



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

**CONTRACT RENEWAL 004**  
**RFP NO. OSCA-11-029**  
**TITLE: Drug/Alcohol Testing Equipment**  
**and Services**  
**ISSUE DATE: February 13, 2015**

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

**RETURN PROPOSAL NO LATER THAN: March 5, 2015**

**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

or

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

**CONTRACT PERIOD: JULY 1, 2015 THROUGH JUNE 30, 2016**

**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 of the 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 <i>Michael L. Smith</i>		DATE 2/23/15
PRINTED NAME Michael L. Smith		TITLE President
COMPANY NAME Eastern Missouri Alternative Sentencing Services		
MAILING ADDRESS 2724 Droste Road 8 WESTBURY DRIVE, ST CHARLES, MO		
CITY, STATE, ZIP St. Charles, MO 63301		
E-MAIL ADDRESS michaelemass@aol.com		FEDERAL EMPLOYER ID NUMBER [REDACTED]
PHONE NUMBER 636-946-2815	FAX NUMBER 636-946-1568	

**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 11-029-06	CONTRACT PERIOD July 1, 2015 through June 30, 2016	
CONTRACTS PRINCIPLE MANAGEMENT ANALYST <i>Russell W. Kuttmann</i>	DATE 3/10/2015	DEPUTY STATE COURTS ADMINISTRATOR <i>[Signature]</i>

**CONTRACT RENEWAL 004 to OSCA 11-029-06**

**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 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 004**

The vendor 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 vendor 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>SCRAMx</u>	Product name	\$ <u>10</u>	firm, fixed price per each unit
<u>SCRAMx with ELECTRONIC MONITORING</u>	Product name	\$ <u>13</u>	firm, fixed price per each unit
<u>SCRAM REMOTE BREATH</u>	Product name	\$ <u>7.50</u>	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

**Electronic Alcohol Monitoring**

Pricing per participant

per day: \*13.00 SCRAM, with electronic monitoring

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

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

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

If yes, please indicate number of days: 30 DAYS PREFERRED

Deposit or Start Up fee required? Yes X How much? \*200 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:

BARRY, BOLLINGER, BOONE, BUTLER, CRAWFORD, CALLAWAY, COLE, CITY OF ST LOUIS, FRANKLIN, GASCANADE, GREENE, HOWARD, IRON, JEFFERSON, LAWRENCE, LINCOLN, MADISON, MARION, MILLER, MONTGOMERY, MORGAN, OSAGE, PALK, RANDOLPH,