



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

**CONTRACT RENEWAL 002  
RFP NO. OSCA-11-029  
TITLE: Drug/Alcohol Testing Equipment  
and Services  
ISSUE DATE: March 21, 2013**

**CONTACT: Russell Rottmann  
PHONE NO.: (573)522-6766  
E-MAIL: osca.contracts@courts.mo.gov**

**RETURN PROPOSAL NO LATER THAN: April 11, 2013**

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

**RETURN PROPOSAL TO:**

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

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

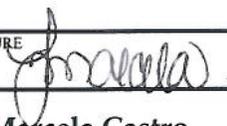
**CONTRACT PERIOD: JULY 1, 2013 THROUGH JUNE 30, 2014**

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

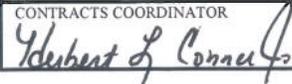
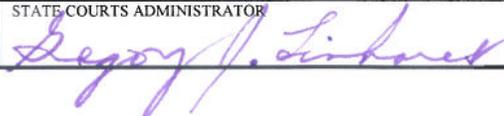
**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

The vendor 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 Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor 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 vendor and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE	03/18/2013
PRINTED NAME Marcela Castro		TITLE Customer Service	
COMPANY NAME Germaine Laboratories			
MAILING ADDRESS 11030 Wye Drive			
CITY, STATE, ZIP San Antonio, TX 78217			
E-MAIL ADDRESS Cs1@germainelabs.com		FEDERAL EMPLOYER ID NUMBER 74-2837904	
PHONE NUMBER 210-692-4192		FAX NUMBER 210-692-4198	

**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 11-029-08	CONTRACT PERIOD July 1, 2013 through June 30, 2014	
CONTRACTS COORDINATOR 	DATE 4-15-2013	STATE COURTS ADMINISTRATOR 

**CONTRACT RENEWAL 002 to OSCA 11-029-08**

**TITLE: DRUG/ALCOHOL TESTING EQUIPMENT AND SERVICES**

**CONTRACT RENEWAL PERIOD: JULY 1, 2013 THROUGH JUNE 30, 2014**

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

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

All other terms, conditions and provisions of the contract shall remain the same and apply hereto. The contractor shall, sign and return this document with a completed pricing page on or before the date indicated.

**PRICING PAGE – RENEWAL 002**

The vendor shall provide the following information for each product and/or service to be provided in this contract. All costs associated with providing the products and services shall be included in the prices.

Prices are the same as the prices of the contract.  
Thank you.

a listing of each product and/or service with a 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
- \_\_\_\_\_ Product name \$\_\_\_\_\_ firm, fixed price per each unit

**Electronic Alcohol Monitoring**

Pricing per participant

per day: \_\_\_\_\_

per week: \_\_\_\_\_

per month: \_\_\_\_\_

Is there a minimum number of days? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate number of days: \_\_\_\_\_

Deposit or Start Up fee required? Yes \_\_\_\_\_ How much? \_\_\_\_\_ No \_\_\_\_\_

Please list system requirements, such as single land phone line, water resistance, range of coverage etc:

\_\_\_\_\_

Please list counties for which you will provide this service: