTON, SCROLL TO THE BOTTOM AND HIT 'SEARCH'.

THIS LISTING CAN BE DOWNLOADED TO AN EXCEL SPREADSHEET PER THE INSTRUCTIONS. ALL VENDORS LISTED WITHIN THOSE NIGP CODES WILL BE ON THE SPREADSHEET.

IN ORDER TO BE CONSIDERED AS HAVING COMPLETED A "GOOD FAITH EFFORT" YOU MUST CONTACT 100% OF ALL VENDORS AND ENTER THEIR RESPONSES IN THE BEP UTILIZATION PLAN (U-PLAN).

SPECIAL TERMS AND CONDITIONS

CONTRACT NO. : PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
4

NOTE: FROM THE EXCEL SPREADSHEET OF VENDORS, YOU CAN COPY AND PASTE ALL OF THEIR EMAIL ADDRESSES INTO ONE EMAIL. THIS SHOULD SIMPLIFY THE CONTACTING REQUIREMENTS OF THE GOOD FAITH EFFORT. AS STATED ABOVE, YOU ARE STILL REQUIRED TO ENTER THE VENDORS IN THE BEP U-PLAN. WE SUGGEST YOU ATTACH THE RESPONSES THAT ARE RECEIVED TO THE U-PLAN.

D00070: SCOPE:

TO ESTABLISH A CONTRACT FOR STATE OF ILLINOIS AGENCIES AND JOINT PURCHASING PARTICIPANTS AUTHORIZED TO PARTICIPATE IN THE JOINT PURCHASING PROGRAM TO PURCHASE HOSPITAL & MEDICAL SUPPLIES ON AN AS NEEDED BASIS DURING THE CONTRACT PERIOD.

THE QUANTITIES LISTED ON THIS SOLICITATION REFLECT ESTIMATED AMOUNTS FOR THE INITIAL CONTRACT PERIOD OF TWO (2) YEARS.

D00090: SPECIAL RENEWAL OPTION (3YR)

CONTRACT(S) RESULTING FROM THIS INVITATION FOR BID WILL COMMENCE UPON DATE OF EXECUTION AND WILL EXPIRE TWO (2) YEARS FROM THE DATE OF EXECUTION.

UPON MUTUAL AGREEMENT OF THE PARTIES, THE STATE RESERVES THE RIGHT TO RENEW THE RESULTING CONTRACT FOR A TOTAL OF THREE (3) YEARS IN ONE OF THE FOLLOWING MANNERS:

- A) ONE RENEWAL FOR THE ENTIRE RENEWAL ALLOWANCE.
- B) INDIVIDUAL ONE-YEAR RENEWALS.
- C) ANY COMBINATION OF PARTIAL-YEAR RENEWALS UP TO AND INCLUDING THE ENTIRE RENEWAL ALLOWANCE.

D00170: ECONOMIC ADJUSTMENT CLAUSE (PPI)

PRICES MUST REMAIN FIRM THE FIRST YEAR OF THE CONTRACT. THEREAFTER, ONE PRICE ADJUSTMENT NO MORE FREQUENTLY THAN ONCE A YEAR.

ALL ADJUSTMENT REQUESTS SHALL BE MADE IN WRITING. VENDOR SHALL NOT BE ENTITLED TO APPLY AN UPWARD PRICE ADJUSTMENT WITHOUT FIRST OBTAINING APPROVAL OF SUCH REQUEST FROM THE STATE.

IN THE EVENT A DOWNWARD ADJUSTMENT IS WARRANTED, THE STATE RESERVES THE RIGHT TO ADJUST ONCE DURING ANY GIVEN TWELVE (12) MONTH PERIOD FOR THIS DECREASE. IT WILL BE THE RESPONSIBILITY OF THE VENDOR TO NOTIFY BOSS OF ANY SUCH DECREASE.

MAXIMUM ALLOWABLE ADJUSTMENTS SHALL BE GOVERNED BY THE U.S. BUREAU OF LABOR STATISTICS PRODUCER PRICE INDEX (PPI) ITEM NUMBER:

* PPI CATEGORY NUMBER: PCU3391--3391

* TITLE OF PPI CATEGORY: MEDICAL EQUIPMENT & SUPPLIES MFG

* PPI CATEGORY NUMBER: WPU156301044

* TITLE OF PPI CATEGORY: ALL OTHER MEDICAL AND SURGIAL ITEMS

THE BASE PPI PUBLISHED INDEX WILL BE DETERMINED BY THE MONTH OF THE BID OPENING DATE. IF THE BID OPENING DATE OCCURS IN NOVEMBER, THEN THE BASE PPI WILL BE NOVEMBER'S PUBLISHED INDEX.

THE PUBLISHED PPI INDEX AT THE TIME OF REQUESTED ADJUSTMENT WILL BE DETERMINED BY THE MONTH AND DAY THE ADJUSTMENT WAS SUBMITTED TO BOSS REGARDLESS OF WHETHER IT IS A PRELIMINARY OR FINAL INDEX PUBLICATION. NO FURTHER ADJUSTMENTS WILL BE MADE ONCE THE MAXIMUM ALLOWABLE

SPECIAL TERMS AND CONDITIONS

CONTRACT NO.: PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
5

ADJUSTMENT HAS BEEN CALCULATED FOR THE GIVEN 12 MONTHS.

THE MAXIMUM ALLOWABLE ADJUSTMENT SHALL BE CALCULATED AS FOLLOWS:

MAXIMUM ALLOWABLE PRICE = A / B * C

A = BID PRICE

B = BASE PPI INDEX (DEFINED BY TIME OF BID OPENING)

C = PUBLISHED PPI INDEX AT TIME OF REQUESTED ADJUSTMENT

THE U.S. BUREAU OF LABOR STATISTICS WEBSITE CAN BE LOCATED AT
[HTTP://WWW.BLS.GOV/PPI/](http://www.bls.gov/ppi/).

REQUESTED ADJUSTMENTS SHALL INCLUDE THE CONTRACT NUMBER, COMMODITY NUMBER, LINE NUMBER, BID PRICE AND REQUESTED PRICE ADJUSTMENT IN A FORMAT SIMILAR TO THE FOLLOWING:

LINE NUMBER	COMMODITY NUMBER	BID PRICE	REQUESTED PRICE
#####	XXXX-XXX-XXXX	\$ #.##	\$ #.##
#####	XXXX-XXX-XXXX	\$ #.##	\$ #.##

IN ALL CASES THE CONTRACTOR MUST FILE A CLAIM FOR SUCH ADJUSTMENT PRIOR TO THE DELIVERY OF THE GOODS. IN ANY EVENT, THE CLAIM FOR SUCH ADJUSTMENT WILL NOT APPLY TO RELEASE ORDERS EXECUTED PRIOR TO THE DATE THE BUREAU OF STRATEGIC SOURCING RECEIVED THE ECONOMIC ADJUSTMENT REQUEST.

IF THE CONTRACTOR HAS UNRESOLVED COMPLAINTS FILED AGAINST IT FOR NON-DELIVERY OR POOR QUALITY, HIS REQUEST MAY BE DENIED UNTIL SUCH TIME AS ALL PAST COMPLAINTS ARE RESOLVED TO THE SATISFACTION OF THE STATE.

D00220: METHOD OF AWARD

THE STATE OF ILLINOIS RESERVES THE RIGHT TO AWARD THIS SOLICITATION BY LINE ITEM. AWARD SHALL BE TO THE LOWEST RESPONSIBLE AND RESPONSIVE BIDDER FOR EACH LINE(S), MEETING THE SPECIFICATIONS OF THIS BID.

D288V1: F.O.B. DESTINATION:

SHIPMENT WILL BE MADE F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED WITHIN TEN (10) DAYS AFTER THE VENDOR HAS RECEIVED THE ORDER.

IN ORDER TO RECEIVE DELIVERY WITH FREIGHT PAID BY THE VENDOR, THE MINIMUM ORDER SHALL BE \$300. FOR ORDERS LESS THAN THE MINIMUM, THE VENDOR WILL REMOVE THE FREIGHT COMPONENT FROM THE CONTRACT PRICE AND ADD THE FREIGHT CHARGE TO THE INVOICE AS A SEPARATE LINE ITEM. THE STATE RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION FROM THE CONTRACTOR IN ORDER TO SUBSTANTIATE ACTUAL FREIGHT CHARGES FOR ORDERS LESS THAN \$300.

DELIVERY OF ALL ORDERS SHALL BE FOB DESTINATION TO STATE AGENCIES AND LOCAL ILLINOIS GOVERNMENTAL ENTITIES THAT ARE AUTHORIZED TO PARTICIPATE IN THE JOINT PURCHASING PROGRAM OF THE STATE OF ILLINOIS.

PRICE SHEET

CONTRACT NO. : PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
6

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
	UNLESS SPECIFIED ELSEWHERE SHIP TO: STATEWIDE DELIVERIES REQUIRED ANY STATE AGENCY MAY RELEASE AGAINST THIS CONTRACT DELIVERY MAY BE REQUIRED STATEWIDE, XX 00000				
00005	COMMODITY NO: 3841-276-2475 ADAPTER, UNIVERSAL FEEDING TUBE, BRAND: ABBOT MODEL: 0135-14 10/CASE		CASE	\$ 12.35000	
00013	COMMODITY NO: 3841-276-2178 BAG, ZIPPER POLY, 2 MIL. 9" X 12" SINGLE TRACK ZIPPER, 1,000/CARTON. BRAND: DUKAL MODEL: ZIP912 1000/CASE		CTN	\$ 38.20000	
00014	COMMODITY NO: 3841-276-2152 BANDAGE, 1/4" X 3" WOUND CLOSURE STRIP, STERILE, 3/PKG; 50 PKG/BOX BRAND: MEDLINE MODEL: NON250314Z 150/BOX		BOX	\$ 40.32000	
00020	COMMODITY NO: 3841-276-1224 BANDAGE, ADHESIVE, SHEER STRIP 1 X 3" 100 POLY-VINYL FILM BACKING, 100/BOX, AIR VENTED GAUZE PAD EDGES ARE FOLDED OVER, GAUZE IS FILLED W/RAYON, GLASSINE WRAPPER, MAINTAINS STERILITY. BRAND: DYNAREX MODEL: 3602 100/BOX		BOX	\$ 1.60000	
00023	COMMODITY NO: 3841-276-0061 BANDAGE, COTTON WOVEN ELASTIC, 6"X 4-1/2 YDS. STRETCHED, WITHOUT RUBBER, 12/BOX		BOX	\$ 5.90000	

PRICE SHEET

CONTRACT NO.: PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
7

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00030	<p>BANDAGE CLIPS INCLUDED.</p> <p>BRAND: DYNAREX MODEL: 3664</p> <p>10/BOX</p> <p>COMMODITY NO: 3841-276-0099</p> <p>BASIN, EMESIS, 10", PLASTIC, KIDNEY-SHAPED, 250/CASE</p> <p>BRAND: DYND80367 MODEL: 367296</p> <p>250/CASE</p>		CASE	\$ 29.15000	
00032	<p>COMMODITY NO: 3069-285-2750</p> <p>BD VACUTAINER SAFETY LOCK BLOOD COLLECTION SET. INCLUDES: INTEGRATED PROTECTIVE SHIELD THAT PROVIDES ONE-HANDED ACTIVATION IMMEDIATELY AFTER USE, 0.75" NEEDLE LENGTH, LATEX FREE, STERILE</p> <p>24/BOX</p> <p>BRAND: BD MODEL: 367296</p> <p>50/CASE</p>		BOX	\$ 24.05000	
00039	<p>COMMODITY NO: 3841-276-0201</p> <p>BRUSH, HAND, SURGICAL, 4-1/2", BLACK NYLON BRISTLE, CLOSED BLOCK, 12/BOX</p> <p>BRAND: GRAHAM FIELD MODEL: 3389</p> <p>12/BOX</p>		BOX	\$ 13.66000	
00036	<p>COMMODITY NO: 3841-276-0975</p> <p>CANNULA, OXYGEN, NASAL, DISPOSABLE, FLARED TIPS, LARIAT STYLE, 50/CASE, OVER-THE-EARS, SOFT, FLEXIBLE, LIGHTWEIGHT, 7' CRUSH-RESISTANT TUBING.</p> <p>BRAND: MEDLINE MODEL: HCS4507</p> <p>50/CASE</p>		CASE	\$ 14.74000	

PRICE SHEET		CONTRACT NO. : PSD4018401 T-NUMBER : T3780			
TERM CONTRACT		VENDOR: OMNICARE GROUP, INC			PAGE 8
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00055	COMMODITY NO: 3841-276-3000 TRAY, CENTRAL LINE DRESSING BRAND: MEDLINE MODEL: DYND75225 40/CASE		EACH	\$ 123.31000	
00059	COMMODITY NO: 3841-276-2451 CONTROL SOLUTION, ACCU-CHEK, COMFORT CURVE, 6/CASE. BRAND: ROCHE MODEL: BOE04625382160 1/BOX		EACH	\$ 77.63000	
00061	COMMODITY NO: 3841-276-3009 CONVATEC OSTOMY WAFER 5/BOX BRAND: CONVATEC MODEL: 413167 10/BOX		BOX	\$ 75.02000	
00073	COMMODITY NO: 3841-276-2187 DISINFECTANT, SKIN, CAL-STAT, 12/4 OZ/CS SQUEEZE BOTTLE, 60% ISOPROPLY ALCOHOL. BRAND: MEDLINE MODEL: MSC097030 24/CASE		CASE	\$ 19.47000	
00074	COMMODITY NO: 3841-276-2348 WATER, DISTILLED, GALLON SIZE; FOR HUMIDIFIER AIR PURIFICATION FLAVORITE BRAND: CARDINAL HEALTH MODEL: C4351-1 6/CASE		CASE	\$ 7.70000	
00075	COMMODITY NO: 3841-276-2256 DRESSING, BIO-CLUSIVE, 2" X 3", 100/BOX, STERILE, TRANSPARENT.		BOX	\$ 27.83000	

PRICE SHEET

CONTRACT NO.: PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE

9

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00077	BRAND: MEDLINE MODEL: MSC2703Z 100/BOX COMMODITY NO: 3841-276-2479 DRUG GUARD, SEAL-PLASTIC, SELF-LOCKING, RED, 100/CASE		CASE	\$ 17.03000	
00080	BRAND: HEALTHCARE LOGISTICS MODEL: 7635-10 100/PACK COMMODITY NO: 3841-276-0344 ENVELOPE, WHITE, DRUG. NO. 3, 1,000/BOX		BOX	\$ 19.52000	
00081	BRAND: GRAHAM FIELD MODEL: 9600 1000/BOX COMMODITY NO: 3841-276-2498 FACESHIELD, DISPOSABLE, 30/CASE, PROTECTION FOR FACE AND EYES. LATEX FREE BAND WITH CONTOURED FOAM MATERIAL ON FOREHEAD.		CASE	\$ 79.59000	
00104	BRAND: DYNAREX MODEL: 2202 50/BOX 4 BOXES/CASE COMMODITY NO: 3841-276-2172 MASK, OVER THE EAR, FOR AEROSOL THERAPY AEROSOL, ADJ NOSE CLIP, 50/CASE, WITHOUT TUBING.		CASE	\$ 19.86000	
00105	BRAND: MEDLINE MODEL: HCS4630B 50/CASE COMMODITY NO: 3841-276-0804 MASK, OXYGEN, ADULT, DISP., 50/BOX, LIGHTWEIGHT, POLYETHYLENE, INLET PREVENTS DIRECT FLOW OF OXYGEN TO NOSTRILS, TUBING ROTATES EASILY AT MASK CONNECTION		CASE	\$ 31.13000	

PRICE SHEET		CONTRACT NO. : PSD4018401 T-NUMBER : T3780			
TERM CONTRACT		VENDOR: OMNICARE GROUP, INC			PAGE 10
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00117	<p>TRANSPARENT PLASTIC FACE PIECE, MASK COMES COMPLETE WITH 5' OF GREEN VINYL CONNECTING TUBE, VINYL RUBBER CONNECTOR, AND NYLOR ELASTIC HEADBAND. INDIVIDUALLY PACKED IN POLYETHYLENE BAGS.</p> <p>BRAND: MEDLINE MODEL: HCS4600B</p> <p>50/CASE</p> <p>COMMODITY NO: 3841-276-2066</p> <p>PACK, INSTANT COLD, DISPOSABLE, 24/CASE</p> <p>BRAND: DYNAREX MODEL: 4511</p> <p>24/CASE</p>		CASE	\$ 7.77000	
00124	<p>COMMODITY NO: 3841-276-0510</p> <p>PAD, GAUZE, 1 1/8X2 1/2" W/70% ISOPROPYL ALCOHOL. INDV. PACKED. 200/BX, 15 BX/CS</p> <p>BRAND: MEDLINE MODEL: MDS090735</p> <p>3000/CASE</p>		CASE	\$ 23.84000	
00126	<p>COMMODITY NO: 3841-276-1921</p> <p>PAD, GAUZE, NON ADHERING DRESSING, STERILE TELFA, 3 X 8, 50/BOX</p> <p>BRAND: MEDLINE MODEL: NON25720Z</p> <p>50/BOX</p>		BOX	\$ 5.72000	
00127	<p>COMMODITY NO: 3841-276-0993</p> <p>PAD, GAUZE, STERILE, TELFA, 2 X 3 IN., VENTILATED, INDIVIDUALLY PACKED, 100/BOX</p> <p>BRAND: MEDLINE MODEL: NON25700H</p> <p>100/BOX</p>		BOX	\$ 4.07000	
00133	<p>COMMODITY NO: 3841-276-2478</p> <p>PITCHER, INPUT/OUTPUT, PLASTIC, TRIANGULAR, 1,000 CC, 32 OZ, 200/CASE</p>		CASE	\$ 60.28000	

PRICE SHEET

CONTRACT NO.: PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE

11

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00135	BRAND: MEDLINE MODEL: DYND80417 200/CASE COMMODITY NO: 3841-276-2111 PLUG, CATHETER AND DRAINAGE TUBE PROTECTOR, STERILE, 100/CASE.		CASE	\$ 18.37000	
00141	BRAND: MEDLINE MODEL: DYND12200 100/CASE COMMODITY NO: 3841-276-3015 SYRINGE, SAFETY INSULIN, 0.5 ML, 29 G X 1/2" 100/BOX BRAND: MCKESSON MODEL: 102-SN05C2905P 100/BOX		BOX	\$ 15.81000	
00144	COMMODITY NO: 3841-276-0473 SCISSORS, SURGICAL, LISTER, 7-1/4 IN. BANDAGE, STAINLESS STEEL BRAND: MEDLINE MODEL: MDS708550H EACH		EACH	\$ 0.92000	
00146	COMMODITY NO: 3841-276-0509 SET, SUTURE REMOVAL, 50/CASE, CONSISTS OF METAL SCISSORS, METAL FORCEPS AND GAUZE SPONGE. BRAND: DYNAREX MODEL: 4521 50/CASE		CASE	\$ 24.92000	
00148	COMMODITY NO: 3069-285-6367 SHARPS CONTAINER, 4 QT, RED BRAND: COVIDIEN		CASE	\$ 100.23000	

PRICE SHEET

CONTRACT NO. : PSD4018401
T-NUMBER : T3780

TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
12

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00150	MODEL: 8881676236 40/CASE COMMODITY NO: 3841-276-0482 TRAY, SHAVE PREP DISP. READY TO USE CONTENTS: 1 FIXED HEAD RAZOR WITH S/S BL 1 WATERPROOF UNDERPAD, 1 ABSORBENT TOWEL 1 2 COTTON-TIPPED APPLICATORS, 1 DOUBLE COMPARTMENT TRAY, 1 SOAP-IHPREGNATED SPONGE, 1 WASHCLOTH, AND 2 GAUZE SPONGES 50/CS BRAND: MEDLINE MODEL: DYND70822 50/CASE		EACH	\$ 59.02000	
00152	COMMODITY NO: 3841-276-0505 SPONGE, COVER, STERILE, 4" X 4", FOLDED 2/PKG; 600 PKG/CASE. BRAND: MEDLINE MODEL: PRM4408 1200/CASE		CASE	\$ 33.77000	
00154	COMMODITY NO: 3841-276-0492 SPONGE, GAUZE, STERILE, 4" X 4" 12 PLY 2/PKG; 600 PKG/CASE. BRAND: MEDLINE MODEL: PRM4412 1200/CASE		CASE	\$ 35.30000	
00155	COMMODITY NO: 3841-276-0494 SPONGE, GAUZE, UNSTERILE, 2" X 2", 8 PLY BULK PACK, 200/BG, 25 BG/CASE. BRAND: DUKAL MODEL: 8505 5000/CASE		CASE	\$ 20.43000	
00158	COMMODITY NO: 3841-276-2073 SPONGE, SORBIT DRAIN, 4" X 4", 6 PLY, 600/CS, MUST BE PRECUT FOR TRACHEOSTOMY RESIDENTS		CASE	\$ 27.34000	

PRICE SHEET

CONTRACT NO.: PSD4018401
T-NUMBER : T3780


TERM CONTRACT

VENDOR: OMNICARE GROUP, INC

PAGE
17

LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00161	BRAND: MEDLINE MODEL: PRM256000 600/CASE COMMODITY NO: 3841-276-3017 STETHOSCOPE, SINGLE HEAD		EACH	\$ 3.05000	
00192	BRAND: MEDLINE MODEL: MDS926103 EACH COMMODITY NO: 3841-276-3101 TED HOSE, LARGE, KNEE HIGH		PAIR	\$ 46.52000	
00195	BRAND: MEDLINE BRAND MODEL: MDS160664 12/BOX COMMODITY NO: 3841-276-3103 TED HOSE, MEDIUM, THIGH HIGH		PAIR	\$ 44.50000	
00203	BRAND: MEDLINE BRAND MODEL: MDS160844 6 PAIR/BOX COMMODITY NO: 3841-276-1849 TRAY, FOLEY CATHETER INSERTION, 20/CS W/O CATHETER, STERILE, WITH BZK SWABS, 10 ML SYRINGE FOR 5 ML CATHETER. BRAND: MEDLINE MODEL: DYNC1810 20/CASE		CASE	\$ 31.52000	
00204	COMMODITY NO: 3841-276-1860 TRAY, INCISION AND DRAINAGE, 20/CASE INCLUDES: 1 KELLY HEMOSTAT, STRAIGHT 5 1/2" 1 TISSUE FORCEPS 5" 1 SCALPEL #11 BLADE 4 COTTON FILLED SPONGES 1 LG. IODOPHOR PREP 1 LG. ALCOHOL PREP 1 FENESTRATED DRAPE		CASE	\$ 65.23000	

PRICE SHEET		CONTRACT NO. : PSD4018401 T-NUMBER : T3780			
TERM CONTRACT		VENDOR: OMNICARE GROUP, INC			PAGE 14
LINE NO.	ILLINOIS COMMODITY NUMBER/DESCRIPTION	QUANTITY FROM/TO	UNIT OF MEASURE	UNIT PRICE	DISCOUNT OFF CATALOG PRICE
00207	1 POLY BACKED TOWEL 1 POLY BAG AND TWIST TIE BRAND: MEDLINE MODEL: DYNJ07900 20/CASE COMMODITY NO: 3841-276-2460 TUBE, GASTROSTOMY, 22 FR, MAGNA-PORT BRAND: MEDLINE MODEL: DYND70322 1/BOX		EACH	\$ 23.54000	

CONTRACT CHANGE		CONTRACT NO. : PSD4018401 BUYER NAME : SUZY ANDERSON BUYER PHONE : (217) 785-1659 T-NUMBER : T3780 DATE ISSUED : 11/28/17 VENDOR NUMBER : VENDOR PHONE : (630) 524-2800 BUSINESS CLASS : NNSN ORGANIZATION : CORPORATION REQ. AGENCY : 416
BUREAU OF STRATEGIC SOURCING CENTRAL MANAGEMENT SERVICES		CENTRAL MANAGEMENT SERVICES AGENCY REQ. NO. : 3841276 REQUISITION NO. : 1149368 SOLICITATION NO. : 228540 FISCAL YEAR : 2018 EFFECTIVE DATE : 07/15/17 EXPIRATION DATE : 07/14/19 DELIVERY TERMS : DESTINATION DAYS ARD : 30 TYPE CHANGE : ADMINISTRATIVE CHANGE
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> OMNICARE GROUP, INC 705 SPRINGER DRIVE LOMBARD, IL 60148-8412 </div>		

**PSD HOSPITAL - MEDICAL SUPPLIES - MASTER
BUSINESS ENTERPRISE PROGRAM (BEP)**

CONTRACT CHANGE TEXT

YOU ARE HEREBY AUTHORIZED TO MAKE THE FOLLOWING CHANGES TO THE CONTRACT REFERENCED ABOVE.

THIS ADDENDUM IS ISSUED TO CHANGE THE MANUFACTURER/MODEL NUMBER/PRICE ON THE FOLLOWING LINE ITEMS ON THIS CONTRACT 4018401 HOSPITAL/MEDICAL SUPPLIES:

L/I 00023 COMMODITY # 3841-276-0061
 CHANGE THE MODEL NUMBER FROM: 3664 TO READ: 3666

L/I 00036 COMMODITY # 3841-276-0975
 CHANGE THE MODEL NUMBER FROM: HCS4507 TO READ: HCS4511B

L/I 00141 COMMODITY # 3841-276-3015
 CHANGE THE BRAND FROM: MCKESSON TO READ: ULTIMED
 CHANGE THE MODEL NUMBER FROM: SNO5C2905P TO READ: O3259

L/I 00144 COMMODITY NUMBER: 3841-276-0473
 CHANGE THE BRAND FROM: MEDLINE TO READ: MMS MEDICAL
 CHANGE THE MODEL NUMBER FROM: MDS708550H TO READ: MED81060
 CHANGE THE UNIT PRICE FROM: \$.92 TO READ: \$6.10

L/I 00150 COMMODITY NUMBER: 3841-276-0482
 CHANGE THE MODEL NUMBER FROM: DYND70822 TO READ: DYND70820

ALL OTHER TERMS AND CONDITIONS OF THIS CONTRACT REMAIN UNCHANGED.

APPROVED BY: *[Signature]*
 DIRECTOR, DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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