

State of New York Executive Department  
Office Of General Services  
Procurement Services Group  
Corning Tower Building - 38th Floor  
Empire State Plaza  
Albany, New York 12242  
<http://www.ogs.state.ny.us>

## CONTRACT AWARD NOTIFICATION

<b>Title</b>	:	<b>Group 10200 - Pharmaceuticals, NYS Dept. of Correctional Services Central Pharmacy</b> <b>Classification Code(s): 51</b>
<b>Award Number</b>	:	<b><a href="#">C-02814</a></b>
<b>Contract Period</b>	:	<b>December 1, 2002 through November 30, 2003</b>
<b>Bid Opening Date</b>	:	<b>September 16, 2002</b>
<b>Date of Issue</b>	:	<b>January 2, 2003</b>
<b>Specification Reference</b>	:	<b>As Incorporated In The Request for Quotation</b>
<b>Contractor Information</b>	:	<b>Appears on Page 2 of this Award</b>

### Address Inquiries To:

#### State Agencies & Vendors

Name : James A. Gelston  
Title : Purchasing Officer I  
Phone : 518-474-6705  
Fax : 518-474-1563  
E-mail : [james.gelston@ogs.state.ny.us](mailto:james.gelston@ogs.state.ny.us)

**The Procurement Services Group values your input.  
Complete and return "Contract Performance Report" at end of document.**

### Description

Textilease Medique Pharmaceutical products for delivery to NYS Dept. of Correctional Services, Central Pharmacy.

PR # 02814

(continued)

**NOTE: See individual contract items to determine actual awardees.**

<b><u>CONTRACT #</u></b>	<b><u>CONTRACTOR &amp; ADDRESS</u></b>	<b><u>TELEPHONE #</u></b>	<b><u>FED.IDENT.#</u></b>
PC59869	TEXTILEASE MEDIQUE 900 Lively Blvd. Wood Dale, IL 60191 Disc: 2% - 15 Days	800-634-7680 ext. 4101 630-694-4100 ext. 4101 Sean Goodman Fax: 800-442-5540 630-694-4140 E-mail: sgoodman@textilease.com Website: www.textileasemedique.com	522152049

Cash Discount, If Shown, Should be Given Special Attention.

**INVOICES MUST BE SENT DIRECTLY TO THE ORDERING AGENCY FOR PAYMENT.  
(See "Contract Payments" and "Electronic Payments" in this document.)**

AGENCIES SHOULD NOTIFY THE PROCUREMENT SERVICES GROUP PROMPTLY IF THE CONTRACTOR FAILS TO MEET DELIVERY OR OTHER TERMS OF THIS CONTRACT. PRODUCTS OR SERVICES WHICH DO NOT COMPLY WITH THE SPECIFICATIONS OR ARE OTHERWISE UNSATISFACTORY TO THE AGENCY SHOULD ALSO BE REPORTED TO THE PROCUREMENT SERVICES GROUP.

**SMALL, MINORITY AND WOMEN-OWNED BUSINESSES:**

The letters SB listed under the Contract Number indicate the contractor is a NYS small business. Additionally, the letters MBE and WBE indicate the contractor is a Minority-owned Business Enterprise and/or Woman-owned Business Enterprise.

**RECYCLED, REMANUFACTURED AND ENERGY EFFICIENT PRODUCTS:**

The Procurement Services Group supports and encourages the purchase of recycled, remanufactured, energy efficient and "energy star" products. If one of the following codes appears as a suffix in the Award Number or is noted under the individual Contract Number(s) in this Contract Award Notification, please look at the individual awarded items for more information on products meeting the suffix description.

RS,RP,RA	Recycled
RM	Remanufactured
SW	Solid Waste Impact
EE	Energy Efficient
E*	EPA Energy Star
ES	Environmentally Sensitive

**NOTE TO ALL CONTRACT USERS:**

The terms and conditions of the bid solicitation which apply to the award appear at the end of this document. We strongly advise all contract users to familiarize themselves with all terms and conditions before issuing a purchase order.

**PRICE:**

Price includes all customs duties and charges and is net F.O.B. Destination New York State Dept. of Correctional Services, Central Pharmacy, Storehouse, Bldg. 55, 6100 School Road, Rome, NY 13440 including inside dock delivery.

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LOT I - TEVA Pharmaceuticals Product Line - NO AWARD

LOT II - TEXTILEASE MEDIQUE Product Line

<b>Product</b>					
<b><u>Item No.</u></b>	<b><u>Generic Name</u></b>	<b><u>Medique Name</u></b>	<b><u>Unit Dose Size</u></b>	<b><u>Medique Product Number</u></b>	<b><u>Price Each</u></b>
1	Loperamide 2mg tablet	DIAMODE	100s	20033	\$9.00
2	Magnesium hydroxide/aluminum hydroxide/simethicone 200/200/25mg tablet	ALAMAG PLUS	200s	24747	\$4.90
3	Cetylpyridinium chloride/benzocaine .5/10mg lozenges	SEPASOOTH	500s	18013	\$11.50
4	Chlorpheniramine 4mg tablet	CHLORPHEN	100s	24133	\$1.62
5	Diphenhydramine 25mg capsule	DIPHEN	200s	18247	\$4.50
6	Phenylephrine/acetaminophen/chlorpheniramine 5/325/2mg tablet	MEDICIDIN D	500s	12013	\$16.74
7	Eye wash solution	MEDI WASH	4oz	19818	\$1.18
8	Pseudoephedrine 30mg tablet	SINUS DECONGESTANT	1000s	80115	\$14.50
9	Ibuprofen 200mg tablet	IBUPROFEN	500s	80813	\$10.50

Manufacturer: Textilease Medique

Address of Plant where Products are Manufactured: Wood Dale, IL

Guaranteed Delivery: 15 Days A/R/O

Contractor offers Electronic Access Ordering (EDI). Contact contractor for details.

Person to contact for expediting New York State contract orders:

Veneasa Blair  
Director of Client Services  
800-634-7680  
630-694-4162  
Fax: 800-442-5540  
630-694-4140  
E-mail: vblair@textilease.com

Person to contact in the event of an emergency occurring after business hours or on weekends/holidays:

Normal Business Hours: M - F 8:00 am - 5:30 pm CT  
Sean Goodman  
VP Sales & Marketing  
630-694-4100  
Fax: 630-694-4140  
Cellular: 897-910-6504  
E-mail: sgoodman@textilease.com

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**REQUEST FOR CHANGE:**

Any request by the agency or contractor regarding changes in any part of the contract must be made in writing to the Office of General Services, Procurement Services Group, prior to effectuation.

**CONTRACT PAYMENTS:**

Payments cannot be processed by State facilities until the contract products have been delivered in satisfactory condition or services have been satisfactorily performed. Payment will be based on any invoice used in the supplier's normal course of business. However, such invoice must contain sufficient data including but not limited to contract number, description of product or service, quantity, unit and price per unit as well as federal identification number.

State facilities are required to forward properly completed vouchers to the Office of the State Comptroller for audit and payment. All facilities are urged to process every completed voucher expeditiously giving particular attention to those involving cash discounts for prompt payment.

If the contract terms indicate political subdivisions and others authorized by law are allowed to participate, those entities are required to make payments directly to the contractor. Prior to processing such payment, the contractor may be required to complete the ordering non-State agency's own voucher form.

See "Contract Billings" in Appendix B, OGS General Specifications.

**NOTE TO CONTRACTOR:**

This Contract Award Notification is not an order. Do not take any action under this contract except on the basis of purchase order(s) from the agency or agencies.

**OVERLAPPING CONTRACT ITEMS:**

Products available in this contract may also be available from other State contracts. Agencies should select the most cost effective procurement alternative that meets their program requirements and maintain a procurement record documenting the basis for this selection.

**DELIVERY:**

Delivery is expressed in number of calendar days required to make delivery after receipt of a purchase order.

**SHORT TERM EXTENSION:**

In the event the replacement contract has not been issued, any contract let and awarded hereunder by the State, may be extended unilaterally by the State for an additional period of up to one month upon notice to the contractor with the same terms and conditions as the original contract including, but not limited to, quantities (prorated for such one month extension), prices, and delivery requirements. With the concurrence of the contractor, the extension may be for a period of up to three months in lieu of one month. However, this extension terminates should the replacement contract be issued in the interim.

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**REPORT OF CONTRACT PURCHASES:**

Contractor shall furnish report of purchases made from contract the fifteenth of the month following the end of each six month period. The reports shall be in the following format:

<u>Item/ SubItem Number</u>	<u>Product or Catalog Number</u>	<u>Product/ Service Description</u>	<u>Total Quantity Shipped</u>	<u>Total \$ Value</u>
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The report is to be submitted to the Office of General Services, Procurement Services Group, Tower Bldg., Empire State Plaza, Albany, NY 12242, to the attention of the individual shown on the front page of the Contract Award Notification and shall reference the Group Number, the Invitation for Bids Number, Contract Number, sales period, and contractor's name.

Additional related sales information, such as monthly reports, and/or detailed user purchases may be required and must be supplied upon request.

Failure to submit the required report may be cause for disqualification of contractor for future contracts.

**"OGS OR LESS" GUIDELINES APPLY TO THIS CONTRACT:**

Purchases of the products included in the Invitation For Bids and related Contract Award Notification are subject to the "OGS or Less" provisions of Section 163.3.a.v., Article XI, of the New York State Finance Law. This means that State agencies can purchase products from sources other than the contractor provided that such products are substantially similar in form, function or utility to the products herein and are:

1. lower in price  
-and/or-
2. available under terms which are more economically efficient to the State agency (e.g. delivery terms, warranty terms, etc.).

Agencies are reminded that they must provide the State contractor an opportunity to match the non-contract savings at least two business days prior to purchase. In addition, purchases made under "OGS or Less" flexibility must meet all requirements of law including, but not limited to, advertising in the New York State Contract Reporter, prior approval of the Comptroller's Office and competitive bidding of requirements exceeding the discretionary bid limit. State agencies should refer to Procurement Council Bulletin "OGS or Less Purchases" for complete procedural and reporting requirements.

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**State of New York  
Office of General Services  
PROCUREMENT SERVICES GROUP  
Contract Performance Report**

Please take a moment to let us know how this contract award has measured up to your expectations. If reporting on more than one contractor or product, please make copies as needed. This office will use the information to improve our contract award, where appropriate. **Comments should include those of the product's end user.**

**Contract No.:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_

**Describe Product\* Provided (Include Item No., if available):** \_\_\_\_\_

**\*Note:** "Product" is defined as a deliverable under any Bid or Contract, which may include commodities (including printing), services and/or technology. The term "Product" includes Licensed Software.

	Excellent	Good	Acceptable	Unacceptable
• Product meets your needs				
• Product meets contract specifications				
• Pricing				

**CONTRACTOR**

	Excellent	Good	Acceptable	Unacceptable
• Timeliness of delivery				
• Completeness of order (fill rate)				
• Responsiveness to inquiries				
• Employee courtesy				
• Problem resolution				

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (over)

Agency: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Please detach or photocopy this form & return by FAX to 518/474-2437 or mail to:**

OGS PROCUREMENT SERVICES GROUP  
Customer Services, Room 3711  
Corning 2<sup>nd</sup> Tower - Empire State Plaza  
Albany, New York 12242  
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