

## **ATTACHMENT D – BID PRICE INSTRUCTIONS & FORM**

1. In order to assist bidders in the preparation of their bids and to comply with the requirements of this solicitation, Attachment D - Bid Price Instructions & Form has been prepared. Bidders shall submit their bids using Attachment D- Bid Form and in accordance with the instructions on the form and as specified herein.
2. The Bid Form is to be completed, signed and dated by an individual who is authorized to bind the bidder to the unit price as noted on Attachment D - Bid Price Instructions & Form.
3. For purposes of determining the most favorable bid price (as referenced in COMAR 21.05.02.13), Bids will be based on the lowest total price submitted.
4. No taxes, surcharges, or fees of any type, kind, or amount whatsoever may be added to the unit price contracted.
5. Do not change or alter the Attachment D bid form in any way to include conditions otherwise your bid will be rejected.
6. Bids shall be typewritten or written legibly in ink. All erasures shall be initialed in ink by the signer.

**ATTACHMENT D-PRICE BID FORM**

**PRICE BID FORM - FTDTL DRUG TESTING SERVICES**

<b><u>DRUG TESTING PRICES</u></b>	<b><u>ESTIMATED UNITS PER YEAR*</u></b>	<b><u>BID PRICE PER UNIT**</u></b>	<b><u>ESTIMATED TOTAL ANNUAL PRICE</u></b>
<i>PRICE PER INITIAL IMMUNOASSAY SCREENING (See 2.2.1)</i>	<i>6900* x</i>	<i>(Bid Price A) _____ = _____</i>	<i>(Est. Annual Total Bid Price A)</i>
<i>PRICE PER GC/MS CONFIRMATION (See 2.2.1)</i>	<i>350* x</i>	<i>(Bid Price B) _____ = _____</i>	<i>(Est. Annual Total Bid Price B)</i>
<i>FULLY LOADED HOURLY RATE FOR EXPERT PREPERATION &amp; TESTIMONY (See 2.2.7)</i>	<i>10* hours x</i>	<i>(Bid Price C) _____ = _____</i>	<i>(Est. Annual Total Bid Price C)</i>
<i>TOTAL EST. ANNUAL CONTRACT PRICE</i>		<i>(Bid Price D) _____ = _____</i>	<i>(Sum of Bid Prices A+B+C)</i>
<i>TOTAL EST. CONTRACT PRICE</i>		<i>Bid Price D x 2 Years = _____</i>	<i><u>(EST. 2 YR TOTAL BID PRICE E)</u></i>

*This "ESTIMATED 2 YEAR TOTAL BID PRICE E" will be compared among Bidders in order to determine the lowest Bid Price.*

*\* These Estimated Units are used for evaluation purposes only. They are not a guarantee of either a minimum or maximum number of tests or expert testimony occasions that will be needed. The contractor shall only be paid for the actual number of each test type or other unit of service listed above that is performed, at the firm unit prices bid above, subject to the Price Adjustment provision of IFB Section 2.7.*

*\*\* These Bid Prices Per Unit shall be the only amounts paid to the contractor to perform all activities required in Section 2.2 of this IFB.*

*Name of Bidder: \_\_\_\_\_ Address: \_\_\_\_\_*

*Authorized Signature & Title: \_\_\_\_\_ Typed Name of Authorized Signature \_\_\_\_\_*

*Federal Employer Identification Number: \_\_\_\_\_ eMmaryland Marketplace Vendor Number: \_\_\_\_\_*

*Receipt acknowledged for the following addenda:*

*Amendment # \_\_\_\_\_ dated \_\_\_\_\_*

*Amendment # \_\_\_\_\_ dated \_\_\_\_\_*

*Amendment # \_\_\_\_\_ dated \_\_\_\_\_*

*Amendment # \_\_\_\_\_ dated \_\_\_\_\_*

*Amendment # \_\_\_\_\_ dated \_\_\_\_\_*