

CONTRACT  
ENCUMBRANCE NO. CE1100042-01

REQUISITION NO. RQ 15979



CONTRACT

FOR

Medical Supplies

TIME PERIOD: July 1, 2010 – June 30, 2013

CONTRACTOR: Pharmed Corporation

FEDERAL ID - 34 - 1090047

ADDRESS: 24340 Sperry Drive  
Westlake, Ohio 44145

CONTRACT PRICE: \$360,000.00

CONTRACT  
ENCUMBRANCE NO. CE1100042-01

INDEX CODE	SH350504
OBJECT CODE	0278
USER CODE	
GRANT/DETAIL	
PROJECT/DETAIL	

CUYAHOGA COUNTY, OHIO

With

Pharmed Corporation

FOR  
Medical Supplies

Time Period: July 1, 2010 – June 30, 2013

Contact Person: Norm Fox  
Telephone: (440) 821-5815

I hereby certify that the money required for the County's proportion of this Contract in the sum of \$120,000.00 is in the Treasury to the credit of the fund from which it is to be drawn, or has been levied and placed on the duplicate, and in process of collection and not appropriated for any other purpose.

**County Auditor**  
**By Deputy County Auditor**

I hereby approve of the legal form and correctness of the within contract.

**County Prosecutor William D. Mason**  
**by Assistant Prosecuting Attorney**

**Date Approved 1/25/2011**

C O U N T Y   O F   C U Y A H O G A  
C O N T R A C T

THIS Contract made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between the County of Cuyahoga, Ohio (the "County"), and PharMed Corporation, an Ohio corporation, with principal offices located at 24340 Sperry Drive (the "Vendor").

WITNESSETH:

That for and in consideration of payments hereinafter mentioned, to be made by the County, the Contractor agrees to furnish all materials and labor, and perform all the work required for Medical Supplies to the County Sheriff, of Cuyahoga County, Ohio for the period: July 1, 2010 through June 30, 2013 in accordance with the specifications and to the satisfaction and acceptance of the County.

The Contractor further covenants and agrees that the following documents shall be bound with or accompany and be an essential part of this contract: Notices to bidders and proposals upon which this contract was awarded; specifications predicated to this contract; the material specifications together with the general clauses and covenants of the Board of County Commissioners in effect at the time this contract is entered into; Contractor's Performance Bond; and this Contract.

It is expressly stipulated and agreed that the Contractor hereby covenants and agrees that he/she has full knowledge of the site, plans, specifications, and conditions relative to the performance contemplated by this contract and made an essential part thereof, and that the affixing of his/her signature hereto shall constitute complete acceptance of and compliance with aforesaid specifications, and conditions.

In consideration of the premises the County agrees to pay to the Contractor a certain sum of money which shall be as set forth in the proposal attached hereto and made a part hereof. This aforesaid sum shall be understood to be  
NOT TO EXCEED: Three-Hundred-and-Sixty-Thousand-Dollars.

(\$360,000.00)

By entering into this agreement/contract I agree on behalf of the contracting or submitting business entity, its officers, employees, subcontractors, subgrantees, agents or assigns, to conduct this transaction by electronic means by agreeing that all documents requiring County signatures may be executed by electronic means, and that the electronic signatures affixed by the County to said documents shall have the same legal effect as if that signature was manually affixed to a paper version of the document. I also agree on behalf of the aforementioned entities and persons, to be bound by the provisions of Chapters 304 and 1306 of the Ohio Revised Code as they pertain to electronic transactions, and to comply with the electronic signature policy of Cuyahoga County.

PharMed Corporation

BY: *Norman A. Fox*  
*Norman Fox, Executive V.P.*

County of Cuyahoga, Ohio

By: \_\_\_\_\_  
Edward FitzGerald, County Executive

[	IF AN INDIVIDUAL, DOING BUSINESS	]
[	UNDER A FIRM NAME, SO STATE, GIVING	]
[	BOTH NAMES.	]
[		]
[	IF A PARTNERSHIP, SO STATE, GIVING	]
[	NAMES AND POST OFFICE ADDRESSES OF	]
[	ALL PARTNERS ON LINES OPPOSITE.	]
[		]
[	IF A CORPORATION, GIVE FULL CORPOR-	]
[	ATION NAME AND STATE UNDER THE LAWS	]
[	OF WHAT STATE YOU ARE INCORPORATED;	]
[	OFFICER SHOULD ADD HIS SIGNATURE AND	]
[	TITLE, AND FURNISH A COPY, CURRENTLY	]
[	DATED AND CERTIFIED BY THE SECRETARY	]
[	OF THE CORPORATION OF A RESOLUTION	]
[	BY THE BOARD OF DIRECTORS AUTHORIZ-	]
[	ING THE PARTICULAR OFFICER TO SIGN	]
[	THE CONTRACT ON BEHALF OF HIS	]
[	COMPANY AND FURTHER CERTIFY THAT THE	]
[	RESOLUTION IS IN FULL FORCE AND	]
[	EFFECT.	]
[		]