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**Abstract**

List View

### General Information

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Procurement Folder: 1502419

Procurement Type: Central Master Agreement

Vendor ID: y55008a40752

Legal Name: ALSTEL INC

**Alison O'Donnell:**

Total Due: \$129,900.76

Response Date: 8/4/2025

Response Time: 12:48

Responded By User ID: kathanasid

First Name:

Last Name: Zafra

Email: [kaltham.takona@alvital.com](mailto:kaltham.takona@alvital.com)

Preprint: 24721682v1

SD Doc Code: CRFO

80 Sept: DS11

DOI: 10.1002/anie.201100001

Published Date: 3/25/25

Close Date: 4/3/25

Close Times: 13:30

Status: Closed

Solicitation Description: FUJITSU P5-BITS SCANNER OR EQUAL

Total of Header Attachments: 1

Total of All Attachments: 1



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

**Proc Folder:** 1582411  
**Solicitation Description:** FUJITSU FI-8170 SCANNER OR EQUAL  
**Proc Type:** Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-04-03 13:30	SR 0511 ESR04022500000005906	1

**VENDOR**  
VS0000040752  
ALXTEL INC

**Solicitation Number:** CRFQ 0511 BFA2500000001  
**Total Bid:** 120908.75  
**Response Date:** 2025-04-02  
**Response Time:** 12:46:01  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
Crystal G Hustead  
(304) 558-2402  
crystal.g.hustead@wv.gov

<b>Vendor</b>		
<b>Signature X</b>	<b>FEIN#</b>	<b>DATE</b>

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Fujitsu FI-8170 Scanner or Equal	125.00000	EA	967.270000	120908.75

Comm Code	Manufacturer	Specification	Model #
43211711			

**Commodity Line Comments:** RICOH DOCUMENT SCANNERS  
PA03810-B055

**Extended Description:**  
3.1.1 Fujitsu FI-8170 Scanner or Equal

**HEALTH AND HUMAN RESOURCES**

Solicitation Number CRFQ-0511-BFA2500000001-1

04-03-2025-HEALTH AND HUMAN RESOURCES-Fujitsu

**AlxTel Proposal**

2 April, 2025

**Submitted To**

HEALTH AND HUMAN RESOURCES  
350 CAPITOL ST, RM 730  
CHARLESTON, WV

**Submitted By**

**AlxTel, Inc.**

**POC**

Alaa Negeda

negeda@alxtel.com

703-508-2688, 240-293-4629



# Table Of Contents

Title ..... 1

Transmitter Letter ..... 3

AlxTel, Inc. Information Sheet ..... 4

Quotation ..... 8

Addendum Form ..... 9

COI ..... 10

## Transmitter Letter

To: Crystal G Hustead  
350 CAPITOL ST, RM 730  
CHARLESTON, WV

Dear Crystal G Hustead

AlxTel, Inc. (or "Proposer") located at 8403 Colesville Road Suite 1100, Silver Spring, MD 20910, FEIN number: 261857843 and eMMA number# SUP012674 and SBR number # SB20-008632 is submitting the proposal for Scanner

The Proposer acknowledges and accepts all terms and conditions related to this solicitation and confirms to meet all requirements of the scope of work, and commitment to provide the highest quality possible for all services and solutions during the contract term

Having more than 15 years of experience and specializing in Information Technology and Telecommunications consulting services, our team is uniquely capable of providing a wide range of high-quality IT security services and solutions.

**AlxTel looks forward to establishing a strong relationship with HEALTH AND HUMAN RESOURCES for the opportunity to show what AlxTel does best.**

Please direct all questions to me, Alaa Negeda, President (Primary Contact), at (240) 293-4629 or negeda@alxtel.com, I have full authority to negotiate and execute a resulting contract.

Sincerely,  
  
4/2/2025

Alaa Negeda  
President  
AlxTel, Inc.  
8403 Colesville Road Suite 1100  
Silver Spring, MD 20910  
Phone: 240-293-4629  
Fax: 240-724-6598

## AlxTel, Inc. Information Sheet

### ALXTEL, INC. IN-DEPTH INFORMATION

Company Name	AlxTel, Inc.
Street Address	8403 Colesville Road Suite 1100
City, State, ZIP Code	Silver Spring, MD 20910
FEIN	261857843
D.U.N.S	825046894
UEA	H8ASFJ2CMM21
eMMA Vendor ID	SUP012674
Cage Code	8BS66
Maryland Department number	D12345880
Maryland SBR Certificate number	SB20-008632
US Chamber ID	10036616
FCC License ID	827326
Primary Contact	Alaa Negeda
Title	CEO
Telephone Number	240-293-4629
Fax Number	240-724-6589
E-mail Address	<a href="mailto:negeda@alxtel.com">negeda@alxtel.com</a>
Corporation Type	S-Corp
Organization Size	Small Business
Year Founded	2008



## AlxTel Experience

Enterprise Service Provider	17 years
Web and Internet Systems	13 years
Electronic Document Management	9 years
Software Engineering	15 years
Systems/Facilities Management and Maintenance	17 years
Information System Security	13 years
Application Service Provider	13 years
Telecommunications Financial and Auditing Consulting Services	17 years
IT Management Consulting Services	17 years
Business Process Consulting Services	9 years
Documentation/Technical Writing	17 years
Digital Marketing	11 years
SEO	11 years
IT Help Desk	11 years
Cyber Security	13 years
DevOps	11 years
Project Management	11 years
Call Centers	11 years
Robotics and Automation	9 years
Cloud Service	11 years
Staff Augmentation	9 years
Audio and Visual	7 years
Healthcare IT	7 years

## Key Business Relationships

Federal Customers	<ol style="list-style-type: none"> <li>1. Department of Homeland Security (DHS)</li> <li>2. Social Security Administration (SSA)</li> <li>3. Environmental Protection Agency (EPA)</li> <li>4. Human and Health Services (HHS)</li> <li>5. National Park Services (NPS)</li> </ol>
State of Maryland Customers	<ol style="list-style-type: none"> <li>1. Department of Transportation (MDOT)</li> <li>2. Department of Safety and Correctional Services (DPSCS)</li> <li>3. Department of Information Technology (MDoIT)</li> <li>4. Department of Commerce (MDOC)</li> <li>5. Department of Labor (MDOL)</li> <li>6. Department of Budget &amp; Management (MDBM)</li> <li>7. Department of General Services (MDGS)</li> <li>8. State Board of Elections (MSBE)</li> <li>9. Maryland Health Benefit Exchange (MHBE)</li> <li>10. Montgomery College</li> <li>11. Washington County</li> <li>12. Maryland Courts (MDCourts)</li> </ol>
State of California	Eastern Municipal Water District
State of Hawaii	Department of Human Services
State of North Carolina	Department of Health and Human Services
State of Ohio	Columbus Metropolitan Library
Commercial Customers	<ol style="list-style-type: none"> <li>1. USA ( Vonage, Vinculum, Verizon, Excel, Lingo, VOIPTel, Ultatel, American Axess, Alkaip, Teleconnect, Teleplus, Nobel LTD, + 22 Healthcare and Pharmacies).</li> <li>2. 245 International Customers in Europe , Asia, LATAM, Africa</li> </ol>

## Key Partnerships

AlxTel during the past 17 years managed to be accredited and certified by almost every single major software, hardware, and technology service in the globe. AlxTel has 115 Partnership Agreement with Technology Vendors and over 250 partnership agreements with technology service providers as shown below:

Hardware Technologies	Cisco, IBM, Dell, HPE, Extreme Networks, Logitech, Polycom, Ribbon, Zebra, Broadcom, Patton, Netgear, Ruckus, ....etc.
Software Technologies	Atlassian, AXWAY, Citrix, Commvault, Docusign, Entrust, Ivanti, jamF, Kofax, Lansweeper, McAfee, Microfocus, RedHat, VMWare, ...etc
Cloud Providers	Microsoft Azure, Google Cloud, AWS, IBM Cloud, Alibaba Cloud, Oracle Cloud, IXCloud, Salesforce Cloud, ServiceNow Cloud, ... etc
Service Providers	AT&T, Verizon, Deutsche Telekom, Belgacom BICs, Austria Telecom, Slovak Telecom, Telecom Argentina, Vonage, Dialpad, Ringcentral, 8x8, Zoom, Sangoma, Airtel, Orange, PCCW, ... etc.



**AlxTel, Inc.**

8403 Colesville Road Suite 1100  
Sliver Spring, Maryland20910,  
United States  
sales@alxtel.com  
https://www.alxtel.com



Ref #: QUO-20250402182923  
Date Created: 04-02-2025 21:31  
Due Date: 05-02-2025 17:00

**Quotation For:**

Name: Crystal G Hustead  
Email: crystal.g.hustead@wv.gov  
Phone: -  
Address: -

**Ship To:**

Name: Crystal G Hustead  
Email: crystal.g.hustead@wv.gov  
Phone: -  
Address: -

**Details:**

HEALTH AND HUMAN RESOURCES  
04-03-2025-HEALTH AND HUMAN  
RESOURCES-Fujitsu

Product	SKU	MP No	Quantity	MSRP	Rate	Discount	Tax	Amount
RICOH DOCUMENT SCANNERS	-	PA03810-B055	125	\$0.00	\$967.27	0%	No	\$120,908.75

-

Sub-Total: \$120,908.75  
Taxable Subtotal: \$0.00  
Tax(0%): \$0.00  
**Grand Total: \$120,908.75**

Note: -

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BFA2500000001**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

AlxTel, Inc.

\_\_\_\_\_  
Company

*Haitham Zakaria*

\_\_\_\_\_  
Authorized Signature

04/02/2025

\_\_\_\_\_  
Date

**NOTE:** This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 6/8/2012



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH & MCLENNAN AGENCY LLC/PHS 22270718 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (800) 417-6635 <b>(A/C, No, Ext):</b> <b>FAX</b> <b>(A/C, No):</b> <b>E-MAIL</b> <b>ADDRESS:</b>																		
<b>INSURED</b> AlxTel, Inc 8403 COLESVILLE RD SILVER SPRING MD 20910-6331	<table><tr><td><b>INSURER A :</b></td><td>Hartford Underwriters Insurance Company</td><td>30104</td></tr><tr><td><b>INSURER B :</b></td><td>Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td><b>INSURER C :</b></td><td></td><td></td></tr><tr><td><b>INSURER D :</b></td><td></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td><td></td></tr></table>	<b>INSURER A :</b>	Hartford Underwriters Insurance Company	30104	<b>INSURER B :</b>	Hartford Fire Insurance Company	19682	<b>INSURER C :</b>			<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>		
<b>INSURER A :</b>	Hartford Underwriters Insurance Company	30104																	
<b>INSURER B :</b>	Hartford Fire Insurance Company	19682																	
<b>INSURER C :</b>																			
<b>INSURER D :</b>																			
<b>INSURER E :</b>																			
<b>INSURER F :</b>																			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			22 SBM BG6LSY	07/01/2024	07/01/2025	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$4,000,000
A	AUTOMOBILE LIABILITY			22 SBM BG6LSY	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> AUTOS							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	22 SBM BG6LSY	07/01/2024	07/01/2025	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$ 10,000					AGGREGATE	\$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
B	FailSafe Technology Errors or Omissions Liability			22 SBM BG6LSY	07/01/2024	07/01/2025	E.L. DISEASE - POLICY LIMIT	
							Each Wrongful Act Aggregate Limit	\$3,000,000
								\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**For Informational Purposes  
8403 COLESVILLE RD  
SILVER SPRING MD 20910-6331**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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