



January 30, 2025,

**ADDENDUM NO.: Two  
TO ALL OFFERORS:**

**REFERENCE:** Request for Proposal No: **RFP# JBM-1222**  
Dated: **January 30, 2025**  
Commodity: **Medical Waste Removal Services**  
RFP Closing On: **February 05, 2025, at 2:00 p.m. (Eastern)**

Please note the clarifications and/or changes made on this proposal program:

1. **Question:** Is a per-box unit price acceptable for the pricing schedule? Do we agree that this pricing method aligns with our expectations and requirements for the RFP?

**Answer: Yes, right now the university pays per box. That includes the treatment of it.**

2. **Question:** 5 Quart" Sharps Container. You are currently using a 5 quart container with a horizontal entry, counterbalanced lid. Bid the same type?

**Answer: Yes, these are the type of container the Student Health Center uses.**

3. **Question:** F110 Liners are exclusive to the manufacturer Medegen Medical. They are a 37 x 50 1.5 mil 44 gallon liner. Do you want this same manufacturer's product? Or can any red bag with the same specs be used?

**Answer: As long as it fits within the boxes we receive, it is not a concern.**

4. **Question:** Absorbent Pads- Size? Thickness? Material? Type of absorbency?

**Answer: The pads must fit at the bottom of the boxes that are provided by the offeror. In some instances, such as CISAT, two pads are placed in the bottom of each box.**

5. **Question:** "Clean Up Kits"- Do you have a product number, manufacturer or what items you want in the kits? There are several types.

**Answer: After discussing with the housekeeping managers, it has been determined that there is no need to order these items from the Medical Removal vendor. This has been removed from the scope of services needed. A revised pricing schedule has been included below.**

MSC 5720  
752 Ott Street, Room 1042  
Wine Price Building  
Harrisonburg, VA 22807  
Office of 540.568.3145 Phone  
PROCUREMENT SERVICES 540.568.7935 Fax

6. **Question:** "One Quart" Sharps container. You are currently using a flat lid stackable. Bid the same type?

**Answer: Yes**

7. **Question:** "One Gallon" Sharps Container

**Answer: These items are not needed. This size has not been ordered yet.**

8. **Question:** Number of Boxes (Units): the number of boxes (units) per each location picked up in 2024. Can you confirm if this data is readily available, or should we provide an estimated range based on historical data?

**Answer: For the year 2024, the average box count pick-up for FM was 200 and Health Center 41. Since the invoice for December has not been received yet, that number only accounts for January – November.**

9. **Question:** "Personal Protective Equipment Packs" - What items are in the kits? They make several

**Answer: This item does not need to be ordered from the Medical Waste Removal vendor. This has been removed from the scope of services needed. The Revised Pricing Schedule below.**

## PRICING SCHEDULE

The offeror shall provide pricing for all products and services included in proposal indicating one-time and on-going costs. The offeror must include any potential fees if applicable, to include, regulatory, credit card or service fee. The resulting contract will be cooperative and pricing shall be inclusive for the attached Zone Map, of which JMU falls within Zone 2.

SUPPLIES: (Please be sure to list any other supplies that would be needed to perform services requested.)

Sharps Containers (price per container) \$ \_\_\_\_\_  
One Quart Size (per unit) \$ \_\_\_\_\_  
Two Quart Size (per unit) \$ \_\_\_\_\_  
One Gallon Size (per unit) \$ \_\_\_\_\_  
Bio-Hazardous Waste Removal Container \$ \_\_\_\_\_  
F110 Liners (per case) \$ \_\_\_\_\_  
Absorbent Pads (per case) \$ \_\_\_\_\_  
5 Quart Containers (per case) \$ \_\_\_\_\_

Other Products Offered:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SERVICES:

Medical Waste Removal Services  
(per site/per removal) \$ \_\_\_\_\_  
Pathological Waste Removal Services  
(per site/per removal) \$ \_\_\_\_\_  
Other Services Offered:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Specify any associated charge card processing fees, if applicable, to be billed to the university.

The University is not responsible for any additional fees or charges that are not specified in pricing schedule.

Signify receipt of this addendum by initialing "*Addendum # Two*" on the signature page of your proposal.

Sincerely,



Juan Becerra Martinez,  
Buyer Senior  
Phone: (540-568-3130)