

**CONTRACT DOCUMENTS
BOONE COUNTY, MISSOURI
BID NO: 39-18JUN02 – PRESCRIPTION MEDICATION TERM AND SUPPLY**

ADDENDUM #1

This addendum is issued in accordance with the Instructions to Bidders and is hereby incorporated into and made a part of the Contract Documents.

Bidders are reminded that receipt of this addendum should be acknowledged and submitted on or before the closing date and time with Bidder's original Bid Response or in a separate envelope clearly marked **Bid Number 39-18JUN02**.

Specifications for the above noted 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:

BID DOCUMENTS: CHANGE:

Replace *Response Form*, pages 10 – 11, with the attached *Response Form* printed on blue paper, revising paragraph 4.7.1., item number 2.

PLEASE NOTE: This does not change the bid opening date. Bids are due at the Boone County Purchasing Office, Johnson Building, 601 E. Walnut Street, Room 208, Columbia, Missouri, 65201-7731 no later than 1:25 p.m., Tuesday, June 18, 2002.

The bid is scheduled to be opened after 1:30 p.m. at the Boone County Purchasing Office, Johnson Building 601 E. Walnut, Room 213, Columbia, Missouri 65201-7731

By: _____
**Melinda Bobbitt, CPPB
Director of Purchasing**

BIDDER has examined copies of Addendum #1 to Bid Request Number 39-18JUN02 – Prescription Medication Term and Supply, receipt of which is hereby acknowledged:

Company Name _____

Address _____

Phone Number _____

Authorized Representative _____

4.

Response Form – Submit three (3) complete copies of your Response in a single sealed envelope, clearly marked on the outside, left corner with your company name and return address, the proposal number and the due date and time.

4.1. Company Name:

4.2. Address:

4.3. City/Zip:

4.4. Phone Number:

4.5. Fax Number:

4.6. Federal Tax ID:

4.6.1. () Corporation

() Partnership - Name _____

() Individual/Proprietorship - Individual Name _____

() Other (Specify) _____

4.7. 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.

4.7.1.

<i>ITEM</i>	<i>DESCRIPTION</i>	<i>UNIT PRICE</i>
1.	Name Brand Drugs: % Discount off of Average Wholesale Price	AWP minus Discount _____%
2.	Generic Drugs: % Discount off of Average Wholesale Price (AWP), or Medicaid Maximum Allowable Cost (MAC), whichever is less	AWP minus Discount _____%
3.	Dispensing Fee Per Prescription (Maximum of \$4.00)	\$ _____
4.	OTC Drugs % Discount off List Price	_____ %
5.	Consultation Hourly Fee	\$ _____/hour

4.7.2.

Price List Utilized for Pricing _____

4.7.3.

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:

4.7.4.

Describe your policy and formula used to credit the Sheriff’s Department for all unused and returned pharmaceuticals. Restocking fees must be included as part of the dispensing fee.

4.7.5. _____
Service to start within _____ calendar days after receipt of *Notice to Proceed* and
Purchase Order

4.7.6. **Emergency Twenty-Four Hour Service Contact:**

4.7.6.1. Name: _____

Telephone Number: _____

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

4.9. The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with the specifications, instructions and general conditions of bidding which have been read and understood, and all of which are made part of this order.

Authorized Representative (Sign By Hand):

Type or Print Signed Name:

Today's Date: _____
