

REQUEST FOR QUOTE

Quotes must be submitted by email to the email address below

AGENCY: Illinois Department of Public Health

CONTACT: Sean McAuliff

EMAIL: sean.m.mcauliff@illinois.gov

SPECIFICATIONS	
Contract Length	From date of execution to 6/30/2022, with 3 6-month renewal options available.
Required Products	<ul style="list-style-type: none">• Epinephrine Pen Autoinjector Kit<ul style="list-style-type: none">○ 0.15 mg○ Quantity: 1000• Vendor must fulfill at least 50% of order within 5-7 business days of contract execution with the remainder of the order to be fulfilled within 14-21 business days.• Delivery will be to the IDPH Warehouse in Peoria, Illinois.
QUOTE	\$ _____ Per Epinephrine Pen Autoinjector kit

Note to Vendor: The quote must be valid for 90 days from date of submission and must include all expenses including shipping costs. We reserve the right to reject all offers and to reject individual offers for failure to meet any requirement.

With your bid, please provide either Forms A or Forms B. Forms B would apply for vendors registered with the Illinois Procurement Gateway. <https://ipg.vendorreg.com/>

Company Name: _____

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____