



**Office of State Courts Administrator  
P.O. Box 104480  
2112 Industrial Drive  
Jefferson City, Missouri 65110- 4480**

**CONTRACT RENEWAL 005  
CONTRACT NO. OSCA-11-029-23  
TITLE: Drug/Alcohol Testing Equipment  
and Services  
ISSUE DATE: April 25, 2016**

**CONTACT: Beth Rodeman  
PHONE NO.: (573)522-2617  
FAX NO.: (573) 522-6152  
E-MAIL: [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov)**

**RETURN PROPOSAL NO LATER THAN: May 25, 2016**

**RETURN RENEWAL VIA FAX OR E-MAIL TO THE CONTACT ABOVE, OR BY MAIL TO:**

**(U.S. Mail)  
Office of State Courts Administrator  
Attn: Contract Unit  
PO Box 104480  
Jefferson City Mo 65110 - 4480**

or

**(Courier Service)  
Office of State Courts Administrator  
Attn: Contract Unit  
2112 Industrial Dr.  
Jefferson City Mo 65109**

**MAILING INSTRUCTIONS:** Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope.

**CONTRACT PERIOD: JULY 1, 2016, THROUGH JUNE 30, 2017**

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions of the Request for Proposal. The contractor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the contractor and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE 5-13-16
PRINTED NAME Abby Bonless		TITLE Director of Marketing
COMPANY NAME D-TAP The Drug Test Awareness Program		
MAILING ADDRESS 601 Business Loop 70 W, Ste. <del>210</del> 204		
CITY, STATE, ZIP Columbia, MO 65203		
E-MAIL ADDRESS client@drugtestawareness.com		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 888-230-7424	FAX NUMBER 888-697-9627	

**NOTICE OF AWARD (OSCA USE ONLY)**

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS. <i>In its entirety as submitted.</i>		
CONTRACT NUMBER OSCA 11-029-23	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
CONTRACTS MANAGEMENT ANALYST 	DATE 6/30/16	DEPUTY STATE COURTS ADMINISTRATOR 

**CONTRACT RENEWAL 005 to OSCA 11-029-23**  
**TITLE: DRUG/ALCOHOL TESTING EQUIPMENT AND SERVICES**  
**CONTRACT RENEWAL PERIOD: JULY 1, 2015 THROUGH JUNE 30, 2016**

The Office of State Courts Administrator desires to renew the above referenced contract.

Due to budget shortfalls, the Office of State Courts Administrator (OSCA) requests there not be any increase in cost for this contract period.

A completed Pricing Page and, if providing collection services an Exhibit A, attached below, and any additional required supporting documents, *must* be returned with the completed and signed cover page of this renewal document prior to full execution by OSCA.

To be a contracted collector for the court, all individuals must adhere to the revised Missouri Collector Standards (**Attachment A**). Recent changes are highlighted yellow within the document. Renewals must include a completed revised Collector Guideline Acceptance Form (**Exhibit A**) for each individual who collects urine specimens for drug testing purposes.

By completing, signing and returning Exhibit A with your renewal documents, you, as well as each collector, are verifying you have read and will abide by these Missouri Guidelines for Drug/Alcohol Collections.

An updated copy of the Background Check Procedures, **Attachment B** to the RFP, is provided below.

All other terms, conditions and provisions of the previous contract period shall remain the same and apply hereto. The Contractor shall sign and return this document, along with the renewal pricing page.

PRICING PAGE

The contractor shall provide the pricing information for each product and/or service to be provided in accordance with the contract. All costs associated with providing the products and/or services required herein shall be included in the prices.

PRICE: The contractor shall provide a listing of each product and/or service with a firm, fixed price for each product and/or service.

*More lines may be added, if needed.*

<u>Instant Drug Test 10 panel</u>	Product name	\$ <u>29.00</u>	firm, fixed price per each unit
<u>5+10 panel Lab Drug Test</u>	Product name	\$ <u>43.00</u>	firm, fixed price per each unit
<u>Comp. Anabolic Steroid Test</u>	Product name	\$ <u>130.00</u>	firm, fixed price per each unit
<u>Synth. Cannabinoids Drug Test</u>	Product name	\$ <u>60.00</u>	firm, fixed price per each unit
<u>EtG Alcohol Test (detect 80 hrs after)</u>	Product name	\$ <u>45.00</u>	firm, fixed price per each unit
<u>5panel Hair Foll. + Ext Opiate S</u>	Product name	\$ <u>155.00</u>	firm, fixed price per each unit
<u>Legal + Immig. DNA testing</u>	Product name	\$ <u>369.00</u>	firm, fixed price per each unit
<u>AlcoScreen (saliva screen test) 24/case</u>	Product name	\$ <u>\$80.00</u>	firm, fixed price per each unit
<u>Quantisal (saliva roll w/ vol. adeq. indic.)</u>	Product name	\$ <u>N/A</u>	firm, fixed price per each unit
<u>On-site Collection</u>	Product name	\$ <u>70.00</u>	firm, fixed price per each unit
<u>Transportation fee</u>	Product name	\$ <u>.55 per mile</u>	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit
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_____	Product name	\$ _____	firm, fixed price per each unit
_____	Product name	\$ _____	firm, fixed price per each unit



COLLECTOR SERVICES PRICING

Firm, fixed price for collector services performed \$ 15.00 per hour  
\$ 10.00 per test

The Contractor should quote a price per hour or per test. Only one will be accepted. The price shall not change during the contract period.

For the following county and circuit:

County: BOONE Circuit: \_\_\_\_\_

County: \_\_\_\_\_ Circuit: \_\_\_\_\_

Exhibit A

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 11-029-23

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

- I am a commissioned law enforcement officer by the state of Missouri.*
- I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.*

*I am not a commissioned officer.*

I have provided a completed background check, and

I have registered with the Family Care Safety Registry (FCSR), *and I have provided a copy of the results of the FCSR background screening results*

Abby Bayless  
Collector Printed name

[Signature]  
Signature

5/13/16  
Date

*The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.*

\_\_\_\_\_  
Drug Court Judge/Coordinator

\_\_\_\_\_  
Circuit

\_\_\_\_\_  
Date