

**BID SHEET
CITY OF AUSTIN
IFB-BV TLG0100
ALCOHOL AND DRUG TESTING SERVICES**

BUYER: Terra Green

Copies of Bid: Vendor must submit four signed copies - one original and three copies.

Special Instructions:

A bid of '0' (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of 'no bid' will be interpreted by the City that the responder does not wish to bid on that item. Failure to respond to each section of this bid sheet may result in disqualification of your bid.

FOB Destination, freight prepaid and allowed and to be included on the bid price.

SECTION A - PRICE (51 Points)

Category 1- Austin Police Department (APD) Collection/Testing (Normal Business Hours, M-F) Using Vendor Fixed Collection Site **Please**
Provide Your Company's Normal Business Hours: _____ to _____

Item	Description	Estimated Quantity	Per Collection Cost	Extended Price
1.1	Urine specimen collection: 5 Panel plus Ecstasy, Laboratory Analysis & MRO Review	500/year	\$ _____	\$ _____
1.2	Urine specimen collection: LSD Panel (for cause only) Laboratory Analysis & MRO Review	2/year	\$ _____	\$ _____
1.3	Urine specimen collection: Other Opiate (every 3rd test, random) Laboratory Analysis & MRO Review	150/year	\$ _____	\$ _____
1.4	Breath Alcohol Testing	1/year	\$ _____	\$ _____
1.5	Hair Specimen Collection, Laboratory Analysis & MRO Review	250/year	\$ _____	\$ _____
1.6	Steroid Panel: Anabolic Steroid	2/year	\$ _____	\$ _____
1.7	Blood Specimen Collection, Laboratory Analysis & MRO Review	20/year	\$ _____	\$ _____
SUBTOTAL Category 1				\$ _____

Category 2- Austin Police Department (APD) Collection/Testing (After Business Hours, M-F) Using Vendor Fixed Collection Site **Please**
Provide Your Company's After Business Hours: _____ to _____

2.1	Urine specimen collection: 5 Panel plus Ecstasy, Laboratory Analysis & MRO Review	65/year	\$ _____	\$ _____
2.2	Urine specimen collection: Other Opiate (every 3rd test, random) Laboratory Analysis & MRO Review	1/year	\$ _____	\$ _____
2.3	Breath Alcohol Testing	1/year	\$ _____	\$ _____
2.4	Steroid Panel: Anabolic Steroid	1/year	\$ _____	\$ _____
2.5	Blood Specimen Collection, Laboratory Analysis & MRO Review	1/year	\$ _____	\$ _____
SUBTOTAL Category 2				\$ _____

Category 3- Austin Police Department (APD) Collection/Testing (Weekends and Holidays-24 hours) Using Vendor Fixed Collection Site

3.1	Urine specimen collection: 5 Panel plus Ecstasy, Laboratory Analysis & MRO Review	20/year	\$ _____	\$ _____
3.2	Urine specimen collection: Other Opiate (every 3rd test, random) Laboratory Analysis & MRO Review	1/year	\$ _____	\$ _____
3.3	Breath Alcohol Testing	1/year	\$ _____	\$ _____
3.4	Steroid Panel: Anabolic Steroid	1/year		
3.5	Blood Specimen Collection, Laboratory Analysis & MRO Review	1/year	\$ _____	\$ _____
SUBTOTAL Category 3				\$ _____

Category 4- Austin Fire Department (AFD) Collection/Testing (Normal Business Hours, M-F) Using Vendor Fixed Collection Site **Please**
Provide your Company's Normal Business Hours: _____ to _____

4.1	Urine specimen collection: 5 Panel, Laboratory Analysis & MRO Review	300/year	\$ _____	\$ _____
4.2	Breath Alcohol Testing	10/year	\$ _____	\$ _____
SUBTOTAL Category 4				\$ _____

Category 5- Austin Fire Department (AFD) Collection/Testing (After Business Hours, M-F) Using Vendor Fixed Collection Site **Please**
Provide Your Company's After Business Hours: _____ to _____

5.1	Urine specimen collection: 5 Panel, Laboratory Analysis & MRO Review	15/year	\$ _____	\$ _____
5.2	Breath Alcohol Testing	10/year	\$ _____	\$ _____
SUBTOTAL Category 5				\$ _____
Category 6- Austin Fire Department (AFD) Collection/Testing (Weekends and Holidays-24 hours) Using Vendor Fixed Collection Site				
6.1	Urine specimen collection: 5 Panel, Laboratory Analysis & MRO Review	10/year	\$ _____	\$ _____
6.2	Breath Alcohol Testing	10/year	\$ _____	\$ _____
SUBTOTAL Category 6				\$ _____
Category 7- Austin Travis County Emergency Medical Services (ATCEMS) Collection/Testing (Normal Business Hours, M-F) Using Vendor Fixed Collection Site Please Provide your Company's Normal Business Hours: _____ to _____				
7.1	Urine specimen collection: 7 panel plus Fentanyl and Oxycodone, Laboratory Analysis & MRO Review	350/year	\$ _____	\$ _____
7.2	Breath Alcohol Testing	80/year	\$ _____	\$ _____
7.3	Saliva Testing: 7 panel +3	350/year	\$ _____	\$ _____
SUBTOTAL Category 7			\$ _____	\$ _____
Category 8- Austin Travis County Emergency Medical Services (ATCEMS) Collection/Testing (After Business Hours, M-F) Using Vendor Fixed Collection Site Please Provide Your Company's After Business Hours: _____ to _____				
8.1	Urine specimen collection: 7 panel plus Fentanyl and Oxycodone, Laboratory Analysis & MRO Review	60/year	\$ _____	\$ _____
8.2	Breath Alcohol Testing	60/year	\$ _____	\$ _____
8.3	Saliva Testing: 7 panel +3	60/year	\$ _____	\$ _____
SUBTOTAL Category 8			\$ _____	\$ _____
Category 9- Austin Travis County Emergency Medical Services (ATCEMS) Collection/Testing (Weekends and Holidays-24 hours) Using Vendor Fixed Collection Site				
9.1	Urine specimen collection: 7 panel plus Fentanyl and Oxycodone, Laboratory Analysis & MRO Review	100/year	\$ _____	\$ _____
9.2	Breath Alcohol Testing	40/year	\$ _____	\$ _____
9.3	Saliva Testing: 7 panel +3	100/year	\$ _____	\$ _____
SUBTOTAL Category 9				\$ _____
Category 10- Expert Witness per hour				
10.1	Expert Witness(es)	1/hour	\$ _____	\$ _____
SUBTOTAL Category 10				\$ _____
Category 11- Specimen Testing				
11.1	Blind Specimen Testing	4/year	\$ _____	\$ _____
11.2	Split Specimen Testing	5/year	\$ _____	\$ _____
SUBTOTAL Category 11				\$ _____
Category 12- Other Costs				
12.1	Itemized administrative costs (items not included above): Bidder is to attach a separate sheet with items included in the category		\$ _____	\$ _____
12.2	Itemized other direct costs (items not included in 13.1 above): Bidder is to attach a separate sheet with items included in this category.		\$ _____	\$ _____
SUBTOTAL Category 12				\$ _____
TOTAL Evaluation Section A (Category 1-13)			\$ _____	

SECTION B - Collection Facilities, Collection Procedures, Reporting, Random Drug Testing (19 Points)

2	On a separate document, please submit a description of procedures for collection, laboratory analysis, reporting and review of test results, method of random selection, and MRO procedures. List of collection facilities including, staffing levels, addresses and hours of operation. Bidder may be asked to provide a tour of each facility. Name(s) of contracted laboratory services and copies of certifications. Describe mobile unit or equivalent capability for accident sites.
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SECTION C - Experience and Personnel (20 Points)

3	On a separate document, please submit current certification for BATs; proof of credential and training certifications for MRO to include all relative medical training and background and applicable experience; resumes of all professional and technical staff providing services under this contract; and company background investigation policy of bidder and subcontractors.
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SECTION D - LOCAL BUSINESS PRESENCE (10 POINTS)
See Section 0605 of the solicitation package

FOR INFORMATIONAL PURPOSES ONLY

1	THE CITY MAY WISH TO PURCHASE ADDITIONAL ITEMS OR SERVICES FROM THE SUCCESSFUL BIDDER IN THE FUTURE. On a separate document, please provide the pricing structure you will offer the City for any tests not listed on this bid sheet or not known at this time.			
2	On-site (at the scene of an accident) Blood Testing	1	\$ _____	\$ _____
3	On-site (at the scene of an accident) Breath Alcohol Testing	1	\$ _____	\$ _____
4	If a City employee tests positive during initial screening, a second test of the specimen may be performed at employee's physician's office. In order to ensure the integrity of the sample, personnel from the Contractor shall accompany the employee to the physician's office.	1	\$ _____	\$ _____

The following documents are required to be completed and submitted with the Offer. Please check the boxes below as confirmation.

<input type="checkbox"/>	Offer Sheet
<input type="checkbox"/>	Bid Sheet (Section 0600)
<input type="checkbox"/>	Reference Sheet (Section 0700)
<input type="checkbox"/>	Non-Discrimination Certification (Section 0800)
<input type="checkbox"/>	I understand that failure to submit the completed forms above will result in disqualification of my Offer.
<input type="checkbox"/>	Local Business Presence Identification Form (Section 0605) *For an Offeror's Local Business Presence to be considered, this form must be completed and returned with the Offer.*
<input type="checkbox"/>	Addenda (if incorporated into this solicitation)

COMPANY NAME: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

PRINTED NAME: _____

EMAIL ADDRESS: _____

PHONE: _____