



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

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County Office Building
302 N. Chicago Street
Joliet, IL 60432

September 5, 2025

To Whom It May Concern:

You are invited to submit your bid to provide Medical Products for the Sunny Hill Nursing Home, 421 Doris Ave., Joliet, IL. 60433. The contract period will commence December 1, 2025, through November 30, 2026, with two (2) one (1) year optional renewals.

A 10% Bid Bond or Cashier's Check made payable to the Will County Treasurer must accompany your bid, or it will not be considered. Money Orders or Company checks will not be accepted.

Bids will be received in the Purchasing Department, 2nd floor, Will County Office Building, 302 North Chicago Street, Joliet, IL. 60432, not later **than 11:00 A.M., "as so indicated by the time stamp clock of Will County", Thursday, September 25, 2025.**

Bids will be publicly opened and read by the Will County Executive or her representative at **11:05 A.M., Thursday, September 25, 2025,** at the same location.

The bidder acknowledges the right of the County of Will to reject all bids, and to waive non-material informality or irregularity in any bid received as may be specified in the solicitation.

Should you have any questions regarding this bid, please send them in writing via email to the Will County Purchasing Department at purchasing@willcounty.gov

We welcome your bid.

Sincerely,

Kevin Lynn

Kevin Lynn
Purchasing Director

**ADVERTISEMENT OF BID
MEDICAL PRODUCTS FOR
SUNNY HILL NURSING HOME
JOLIET, IL.**

SEALED BIDS TO PROVIDE MEDICAL PRODUCTS FOR THE SUNNY HILL NURSING HOME, JOLIET, IL. WILL BE RECEIVED AT THE WILL COUNTY PURCHASING DEPARTMENT, WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., JOLIET, IL 60432, UNTIL THE HOUR OF 11:00 A.M., THURSDAY, SEPTEMBER 25, 2025. BIDS WILL BE PUBLICLY OPENED AND READ BY THE WILL COUNTY EXECUTIVE OR HER REPRESENTATIVE AT 11:05 A.M., THURSDAY, SEPTEMBER 25, 2025, AT THE WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., 2ND FLOOR JOLIET, IL., 60432.

SPECIFICATIONS AND CONDITIONS OF THE BID ARE AVAILABLE AT www.demandstar.com, www.willcounty.gov AS WELL AS THE PURCHASING DEPARTMENT, 2ND FLOOR, WILL COUNTY OFFICE BUILDING, 302 N CHICAGO ST., JOLIET, IL 60432, EMAIL purchasing@willcounty.gov.

THE TENDERING OF A BID TO THE COUNTY SHALL BE CONSTRUED AS ACCEPTANCE OF THE SPECIFICATIONS. THE COUNTY OF WILL RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS OR PROPOSALS RECEIVED IN WHOLE OR IN PART.

BY ORDER OF THE WILL COUNTY EXECUTIVE JENNIFER BERTINO-TARRANT

**INSTRUCTIONS TO BIDDERS
MEDICAL PRODUCTS FOR
THE SUNNY HILL NURSING HOME
JOLIET, IL.**

GENERAL SPECIFICATIONS

Sealed bids are invited to provide Medical Products for the Sunny Hill Nursing Home, Joliet, IL. The contract period will commence December 1, 2025, through November 30, 2026, with two (2) one (1) year optional renewals.

BIDS:

Bids will be received in the Purchasing Department, 2nd floor, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432, **not later than 11:00 A.M., Thursday, September 25, 2025, “as so indicated by the time stamp clock of Will County”**.

BIDS RECEIVED AFTER THIS TIME WILL NOT BE ACCEPTED.

Sealed bids will be publicly opened and read aloud by the Will County Executive or her representative at **11:05 A.M., Thursday, September 25, 2025** at the Will County Office Building, 302 N. Chicago St., 2nd FLR. Joliet, IL. 60432.

Bids must be made in accordance with the instructions contained herein.

Bid Forms shall be completely filled out and the format must not be different from that on the bid form, and shall not be detached from this binding. The **complete set of Contract Documents shall be submitted with the bid in triplicate with ONE ORIGINAL, TWO COPIES, AND ONE DIGITAL COPY ON AN ELECTRONIC STORAGE DEVICE, CLEARLY MARKED.**

All Bid Forms and Specifications as attached hereto shall be used to form the Contract for the work to be performed. Bids shall be submitted on the forms furnished by the County of Will in a sealed package, plainly marked, with the bidder's name and address and the notation:

SEALED BID: 2026-10 MEDICAL PRODUCTS

BID DUE: 11:00 A.M., Thursday, September 25, 2025

Bids shall be addressed to the Will County Purchasing Department, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432.

SIGNATURE OF BIDS:

The signature on bid documents shall be that of an authorized representative of bidder. An officer or agent of the offering bidder who is empowered to bind the bidder in a Contract shall sign the proposal and any clarifications to that proposal.

Each bidder, by making and signing his bid, represents that he has read and understands the bidding documents. **Any bid not containing said signed documents shall be non-conforming and shall be rejected.**

BIDDING PROCEDURES:

1. All bids must be prepared on the forms provided by the County and submitted in triplicate, with **ONE ORIGINAL, TWO COPIES, AND ONE DIGITAL COPY ON AN ELECTRONIC STORAGE DEVICE, CLEARLY MARKED,** in accordance with the instructions to bidders.
2. A bid is invalid if it has not been deposited at the designated location prior to the time and date for receipt of bids indicated in the Advertisement for Bids or prior to any extension thereof issued to the bidders.
3. Unless otherwise provided in any supplement to the instructions to bidders, no bidder shall modify, withdraw or cancel his bid or any part thereof for ninety (90) days after the time designated for the receipt of bids in the Advertisement for Bids.
4. Changes or corrections may be made in the bid documents after they have been issued and before bids are received. In such cases a written addendum describing the change or correction will be issued by the County of Will to all bidders recorded by the County of Will as having received the bidding documents and will be available for inspection wherever issued. Such addendum shall take precedence over that portion of the documents concerned, and shall become part of the bid documents. Except in unusual cases, such an addendum will be issued to reach the bidders at least five (5) days prior to date established for receipt of bids.
5. Each bidder shall carefully examine all bid documents and all addenda thereto, and shall thoroughly familiarize themselves with the detailed requirements thereof prior to submitting a proposal. Should a bidder find discrepancies or ambiguities in, or omissions from documents, or should they be in doubt as to their meaning, they shall, at once, and in any event, not later than seven (7) days prior to bid due date, notify the County of Will, who will, if necessary, send a written addendum to all bidders. The County of Will will not be responsible for any oral instructions. All inquiries shall be directed to the Will County Purchasing Department via email at purchasing@willcounty.gov. After sealed bids are received, the bidder will make no allowance for oversight.

REJECTION OF BIDS:

The bidder acknowledges the right of the County of Will to reject any or all bids, to waive any non-material informality or irregularity in any bid received, and to accept the bid deemed most favorable to the interest of the County of Will after all bids have been examined and evaluated. In addition, the bidder recognizes the right of the County of Will to reject a bid if the bid is in any way incomplete or irregular.

BID SECURITY:

A 10% Bid Bond or Cashier's Check made payable to the Will County Treasurer shall accompany each bid, attached to the front cover, as a guarantee that if the bid is accepted, a Contract will be entered into. **Money Orders or Company checks will not be accepted.** The unsuccessful bidders' checks will be returned after the County has awarded the bid.

The bid bond or cashier's check of the successful bidder shall be retained by the County of Will until bid is complete. The bid bond will be returned with contract completion letter. The bid bond or

cashier's check of the unsuccessful bidder(s) will be returned after award of the contract has been made.

CONTRACT DURATION:

The contract is to commence December 1, 2025, and extend through November 30, 2026. The County Executive, at its sole discretion, reserves the right to extend the contract for two (2) optional one (1) year contracts.

NO BIDS:

Those who wish not to bid this project please return your bid plainly marked "**NO BID**" so your company's name stays on our bidder list. If you choose not to reply your name will be removed and no future bids will be automatically sent to you.

PRIME CONTRACTOR CERTIFICATION:

Included in this bid package is a prime contractor certification form. This form must be filled out and returned with your bid package or it will not be accepted.

ADVERTISEMENTS:

The bidder shall not place or maintain any signs, bills, posters, or other advertisements in on or about the building, except by written permission of County.

WORDS AND FIGURES:

Where amounts are given in both words and figures, the words shall govern. If the amount is not written in words the unit cost will take precedence over the extended price in case of a discrepancy in the multiplication.

NON-DISCRIMINATION:

The bidder shall at all times observe and comply with all laws, statutes, regulations or the like relating in any way to civil rights including but not limited to the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq.

DEFAULT:

In case of default by the successful bidder, the County of Will may procure the articles or services from other sources and may deduct from the unpaid balance due the successful bidder any of its costs resulting from the default, or may collect against the bond or surety for excess costs so paid, and the prices paid by the County of Will shall be considered the prevailing market price at the time such articles or services are procured.

Will County reserves the right to cancel the contract if the bidder fails to perform the work required in the bid specifications after efforts to resolve any problems have been unsuccessful.

PRICES & QUANTITIES:

Prices quoted for the Original Contract Period of twelve (12) months, from December 1, 2025, through November 30, 2026, and prices quoted for any subsequent renewals subject to County approval shall

remain in effect throughout the respective Contract Periods. Consideration will be given to the bidder that offers an additional percentage discount if awarded the bid in its entirety and is found to be low bidder overall. Quantities are based on last year's usage and are approximate figures. Quantities may vary.

If County extends the optional renewal for year(s) two and/or three, and no percentage of increase has been listed on the bid form, the original first year rates will apply.

TAX EXEMPTION:

The County of Will is exempt from Federal, State and Municipal Taxes.

CHOICE OF LAW AND VENUE:

Any cause of action related to this bid, or contract related thereto, shall be governed by the laws of the State of Illinois without regard to conflict of law provisions. Venue for any cause of action related to this bid, or any contract related thereto, shall be in the Twelfth Judicial Circuit, Will County, Illinois.

ILLINOIS FREEDOM OF INFORMATION ACT:

Any and all submissions to the County of Will become the property of the County of Will and these and any late submissions will not be returned. Your proposal will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless you request in your proposal that we treat certain information as exempt. We will not honor requests to exempt entire proposals. You must show the specific grounds in FOIA or other law or rule that support exempt treatment. If you request exempt treatment, you must submit an additional copy of the proposal with exempt information deleted. This copy must tell the general nature of the material removed and shall retain as much of the proposal as possible. In the event the County of Will receives a request for a document submitted, the County of Will shall provide notice to contractor as soon as practicable. Regardless, contractor will be responsible for any costs or damages associated with defending your request for exempt treatment. Furthermore, contractor warrants that County of Will's responses to requests for a document submitted that is not requested to be exempt will not violate the rights of any third party.

Please be advised that if your proposal is accepted by the County of Will all related records maintained by, provided to, or required to be provided to the County of Will during the contract duration are subject to FOIA. In the event the County of Will receives a request for a document relating to contractor, its provision of services, or the arranging for the provision of services, the County of Will shall provide notice to contractor as soon as practicable and, within the period available under FOIA, contractor may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment. Furthermore, contractor will warrant that County of Will's responses to requests for a document relating to contractor, its provision of services, or the arranging for the provision of services, or the arranging for the provision of services, will not violate the rights of any third party.

Please be advised also that FOIA provides that any record in the possession of a party with whom the County of Will has contracted to perform a governmental function on behalf of the County of Will, and that directly relates to the governmental function and is not otherwise exempt under FOIA is considered a public record of the County of Will for purposes of FOIA.

5 ILCS 140/7(2). As such, upon request by the County of Will (or any of its officers, agents, employees or officials), the contractor shall provide to the County of Will at no cost and within the timeframes of FOIA a copy of any "public record" as required by FOIA and in compliance with the

provisions of FOIA. After request by the County of Will, contractor may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment.

AWARDING OF BID:

Due to economic reasons this bid may be awarded in whole or in part split between no more than 3 bidders who have the lowest prices by line item. However, as stated above consideration will be given to the bidder that offers an additional percentage discount if awarded the bid in its entirety and is found to be low bidder overall.

The bidder acknowledges the right of the County of Will to reject any bids in whole or in part not in compliance with the request for bids and the right to waive any non-material informalities or irregularities for any bid received and to accept the lowest responsible, responsive bid after all bids have been examined and evaluated, and/or to determine not to proceed to contract on any particular bid.

The award will be based on the lowest responsible bid for the totals of the initial 12-month contract period and the two (2) optional one (1) year contracts. The bid is expected to be awarded By November 1, 2025.

SUBMITTAL REQUIREMENTS:

Each of the following items shall be submitted by the bid time mentioned herein in order that the bid will be considered:

1. Bid Bond or Cashier's Check
2. **Signed** Copy of Prime Contractor Certification
3. **Signed** Bid Form
4. **Signed** Receipt of Addenda Form
5. Completed Reference Form

PRIME CONTRACTOR CERTIFICATION

The undersigned hereby certifies that _____

Company Name

is not barred from contracting with any unit of State or local government as a result of a violation of either Section 33E-3 or 33E-4 of the Criminal Code of 1961.

Representative of Company

Title

Signature

Date

Note: A person who makes a false certificate commits a Class 3 Felony.

Sections 33E-3 and 33E-4 provide as follows:

33E-3. Bid-rigging. A person commits the offense of bid-rigging when he knowingly agrees with any person who is, or but for such agreement would be, a competitor of such person concerning any bid submitted or not submitted by such person or another to a unit of State or local government when with the intent that the bid submitted or not submitted will result in the award of a contract to such person or another and he either (1) provides such person or receives from another information concerning the price or other material term or terms of the bid which would otherwise not be disclosed to a competitor in an independent noncollusive submission of bids or (2) submits a bid that is of such a price or other material term or terms that he does not intend the bid to be accepted.

Bid rigging is a Class 3 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be barred for 5 years from the date of conviction from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) of Section 5-4 of this Code.

33E-4 Bid rotating. A person commits the offense of bid rotating when, pursuant to any collusive scheme or agreement with another, he engages in a pattern over time (which, for the purposes of this Section, shall include at least 3 contract bids within a period of 10 years, the most recent of which occurs after the effective date of this amendatory Act of 1988) of submitting sealed bids to units of State or local government with the intent that the award of such bids rotates, or is distributed among, persons or business entities which submit bids on a substantial number of the same contracts. Bid rotating is a Class 2 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be permanently barred from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) **of Section 5-4 of this Code.**

Possible violations of Section 33 can be reported to the Office of the Will County State's Attorney at (815) 727-8453.

MEDICAL PRODUCTS BID SPECS

SCOPE OF WORK:

It is the intention of the County of Will to request bids for Medical Products for the Sunny Hill Nursing Home, 421 Doris Avenue, Joliet, IL, a 160-bed skilled and intermediate nursing facility operated by the County of Will.

Delivery Days:

Delivery will be once a week on Thursday (first choice) Friday (second choice)

DELIVERY TIME:

Between 8:00 a.m. and 11:15 a.m. on scheduled delivery days.
No delivery between the hours of 11:15 a.m. and 12:45 a.m.

DELIVERY LOCATION:

Items are to be delivered directly to nursing storeroom on the lower level, through the facility's back loading door.

ITEM DELIVERY NEEDS:

- The Medical Company will be provided with a listing of supplies that is reflective of the facility's weekly needs.
- Supplies must be delivered on a truck with a lift gate; Sunny Hill does not have a dock.
- Must be able to deliver supplies to designated area.
- Supply medical products for emergencies
- Submit in writing what the product differences are and why they are different
- Enter your maximum percentage of increase for year 2 and 3 on the attached bid form.
- **Any freight charges should be included in pricing.**

Quantities of supplies may vary based on individual resident needs and census. Additional products (related items) that are not mentioned in the bid may be purchased as needed.

Each item will have the estimated yearly usage, packaging and case count of what we are currently using. Please provide us with the item unit price as well as a price per case the packaging & case count and a description of each item you are bidding on as indicated on our bid form. There is a space on each line below the item description to insert your product information any other information you feel will help us in evaluating your bid. This bid may be awarded in whole or in part by line item.

The County may elect to use the renewal option clause for the second and third year. The renewals are for a one-year contract period that will be negotiated with the bidder not to exceed the percentage of increase you enter on the attached bid form. It will then be submitted to get approval by the County Executive. Quantities are based on last year's usage and are approximate figures quantities may vary based upon individual resident usage and facility census, quantities shown are for a twelve (12) month period.

Medical Products Item List

Item #	Item	Specification
1	Anti-embolism stockings	<p>Description:</p> <ul style="list-style-type: none"> • 2 types used: knee length and thigh length • 18mmHg compression • Nylon, latex free • Full foot with open toe for inspection • Two-way stretch for maximum comfort and support • Wide range of sizes • Contoured seamless construction • Bands minimize slippage without constricting circulation <p>Packaging: 1 pair to package Usage: Dependent on resident need – approximately 1 pair per month</p>
2	Denture, Adhesive Cream	<p>Description:</p> <ul style="list-style-type: none"> • Holds dentures tight all day • Alleviates gum irritation • Screw type cap • 1.4oz size (tube) <p>Usage: 16 tubes monthly</p>
3	Denture, Cleanser Tablets	<p>Description:</p> <ul style="list-style-type: none"> • Tablet form • Individual wrapped • Antibacterial with baking soda • Stain removal properties • 40 tabs per box <p>Usage: 12 boxes monthly</p>

Item #	Item	Specification
4	Hand/Body Lotion	<p>Description:</p> <ul style="list-style-type: none"> • Disposable • Squeeze type bottle with push/pull cap • Skin moisturizer with aloe and vitamin E • 8oz bottle <p>Usage: 40 bottles monthly</p>
5	Perineal Cleanser	<p>Description:</p> <ul style="list-style-type: none"> • Disposable • Squeeze type bottle with push/pull cap • Rinse free cleanser and deodorizer • Aloe Vera • Latex free • 8 oz bottle <p>Usage: 400 bottles/month</p>
6	Mouthwash rinse	<p>Description:</p> <ul style="list-style-type: none"> • Alcohol free • Squeeze type bottle with screw on cap <p>Usage: 80 bottles a month</p>
7	Bandage, conforming	<p>Description:</p> <ul style="list-style-type: none"> • 3 inch x 5 yards per roll • Non-sterile • Stretched <p>Packaging: 12 rolls per bag Usage: 35 bags a month</p>
8	Gauze ABD	<p>Description:</p> <ul style="list-style-type: none"> • 5 inches x 9 inches • Sterile • Packaged in individual peel pack • Pad composed of cotton and cellulose combination has an absorbent center in an exterior wrapping of non-woven rayon fabric <p>Packaging: 16 per box Usage: 2 boxes a month</p>

Item #	Item	Specification
9	Sponge, gauze	<p>Description:</p> <ul style="list-style-type: none"> • 4 inches x 4 inches • Non-sterile • 8-ply <p>Packaging: 200 sponges per pack Usage: 140 packages a month</p>
10	Sponge, gauze	<p>Description:</p> <ul style="list-style-type: none"> • 4 inches x 4 inches • Sterile • 8-ply <p>Packaging: 50 per box Usage: 2 boxes a month</p>
11	Cavilon, No sting Barrier	<p>Description:</p> <ul style="list-style-type: none"> • A sting-free, alcohol-free liquid barrier film that dries quickly to form a breathable, transparent coating on the skin. Wipes designed to protect the skin from body fluids, tape trauma, and friction. • 1.0ml wipes <p>Usage: 2500 packets of wipes per month</p>
12	Cannula, oxygen	<p>Description:</p> <ul style="list-style-type: none"> • With 7 feet connecting tube with universal oxygen connector <p>Packaging: 50 per case Usage: 4 cases a month</p>
13	Nebulizer, manifold	<p>Description:</p> <ul style="list-style-type: none"> • Hand-held, high output with “T” adapter • Mouthpiece with reservoir • 7 feet oxygen tubing <p>Packaging: individually packaged Usage: 40 each a month</p>
14	Normal Saline	<p>Description:</p> <ul style="list-style-type: none"> • Sodium Chloride 0.9%, for irrigation, sterile, screw top, pour bottle • 250ml bottles <p>Usage: 240 bottles per month</p>

Item #	Item	Specification
15	Band-Aid, sheer strip	<p>Description:</p> <ul style="list-style-type: none"> • 1 inch x 3 inch • Sterile, individually wrapped strip • Each strip has an absorbent nonstick pad with long, lasting adhesive <p>Packaging: 100 per box Usage: 6 boxes a month</p>
16	Band-Aid, Sheer Strips	<p>Description:</p> <ul style="list-style-type: none"> • Sterile, individual wrapped strip • 2 inches x 4.5 inches • Each strip has an absorbent non stick pad with long lasting adhesive <p>Packaging: 50 strips per box Usage: 6 boxes a month</p>
17	Cup, soufflé	<p>Description:</p> <ul style="list-style-type: none"> • Paper • Portion cup • ¾ ounce <p>Packaging: 5000 per case Usage: 6 cases a month</p>
18	Cup, medicine	<p>Description:</p> <ul style="list-style-type: none"> • 1 ounce • Polypropylene • Graduated in teaspoon, tablespoon, cc, ml. Dram 20 • Disposable • Pliable, break resistant <p>Packaging: 5000 per case Usage: 2 cases a month</p>

Item #	Item	Specification
19	Cup, denture	<p>Description:</p> <ul style="list-style-type: none"> • Plastic • Clear lid with tight seal • Space for name and room number to be printed on cup <p>Packaging: 25 per package Usage: varies based on resident census – approximate 1 pkg per month</p>
20	Emery board	<p>Description:</p> <ul style="list-style-type: none"> • Fine to coarse grain • 2-sided • Rounded tips • 4 ½ inches x ½ inches long <p>Packaging: 100 per package Usage: 3 packages per month</p>
21	Drainage Bag, Urinary	<p>Description:</p> <ul style="list-style-type: none"> • Sterile • 2000ml bag with anti-reflux chamber/valve • Urine sampling port • 11/32 inches tubing diameter • Universal hanger fits securely on bedrails and wheelchairs <p>Packaging: 20 per case Usage: 4 case a month</p>
22	Basin, emesis	<p>Description:</p> <ul style="list-style-type: none"> • Plastic • Single use • 9 ¾ inches x 4 ½ inches • Mauve color <p>Packaging: 250 per case Usage: (estimated) 65 each a month (Based on resident census)</p>

Item #	Item	Specification
23	Basin, wash	<p>Description:</p> <ul style="list-style-type: none"> • Plastic • Minimum 7-quart capacity • Mauve color <p>Usage: 100 a month</p>
24	Deodorant, underarm	<p>Description:</p> <ul style="list-style-type: none"> • Roll-on • 1.5 ounces <p>Packaging: 96 per case Usage: 64 ea month</p>
25	Razor, fixed head	<p>Description:</p> <ul style="list-style-type: none"> • Disposable • Double edge with minimum of three (3) “serrated handle with safety cap” <p>Packaging: 50 per package Usage: 12 packages a month</p>
26	Cream, shaving	<p>Description:</p> <ul style="list-style-type: none"> • 11 ounces • Lanolin enriched <p>Usage: 33 cans a month</p>
27	Toothpaste	<p>Description:</p> <ul style="list-style-type: none"> • 1.5 ounce tube • Individually boxed <p>Packaging: 36 per case Usage: 4 cases a month</p>
28	Normal saline 0.9% 15ml	<p>Packaging: 144 per case Usage: 6 case per month</p>
29	Pack, cold instant	<p>Description:</p> <ul style="list-style-type: none"> • 3 ¾ inches x 6 inches • 50 – 55 degree Fahrenheit temperature • Enclosed in plastic bag • Squeeze to activate • Temperature constant for 20 minutes <p>Packaging: 24 per case Usage: 20 separate packs (each) a month</p>

Item #	Item	Specification
30	Optifoam basic dressing	<p>Description:</p> <ul style="list-style-type: none"> • 4x4 • 3x3 • 2x2 <p>Packaging: 50 per case Usage: 1 case each per month</p>
31	Bedpan, fracture	<p>Description:</p> <ul style="list-style-type: none"> • Plastic • Single patient use, disposable • Mauve in color <p>Packaging: 50 per case Usage: 32 each bedpans used each month</p>
32	Bedpan	<p>Description:</p> <ul style="list-style-type: none"> • Plastic • Single patient use with retaining lip, disposable • Must be nest able • Mauve in color <p>Packaging: 50 per case Usage: 50 each bedpans a month</p>
33	Clippers, toenail	<p>Description:</p> <ul style="list-style-type: none"> • 4 ½ inches in length • Hand-held metal spring and handle • Chrome plated with chain • Individually packaged <p>Packaging: 144 per case Usage: 30 clippers a month</p>

Item #	Item	Specification
34	Urinal, with cover	<p>Description:</p> <ul style="list-style-type: none"> • Plastic, disposable • Single-use • 100 cc graduation • Open handle to hang on table, chair or bedside railing, wide base • 1000 cc capacity measured to neck <p>Packaging: 50 per case Usage: 40 urinals per month</p>
35	Sharps container with lid	<p>Description:</p> <ul style="list-style-type: none"> • 5-quart size that fits into existing frame on current medical carts • “Forced” horizontal design so sharps can enter container vertically • Mailbox model • Tran. Red in color • Container must close or indicate “full” at normal capacity • Disposal door must include anti-kick back features to restrict access to contaminated sharps • Automatically drops or deposits standard sharp items into container <p>Packaging: 20 per case Usage: 35 individual containers a month</p>

Item #	Item	Specification
36	Syringe, hypodermic, insulin	<p>Description:</p> <ul style="list-style-type: none"> • Monoject 1ml • product number KEN8881511110 • 1cc with safety shield and attached needle • Needle: 29 gauge x ½ inch • Plastic • Single use • Individually packaged <p>Packaging: 100 per box Usage: 2 boxes a week</p>
37	Pads, alcohol prep, sterile	<p>Description:</p> <ul style="list-style-type: none"> • Non-woven fabric, 2 ½ inch • Saturated with 70% isopropyl alcohol • Each pad is sealed and sterilized • Easy open laminated foil packets • Must remain wet and ready to use <p>Packaging: 200 per box Usage: 50 boxes a month</p>
38	Applicator swab, mouth	<p>Description:</p> <ul style="list-style-type: none"> • Composed of 50% lemon and 50% glycerin • 3 swabs per package <p>Packaging: 25 packages per box Usage: 4 boxes a month</p>

Item #	Item	Specification
39	Toothbrush, adult	<p>Description:</p> <ul style="list-style-type: none"> • Medium bristle • 7/16 inches high for bristles • Spread closely, 3 rows in width • 9 inches in length - one tuft in center • Brush head – 1 inch in length • Strong plastic flat handle • Individually wrapped <p>Packaging: 144 per box Usage: 1 box a month</p>
40	Comb, men’s fine and coarse teeth	<p>Description:</p> <ul style="list-style-type: none"> • 7 inches in length • Black, hard plastic • Plastic handle <p>Packaging: 12 per box Usage: 7 boxes a month</p>
41	Comb, patient hair	<p>Description:</p> <ul style="list-style-type: none"> • 8 inches • For fine & coarse hair • Polished • Rounded teeth <p>Packaging: 10 or 12 per box Usage: 2 combs a month</p>
42	Comb, women’s	<p>Description:</p> <ul style="list-style-type: none"> • 8.5 inches in length x 1 inch wide • For fine & coarse hair • Hard rubber <p>Packaging: 12 per box Usage: 62 combs a month</p>

Item #	Item	Specification
43	Comb, patient hair Afro	<p>Description:</p> <ul style="list-style-type: none"> • Unbreakable black plastic • Large, widely spread teeth • Curved handle <p>Packaging: 1 per pack Usage: 20 combs a month</p>
44	Antifungal powder	<p>Packaging: 12 per box Usage: 1 box per month</p>
45	Hydrocolloid dressing (thick)	<p>Packaging: 10 per box Usage: 10 box per month</p>
46	Hydrocolloid dressing (thin)	<p>Packaging: 10 per box Usage: 10 box per month</p>
47	Applicator 6"	<p>Description:</p> <ul style="list-style-type: none"> • Stick, wood, plain • 6 inches long <p>Packaging: 1000 per box Usage: 1 box a month</p>
48	Manicure Sticks	<p>Description:</p> <ul style="list-style-type: none"> • Smooth • Beveled wood • Hoof shape <p>Packaging: 144 per box Usage: 3 boxes a month</p>
49	Hair Brush, adult	<p>Description:</p> <ul style="list-style-type: none"> • Polyethylene handle • Black nylon bristles • Seven rows with 80 tufts • Handle has comfortable grip <p>Packaging: 24 per box Usage: 6 boxes a month</p>

Item #	Item	Specification
50	Toothette, swab	<p>Description:</p> <ul style="list-style-type: none"> • Disposable foam toothbrush on a paper stick • Flavored – mint • Use with or without water <p>Packaging: 250 per box Usage: 2 boxes a month</p>
51	Straws, Flexible	<p>Description:</p> <ul style="list-style-type: none"> • Disposable • 8¼ inches • Individually wrapped • Sturdy • Flexible to keep bend at any angle <p>Packaging: 500 per box Usage: 20 boxes a month</p>
52	Tape, micro pore	<p>Description:</p> <ul style="list-style-type: none"> • Micro porous paper tape • Holds fast • Hypo allergenic • 2 inches x 10 yd. rolls <p>Packaging: 6 rolls to a box Usage: 33 boxes a month</p>
53	Shampoo Head & Body Wash	<p>Description:</p> <ul style="list-style-type: none"> • No alcohol or dyes • Enriched with Aloe Vera • Flip cap bottle • 4 ounce or greater container <p>Packaging: 48 per case Usage: 10 cases a month</p>
54	Bacitracin	<p>Description:</p> <ul style="list-style-type: none"> • First aid ointment that guards against skin infection, minor cuts and burns. • 1 gram packets <p>Usage: 1,440 individual packets per month</p>

Item #	Item	Specification
55	Mouthwash	<p>Description:</p> <ul style="list-style-type: none"> • Fresh mint taste, Must Be Alcohol Free • 4oz. bottle <p>Usage: 375 bottles a month</p>
56	A&D Ointment	<p>Description:</p> <ul style="list-style-type: none"> • To prevent and temporarily protect chaffed, chapped, and cracked skin. Provides a short-term protection on minor cuts, scrapes and burns. • 4 oz. tube <p>Usage: 260 tubes a month</p>
57	Urinary leg bag 600ml	<p>Packaging: 48 per case</p> <p>Usage: 12 case per month</p>
58	Gown isolation Protective Poly coated blue overhead isolation w/ thumb loops regular	<p>Packaging: 50 per case</p> <p>Usage: 6 case per month</p>
59	Tubigrip Elastic Tubular Bandage or Equivalent	<p>Description:</p> <ul style="list-style-type: none"> • 100% cotton • Elasticated tubular bandage • No pins or tape needed • Will not lose elasticity when washed <p>Usage:</p> <ul style="list-style-type: none"> • Size D \ 2 per month • Size E \ 2 per month • Size F \ 2 per month • Size G \ 2 per month

Item #	Item	Specification
60	Geri Sleeves or Equivalent	<p>Description:</p> <ul style="list-style-type: none"> • Comfortable protection for sensitive skin • Breathable cotton blend • Protects I.V. and wound sites • Fits arm and legs • Thumb hole cutouts keep sleeves in place while permitting full use of all fingers • Reusable and launderable <p>Usage:</p> <ul style="list-style-type: none"> • Size Medium \ 30 per month • Size Large\ 30 per month
61	Baza® Antifungal	<p>Description:</p> <ul style="list-style-type: none"> • Moisture Barrier Antifungal Cream • Zinc oxide moisture barrier cream • 5oz. tube <p>Usage: 180 tubes per month</p>
62	Baza® Protective Skin Protectant Cream	<p>Description:</p> <ul style="list-style-type: none"> • Zinc oxide based barrier with dimethicone • Provides relief from inflammation caused by rash • All-purpose skin barrier for incontinence • 5oz. tube <p>Usage: 100 tubes per month</p>



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

Medical Products – Sunny Hill Nursing Home

#2026-10

Name _____ F.E.I.N> # _____
 Address _____
 City _____ State _____ Zip _____
 Contact Person _____ Phone _____
 Email Address _____

THIS IS NOT AN ORDER

Will County Agency Name:

For additional information contact Will County Purchasing Department purchasing@willcounty.gov

The bidder proposes to provide the products and/or services in accordance with the specifications attached herein.

Bid Response Checklist

Please ensure all required documents are completed and included in bid response

- Bid Bond or Cashier's Check
- Signed** Copy of Prime Contractor Certification
- Signed** Bid Form
- Signed** Receipt of Addenda Form
- Completed Reference Form

QUANTITIES SHOWN MAY NOT BE THE STANDARD OF HOW THESE PRODUCTS ARE NORMALLY SOLD. HOWEVER, THIS WILL MAKE PRICE COMPARISON MORE ACCURATE SINCE VENDORS PACKAGING COULD VARY. PURCHASES WILL BE MADE BY THE CASE IN MOST INSTANCES. QUANTITIES ARE ESTIMATES AND COULD VARY BASED UPON INDIVIDUAL RESIDENT USAGE AND FACILITY CENSUS, QUANTITIES SHOWN ARE FOR A TWELVE (12) MONTH PERIOD.

USE THE UNIT OF MEASURE WE HAVE WITH THE QUANTITY, OTHER UNIT COSTS WILL NOT BE ACCEPTED!

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
1	ANTI-EMBOLISM STOCKINGS (estimate based on Physician's Order)	12 PR		
2	DENTURE, ADHESIVE CREAM	192 EA		
3	DENTURE, CLEANSER TABLETS	144 BX		
4	HAND/ BODY LOTION	480 EA		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
5	PERINEAL CLEANSER	4800 EA		
6	MOUTHWASH/RINSE	960 EA		
7	BANDAGE, CONFORMING	5040 RL		
8	GAUZE ABD	384 EACH		
9	SPONGE, GUAZE	336,000 EA		
10	SPONGE, GUAZE	1,200 EA		
11	CAVILON, NO STING BARRIER	30,000 EA		
12	CANNULA, OXYGEN	2,400 EA		
13	NEBULIZER, MANIFOLD	480 EA		
14	NORMAL SALINE	2,880EA		
15	BANDAID, SHEER STRIP	7,200 EA		
16	BANDAID, SHEER STRIP	3,600 EA		
17	CUP, SOUFFLÉ'	360,000 EA		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
18	CUP, MEDICINE	120,000 EA		
19	CUP, DENTURE	300 EA		
20	EMERY BOARD	3,600 EA		
21	DRAINAGE BAG, URINARY	960 EA		
22	BASIN, EMESIS	780 EA		
23	BASIN, WASH	1,200 EA		
24	DEODORANT, UNDERARM	768 EA		
25	RAZOR, FIXED HEAD	7,200 EA		
26	CREAM, SHAVING	396 EA		
27	TOOTHPASTE	1,728 EA		
28	NORMAL SALINE 0.9% 15ML	10,368 EA		
29	PACK, COLD INSTANT	240 EA		
30	OPTIFAOM BASIC DRESSING			
	4X4	600 EA		
	3X3	600 EA		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
	2X2	600 EA		
31	BEDPAN, FRACTURE	384 EA		
32	BEDPAN	600 EA		
33	CLIPPERS, TOE NAIL	360 EA		
34	URINAL, WITH COVER	480 EA		
35	SHARPS CONTAINER WITH LID	420 EA		
36	SYRINGE, HYPODERMIC, INSULIN	10,400 EA		
37	PADS, ALCOHOL PREP, STERILE	120,000 EA		
38	APPLICATOR SWAB, MOUTH	1,200 EA		
39	TOOTHBRUSH, ADULT	1,728 EA		
40	COMB, MEN'S FINE AND COARSE TEETH	1,008 EA		
41	COMB, PATIENT HAIR	744 EA		
42	COMB, WOMEN'S	744 EA		
43	COMB, PATIENT HAIR AFRO	240 EA		
44	ANTIFUNGAL POWDER	144 EA		
45	HYDROCELLOID DRESSING (THICK)	1200 EA		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
46	HYDROCOLLOID DRESSING (THIN)	1200 EA		
47	APPLICATOR 6"	12000 EA		
48	MANICURE STICKS	5,184 EA		
49	HAIR BRUSH, ADULT	1,728 EA		
50	TOOTHETTE, SWAB	6000 EA		
51	STRAWS, FLEXIBLE	120,000 EA		
52	TAPE, MICRO PORE	2,376 EA		
53	SHAMPOO HEAD & BODY WASH	5,760 EA		
54	BACITRACIN	17,280 EA		
55	MOUTHWASH	4,500 EA		
56	A&D OINTMENT	3,120 EA		
57	URINARY LEG BAG 600ml	6,912 EA		
58	GOWN ISOLATION PROTECTIVE POLY COATED BLUE OVERHEAD ISOLATION W/ THUMB LOOPS REGULAR	3600 EA		
59	TUBIGRIP ELASTIC TUBULAR BANDAGE			
	SIZE D	24 EA		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

ITEM #	DESCRIPTION	QTY	UNIT COST	EXTENDED
	SIZE E	24 EA		
	SIZE F	24 EA		
	SIZE G	24 EA		
60	GERI SLEEVES			
	SIZE MEDIUM	360 EA		
	SIZE LARGE	360 EA		
61	BAZA® ANTIFUNGAL	2,160 EA		
62	BAZA® PROTECTIVE SKIN PROTECTANT CREAM	1200 EA		
	PLEASE FILL IN THE GRAND TOTAL			
		GRAND TOTAL \$		



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

Optional Year two (2) Percentage Increase _____

Optional Year three (3) Percentage Increase _____

Additional Percentage Discount if awarded in its entirety _____

Any Additional Comments _____

Signed By: _____ **Title:** _____

(Representative of Company)



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Reference Form

Medical Products – Sunny Hill Nursing Home

#2026-10

Please list three (3) references, other than the County of Will, that you have done similar work, service or supplied similar products to:

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Addendum Form

Medical Products – Sunny Hill Nursing Home

#2026-10

Name _____ F.E.I.N> # _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Email Address _____

THIS IS NOT AN ORDER

Will County Agency Name:

For additional information contact Will County Purchasing Department purchasing@willcounty.gov

Addendum Receipt: Receipt of the following Addendum to the Bidding Documents is hereby acknowledged:

No. _____, dated _____, signed _____

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No. _____, dated _____, signed _____

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No. _____, dated _____, signed _____

LATE BIDS CANNOT BE ACCEPTED!

SEALED BID DOCUMENT

Vendor Return Address:

BID #: 2026-10
DESCRIPTION: Medical Products
DUE DATE: 9/25/2025
DUE: 11:00 A.M.

DATED MATERIAL-DELIVER IMMEDIATELY

**WILL COUNTY PURCHASING DEPARTMENT
302 N. CHICAGO ST., 2ND FLOOR
JOLIET, IL 60432**

PLEASE CUT OUT AND AFFIX THIS PROPOSAL LABEL (ABOVE)
TO THE OUTERMOST PACKAGE OF YOUR SEALED PROPOSAL
TO HELP ENSURE PROPER DELIVERY!

LATE BIDS CANNOT BE ACCEPTED!