

# COOPERATIVE BID FORM

Bid Name: Occupational Health Services 2018

**INSTRUCTIONS:** Bidders **MUST** fill out this form as part of the bidding process and attach to your bid response to Jefferson County, Missouri.

## COOPERATIVE PROCUREMENT CONTRACT

This is a cooperating supply contract in accordance with Chapter 130, Section 130.020, K.S., of the Procurement Policy and Procedures, Jefferson County Code of Ordinances.

**Will you extend bid prices, cash terms, and all other terms and conditions of any contract resulting from this bid with Jefferson County, Missouri, to any Jefferson County, Missouri, Municipality, government agency, district, sub-district or other tax-supported entity?**

Yes X No \_\_\_\_\_

Although agreeing to the extension of the terms of this contract to municipalities or other tax-supported entities, *is not a prerequisite for award*, Jefferson County, Missouri, may take this factor into consideration if the bids are received, in addition to the normal Terms and Conditions of the Invitation for Bid, enclosed herewith as a part of this bid.

**Bidders are encouraged to extend contract prices to Municipalities and any other tax-supported entities.**

If agreeable to the above, state the **minimum** dollar value *per order* you will require from a municipality or any other tax-supported entity (**this shall not apply to Jefferson County, Missouri Government, Departments or Divisions**):

MINIMUM DOLLAR VALUE PER ORDER: \$ neg

BY: Kim Vance

TITLE: Manager

COMPANY: Mercy Corp Health

### CONTACT INFORMATION FOR COOPERATIVE AGREEMENT

Phone 636 933 1670 E-mail Kimberly.vance@mercy.net

**THIS FORM WILL BECOME PART OF THE BID DOCUMENT PACKAGE SUBMITTED TO JEFFERSON COUNTY, MISSOURI**

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### COOPERATIVE BID FORM

**Bid Name:** OCCUPATIONAL HEALTH SERVICES 2018 #17-0092

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MINIMUM DOLLAR VALUE PER ORDER: \$ See Price Sheet

DocuSigned by:  
**BY:** John R. Anderson, DO, FACOEM  
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**TITLE:** John R. Anderson, DO, Assistant Corporate Secretary

**COMPANY:** Occupational Health Centers of Kansas, P.A., dba Concentra Medical Centers

**CONTACT INFORMATION FOR COOPERATIVE AGREEMENT**

Phone 314-791-0617 E-mail VFrerichs@Concentra.com

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